Development of a multi-professional approach for holistic frailty assessments in the HIV population to improve patient care

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Introduction

People living with HIV endure diverse age-related comorbidities at a higher prevalence than do the general population, including cardiometabolic, bone, liver, and kidney diseases and some cancers[1].

Often these co-morbidities result in polypharmacy with the potential to impact on quality of life and earlier occurrence of frailty syndromes. Our clinic has a cohort of 2095 patients of whom 841 (40%) are over the age of 50 years. Models of care are needed to address the increasing complexity of care of those ageing with HIV so that life expectancy is extended and quality of life enhanced.

Method

A pilot project including multi-disciplinary professionals from the HIV, hospital frailty and community "Manchester Local Care Organisation" (MLCO) teams was developed. A Rockwood clinical frailty score (CFS) of 4 or more resulted in an appointment with the advanced practitioner at the HIV clinic to complete a comprehensive geriatric assessment (CGA). The CGA was subsequently discussed at the Frailty MDT meeting and an action plan formulated.

Results

53 patients were assessed between October 2020 – March 2022. Out of these, 36 patients had a CFS score 4 and were eligible for CGA in the frailty clinic. Demographics can be seen in Table 1.

Table 1. Demographics

Sex	
Male	28 (77.7%)
Female	8 (22.3%)
Age – median (range)	67 years (52 – 84)
Rockwood clinical frailty score – median (range)	5 (4 – 7)
Undetectable HIV viral load	33 (92.6%)
Number of co-morbidities – median (range)	3 (1 – 6)
Number of non-HIV medications – median (range)	11 (5 – 19)

Following analysis of the CGA's the most common problems that affected patients are shown in Chart 1 and the current level of support received in Chart 2.

Chart 1. Patient reported problems

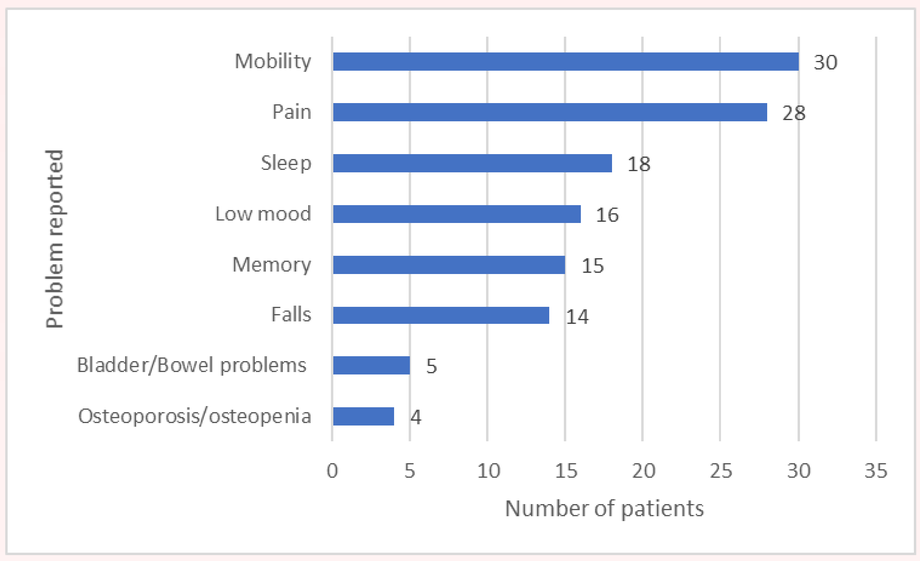
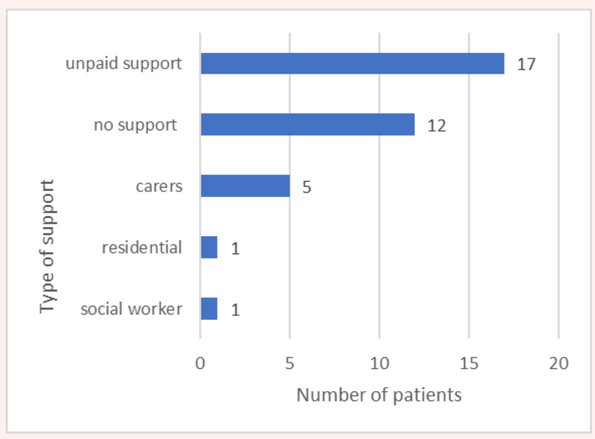
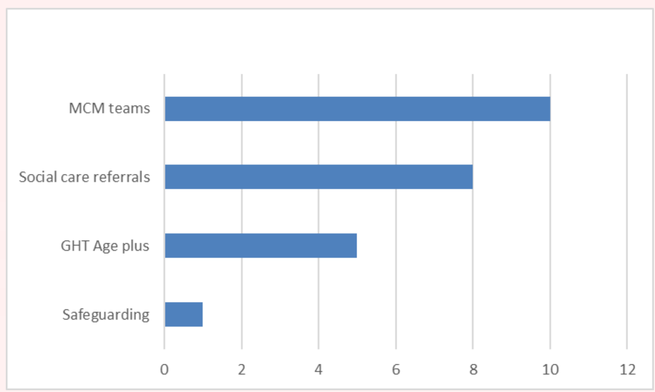


Chart 2. Current level of support with daily living activities



Following MDT recommendations 8 (22.2%) referrals were completed for social care,1 (0.02%) for safeguarding and 10 (27.7%) for active case management community teams (Chart 3).

Chart 3. Support referrals made



17 (47.2%) de-prescribing recommendations were made and 26 (72.2%) new medicine recommendations were made. ART simplification was discussed with 26 (72.2%) patients. 20 (55.5%) patients switched ART to reduce pill burden. 35 (97.2%) patients were virologically suppressed post frailty appointment follow up whilst one patient continued to have ongoing low level viraemia.

Conclusions

Many older patients living with HIV report a high number of co-morbidities, polypharmacy and factors affecting quality of life. A collaborative approach with frailty experts in primary and secondary care facilitates the formulation of action plans to address patients' physical, psychological and social needs.

References

1. Guaraldi G Orlando G Zona S et al. (2011) Premature age-related comorbidities among HIV-infected persons compared with the general population. Clin Infect Dis. 2011; 53: 1120