Identification of the frailty syndrome in people living with HIV using a multiple deficit model

Raiman L, Katiyar A, Youle M, Stainer D, Burns F, Barber TJ
Ian Charleson Day Centre (ICDC), Royal Free London NHS Foundation Trust

Background:
An increased burden of frailty in people living with HIV (PLHIV) has been reported. Specific services for PLHIV with frailty have been developed but no consensus exists as to the best tool(s) to identify HIV patients as frail. In advance of planning a dedicated HIV frailty service we conducted an audit to determine the extent of frailty within our cohort. Although frailty may not be age specific, we chose to focus on those PLHIV over 70 years of age. We also evaluated the feasibility of using an electronic frailty index (eFI) in this population.

Methods:
A retrospective analysis of all PLHIV aged over 70 years registered on 01/11/2018 was conducted. Comprehensive review of inpatient medical notes, clinic letters, GP correspondence (where available) and medications dispensed by our specialist HIV pharmacy was undertaken. Baseline demographics, date of diagnosis, most recent CD4 count and viral load, and deficits as defined in the electronic frailty index (eFI) were collected and an eFI score calculated.

Results:
105 patients met the inclusion criteria: 83 (79%) were male; mean age 73 years (range 70-90); mean duration of living with diagnosed HIV was 17 years (1-36); mean CD4 579 (114-1562). Almost all (98%) had an undetectable viral load (<40 copies/ml). A mean number of 4.7 deficits (0-13) as per eFI were identified; most common deficit indicators are detailed in Figure 1. Half of the cohort met frailty criteria, the percentage of the study population classified at each frailty status is detailed in Figure 2.

Discussion:
These results show that 50% of our PLHIV over 70 meet the criteria for frailty. We have demonstrated the applicability of the eFI to the outpatient HIV population and detected rates comparable to that found in the general population. The methodology of manual note review is not scalable but the advent of electronic medical records may provide the opportunity to solutions such as those seen in primary care. Frailty represents a novel challenge for those working in HIV and whilst this work has identified patients who may benefit from multidisciplinary assessment and comprehensive care plans further work needs to identify the best tool(s) for this purpose.

References