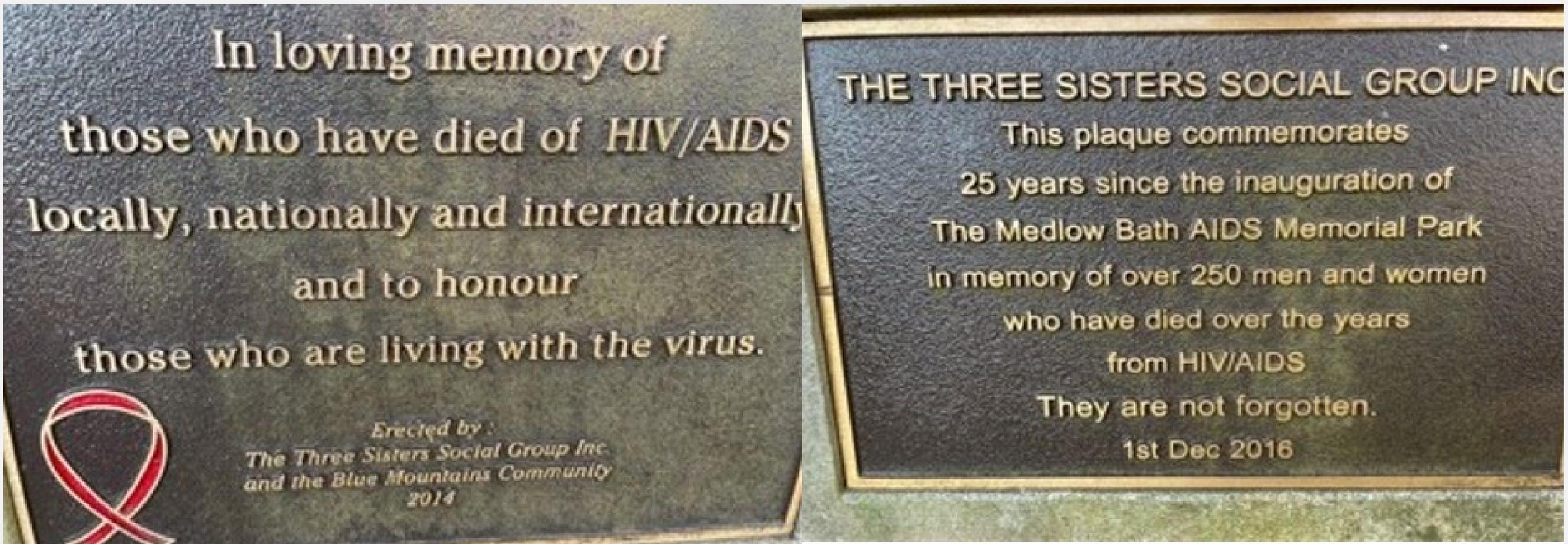


napwha national association of
people with HIV australia

PLHIV ageing and end-of-life planning:
what's the national policy agenda?

Dr John Rule, NAPWHA

40 years of HIV – history and precarity.



A national aged and caring system that needs overhaul - big ideas

- Anita Westera - AHSRI, University of Wollongong Royal Commission a lost opportunity – aged care interface with health system, commitments by C’wealth stepped away eg. ACAT commitments, why isn’t allied health embedded in aged care? remains centralised and doesn’t address local level needs, integration of models of care still required.
- Paul Sadler - Paul Sadler Consultancy – transparency around funding required, government honesty required about leaving it to the market-place. Rebuilding confidence in the aged care system. Money ? Regulation ? Transparency ? How can services improve when underfunding exists. Who pays and how ? –commissioners had two different models.

- Anika Stobart - Grattan Institute - not coming from the point of what do people need ? Undervalued workforce just one element of a system in need of reform, rights first and then a system to be built around that. Vague government responses to report and very weak on workforce responses – career progression, workers not supported etc...Government capability and willingness to introduce reforms
- Dr Bob Davidson - School of Social Sciences, Macquarie University – providers demonstrating commitment to providing quality care – how to do this with resourcing constraints. Real choice and control for users – a **confusopoly !**

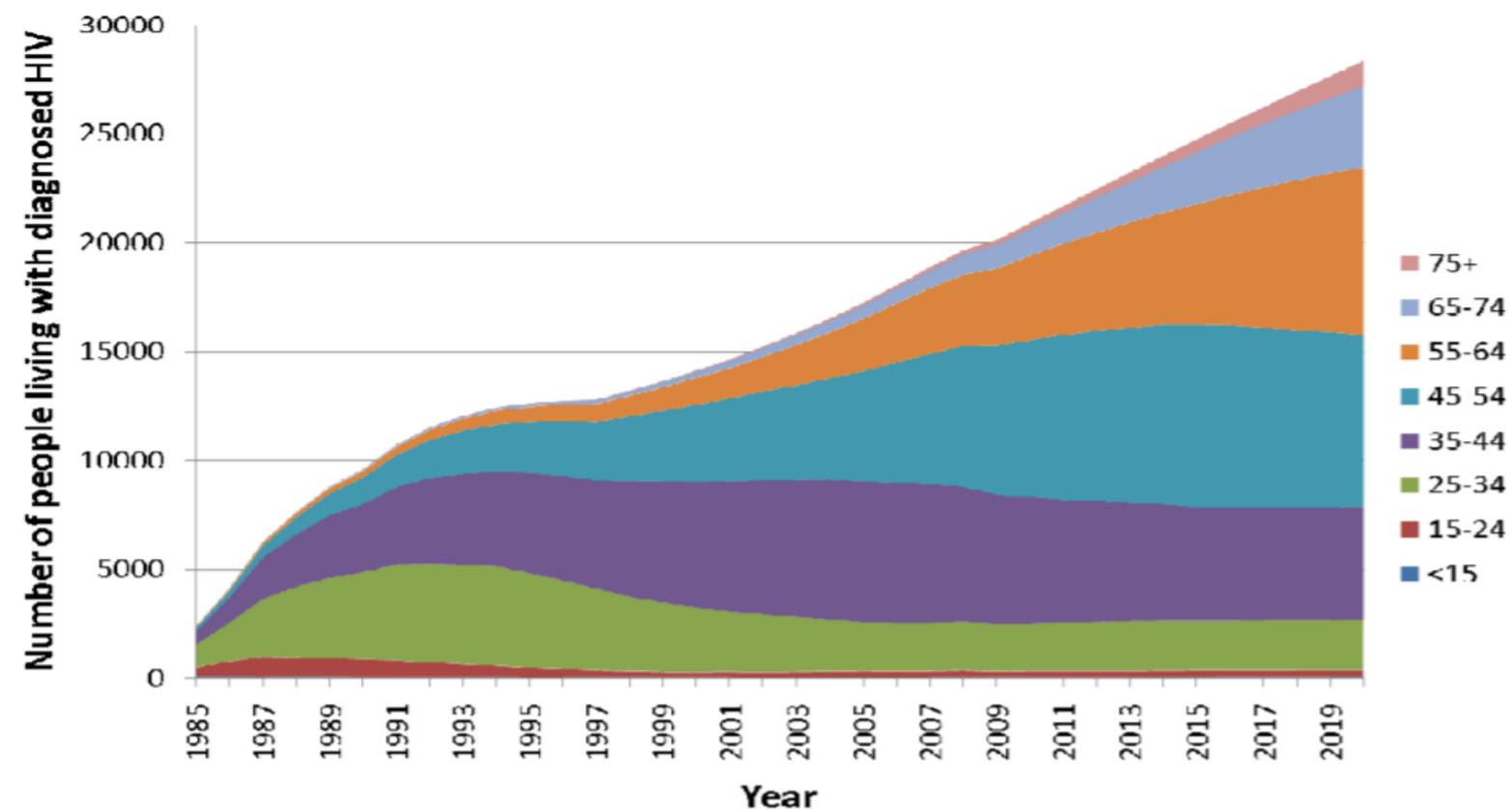
<https://www.abc.net.au/radionational/programs/bigideas/the-age-care-sector-needs-structural-reform/13559702>

Epidemiology of ageing with HIV in Australia

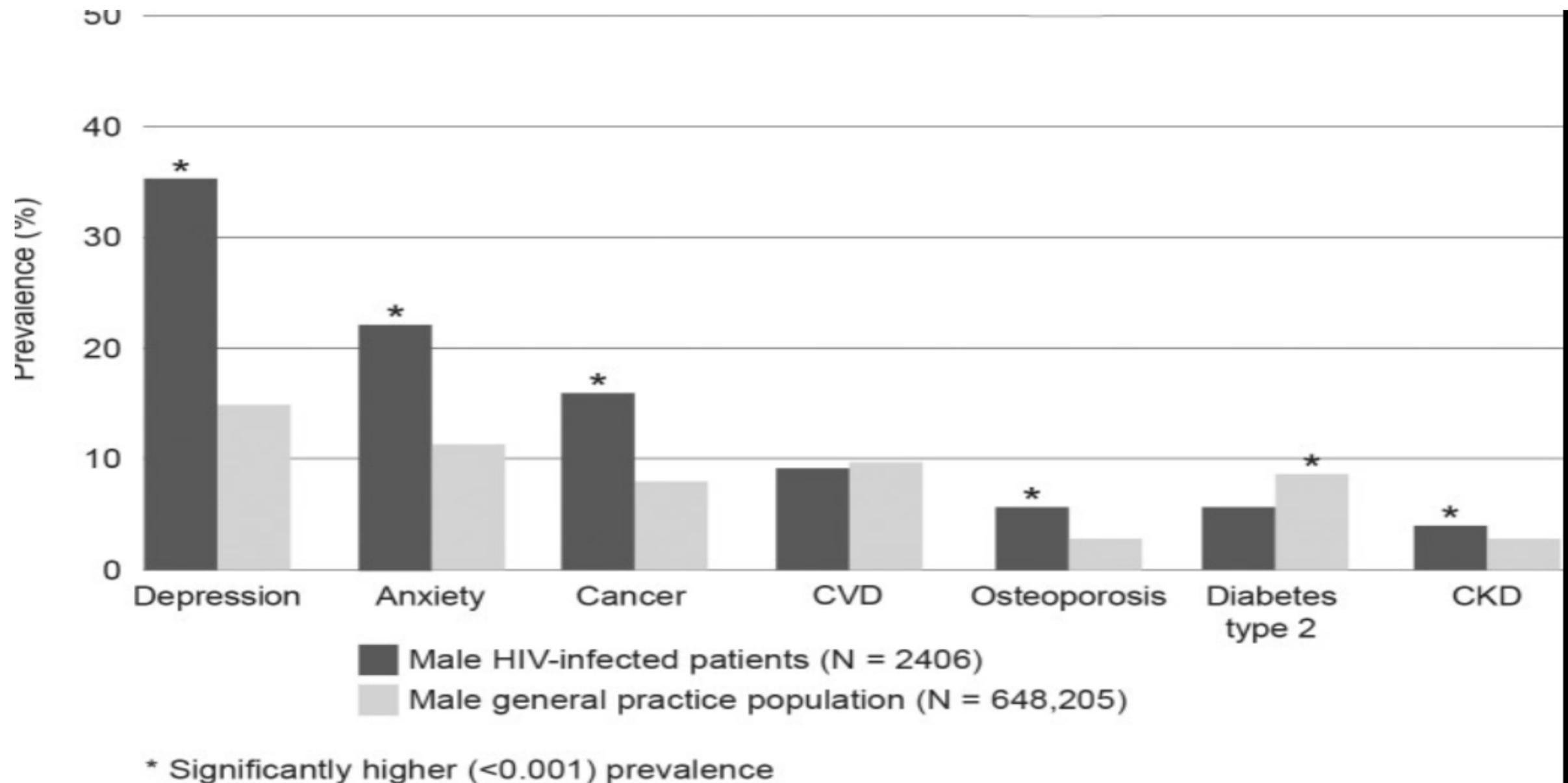


- In 2017 in Australia, 46% of people with HIV infection were aged over 50 years, reflecting a global trend of prolonged survival and late acquisition of HIV infection among older people.
- In 2027, the highest proportion of PLHIV will be in the 55-59 age group and the average age will be 52 years.

Figure 11 Numbers of people living with diagnosed HIV by age group and year



Co-morbidities, ageing and HIV



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Fig 1. Overall prevalence (%) of NICMs in male HIV-infected patients compared to the male general practice population. *p < 0.001.

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General Practice

**Management of human
immunodeficiency virus in
older people**

Beng Eu Ethan

Salleh Andrew

Sakko Giovanni

Guaraldi doi:

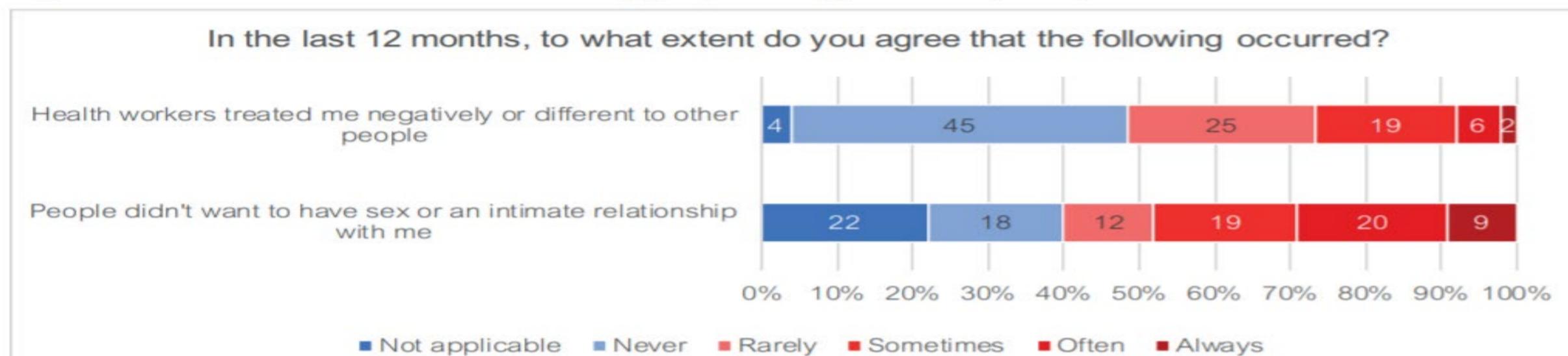
10.31128/AJGP-08-18-4667

Comorbidities	
Acute myocardial infarction	<ul style="list-style-type: none"> • Up to 50% increased risk of acute myocardial infarction³³ • Leading cause of death in PLHIV on effective ART³³
Bone disease	<ul style="list-style-type: none"> • Six-fold increase in low BMD³⁴ • Four-fold increase in osteoporosis risk³⁵
End-stage liver disease	<ul style="list-style-type: none"> • Progression to end-stage liver disease more rapid with HBV/HIV coinfection than with HBV mono-infection¹⁸ • Three-fold greater risk of decompensated liver disease with HCV/HIV coinfection than with HCV mono-infection¹⁸
End-stage renal disease	<ul style="list-style-type: none"> • Earlier diagnosis of end-stage renal disease⁵ • TDF and other comorbidities can increase risk¹¹
HAND	<ul style="list-style-type: none"> • More than 50% of PLHIV have some neurocognitive impairment³⁶ • 2–8% of PLHIV have HIV-associated dementia³⁷ • HAND and HIV-associated dementia may contribute to treatment failures
Mental health conditions	<ul style="list-style-type: none"> • 20–40% of PLHIV compared with 7% of the general population report depression²⁸
Non-AIDS defining cancer	<ul style="list-style-type: none"> • Increased risk of lung, anal and liver cancer and Hodgkin lymphoma¹³ • Melanoma is common in Australian PLHIV³⁸
Type 2 diabetes mellitus	<ul style="list-style-type: none"> • 4% higher prevalence³⁹ • More likely to develop at younger ages and in the absence of obesity³⁹ • Increasing age, HCV coinfection and increasing BMI have a more pronounced effect on the risk of type 2 diabetes mellitus⁴⁰

Geriatric syndromes	
Delirium	<ul style="list-style-type: none"> Delirium can occur in young adults and children with HIV^{41,42}
Falls	<ul style="list-style-type: none"> Fall rate increased in PLHIV⁴³
Frailty	<ul style="list-style-type: none"> Increased risk of pre-frailty and frailty^{32,44} Occurs in 11–23% of Australian PLHIV³²
Functional impairment and disability	<ul style="list-style-type: none"> Increased risk of functional impairment and disability, including difficulty with mobility, self-care and activities of daily living⁴⁵
Hearing and visual loss	<ul style="list-style-type: none"> Poorer lower-frequency and higher-frequency hearing⁴⁶ Vision function abnormalities are common in people with AIDS⁴⁷
Urinary incontinence	<ul style="list-style-type: none"> Increased incidence of urinary continence in PLHIV⁴⁸

Stigma – a feature of living with and ageing with HIV

Figure 2. Additional indicator items among people living with HIV (n=181)



Articles

The role of social support in moderating the relationship between HIV centrality, internalised stigma and psychological distress for people living with HIV

Loren Brener , Timothy Broady , Elena Cama , Max Hopwood, John B.F. de Wit  & Carla Treloar

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 <https://doi.org/10.1080/09540121.2019.1659914>

 Check for updates

HIV and ageing: The New Frontier

- Community organisation
- Advocacy
- Peer support
- Networks and partnerships — eg Australian Society of HIV Medicine Training modules for aged care workers and community nurses <https://www.ashm.org.au/training/ashm-online-learning/>
- Research and evaluation
- Service responses