

Oral Session 3

O12 Exploring frailty and frailty screening for older people living with HIV

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EXPLORING FRAILTY AND FRAILTY SCREENING FOR OLDER PEOPLE LIVING WITH HIV

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Background

The number of older people living with HIV is rising ⁽¹⁾.

Frailty is more prevalent, and at younger ages ⁽²⁾.

Older people living with HIV & frailty:

- polypharmacy
- low mood
- poorer cognitive function ⁽³⁾.

Failing to manage frailty in this population:

- poorer quality of life
- unnecessary health & social care utilisation ⁽⁴⁾.

Evidence is limited

- How do people living with HIV feel about frailty?
- Best practice for screening and managing frailty?



Aim

This study aimed to describe the nature and impact of frailty among older people living with HIV (50 and over) and assess acceptability of routine screening for frailty.

Methods

In-depth qualitative interviews were conducted with a purposive sample of people living with HIV (50 and over), via telephone and video call.

Recruited from UK outpatient HIV clinics at King's College Hospital, London and Royal Sussex County Hospital, Brighton.

Verbatim pseudonymised transcripts were analysed using thematic analysis in NVIVO.

Participant demographics

Clinical characteristics (n=45)	Median (IQR) otherwise stated
Age (years)	59 (55-64)
Gender, n (%)	
Male	29 (64)
Female	15 (33)
Queer	1 (2)
Ethnicity, n (%)	
White	33 (73)
Black African or Caribbean	11 (24)
Black & White Caribbean	1 (2)
Sexual orientation, n (%)	
Homosexual	25 (55)
Heterosexual	18 (40)
Bisexual	2 (4)
Time since HIV diagnosis: years (median; range)	17 (2-34)
Viral load % <40 copies, n (%)	45 (100)

Results

What is frailty?



“Old age, immobility. Sounds awful really, but little old ladies.”

Frailty was described as a series of losses

Frailty negatively impacted on physical and mental wellbeing

Frailty can happen at any age

Descriptions of a frail person: *isolated, pre-grave, on a one-way street, vulnerable, fading away*

How do we talk about frailty?

The language used is of great importance

Discussions of frailty may cause offence

Use language that is sensitive, respectful, and easy to understand.

Ease into frailty discussions

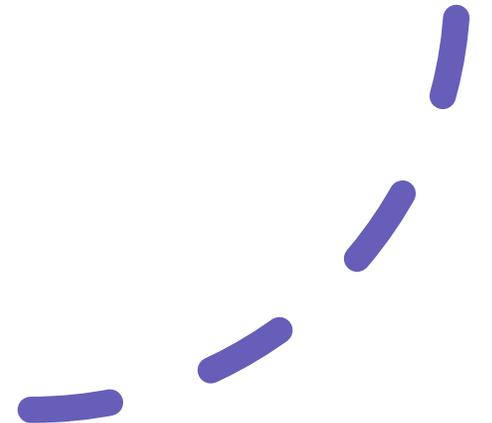
Delay **not** avoid using the word frail!

"That's how I would want it, not to come in straight away, sit down, and go "Yeah, you've got frailty." You know, that's just too cold, and that's how my HIV results was."

"Maybe the label should come in later... I mean it's dishonest to hide it completely, isn't it?..."

Care and management of frailty in people living with HIV

- **Screening for frailty**
 - improve care
 - provision of information
 - case by case approach
 - routine HIV check ups
- **Screening tools (TUGT, FRIED, FRAIL scale)**
 - good starting point
- **Frailty service provision**
 - within or accessed via their HIV care
 - home visits/paid transport
 - peer support



In summary:

The conceptualisation of frailty is not singular.

Whilst there is a clear desire among people living with HIV to be informed of frailty status, approaching conversations with understanding and compassion is vital given the significance of this information.

For people living with HIV to gain the most from the screening, it is essential frailty status is shared in conjunction with a clear plan of the next steps in their care.

We would like to thank all of our participants for their time and willingness to share their experiences.

References

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