DISCLOSURES

Grants/consultancies from Gilead and ViiV
TRANSITION

‘A purposeful, planned process that addresses the medical, psychosocial and educational/vocational needs of adolescents and young adults with chronic physical and medical conditions as they move from child-centred to adult-oriented health care systems’

Laura - 2 complex local cases
Tanya – peer support in the clinic
Irina – Stigma: youth v adults
1.8 million adolescents (10-19 years) live with HIV

Only age group were HIV mortality continues to rise\(^1\)

Outcomes poorer at all stages of the care cascade\(^2\)

\(^1\)Slogrove JIAS 2017, \(^2\)Enane Curr Op HIV AIDS 2018
Background: UK

- 2016 PHE: London hits 90:90:90 targets
  - ART: 98% age 50+, 89% age 15-24, lowest in PaHIV
Age of UK/Irish cohort of patients with HIV acquired in childhood, 1996-2016

Note: Data are for all children and young people alive who ever presented to medical services in the UK/Ireland, including children who have since transferred to adult care; those who subsequently died or were lost to follow-up are excluded from the year of death or loss to follow-up. All paediatric patients included, regardless of mode of acquisition (94% perinatal). CHIPS includes all diagnosed HIV-infected children known to be living in the UK/Ireland, of whom ~50% were born abroad. Data for 2016 are incomplete as subject to reporting delay.
GROWING UP IN A FAMILY WITH HIV

- parental/sibling loss
- young carers
- stigmatisation
- disclosure and secrecy (whose status is it?)
- immigration
- poverty
- uninfected siblings and parental guilt
## Characteristics (n=271)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>n (%)</th>
<th>median [IQR]</th>
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<tbody>
<tr>
<td>Female</td>
<td>146 (53%)</td>
<td></td>
</tr>
<tr>
<td>Black ethnicity</td>
<td>213 (80%)</td>
<td></td>
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<tr>
<td>Born abroad</td>
<td>163 (61%)</td>
<td></td>
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<tr>
<td>CDC Stage C diagnosis*</td>
<td>86 (32%)</td>
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<tr>
<td>Age at transfer out of paediatric care</td>
<td>17 [16,18]</td>
<td></td>
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<tr>
<td>Age at last follow up in adult care</td>
<td>20 [19,23]</td>
<td></td>
</tr>
<tr>
<td>Duration of paediatric care follow up (years)</td>
<td>11.8 [6.6,15.5]</td>
<td></td>
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<tr>
<td>Duration of adult care follow up (years)</td>
<td>2.9 [1.5,5.9]</td>
<td></td>
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<tr>
<td>Gap between paediatric &amp; adult care (months)**</td>
<td>2.4 [1.0,4.4]</td>
<td></td>
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<tr>
<td>Duration of total follow up (years)</td>
<td>15.4 [10.6,19.3]</td>
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</table>
CD4 in UK adolescents transitioning to adult care (n=271)

Median follow-up: 12 years paediatric care, 3 years adult care

Judd et al JIAS 2017 20(Suppl 3):71-80
Adult care: better or worse than paediatrics?

- Times of clinic
- Staff
- Clinic environment
- Amount of responsibility you have
- Flexibility of appointment times
- Amount of support you are given
- Staff's understanding of your needs
- How well services meet your needs
- Advice given on educational needs

Not shown: Advice given on educational needs
Self-management of care

Make own appointments
Name HIV medication
Tell someone number of pills
Make own travel arrangements
Tell clinic when need more ART
Tell someone latest CD4 and VL

Paediatric
Adult
RISK BEHAVIOURS IN YOUTH WITH CHRONIC CONDITIONS

- current smoking: 1.32 (1.13, 1.54)
- illegal drugs: 1.49 (1.15, 1.92)
- early sexual debut: 1.33 (1.03, 1.72)
- eating disorder: 1.44 (1.26, 1.74)
- antisocial acts: 1.48 (1.26, 1.74)
- attempted suicide: 2.24 (1.55, 3.24)

more likely to report 3 or > 4 simultaneous behaviours

JC Suris et al, 2007 J Begent CHIVA 2010
Prefrontal Cortex Maturation - 3rd Decade
Impulse Control, Planning, Emotional Regulation
THE PATIENTS AND STAFF OF THE 900 CLINIC
Sarah Fidler, Sarah Ayers, Susan McDonald, Graham Frize, Tanya Okito, Ojali Njegu, Nina Lenton, Nicki Mackie, Linda Greene

Imperial College Healthcare
NHS
NHS Trust

Imperial College
London

CHIPS
Cooperative HIV Paediatric Study

POSITIVELY UK

Jefferiss Wing
PADDINGTON

ADVICE
HIV CARE
HIV TESTS
CONDOMS
TREATMENT
EMERGENCY CONTRACEPTION
CHECK UPS

Ali Judd