Key Takeaways

- Mental health disorders, anemia, bone disease, insomnia, and substance abuse were the greatest indicators of OALHIV reporting suboptimal health on all domains compared with those reporting optimal health.

Introduction

The UNAIDS 95-95-95 strategy to help and the HIV epidemic includes the following targets:

1. 95% of all adults on ART
2. 95% of all adults with viral suppression
3. 95% of all adults with ≥10 years between HIV diagnosis and ART initiation (≥30 time to ART initiation)

In addition to the UNAIDS targets, a fourth target focusing on quality of life has been proposed: 90% of PLHIV with ≥10 years on ART will have ≥80% of sexual activity without condom use.

The World Health Organization definition of health is aligned with the idea that treating PLHIV goes beyond just reducing the viral load in the body. The totality of all health domains, including physical, mental, and social well-being and not merely the absence of disease or infirmity,

This is particularly important in older adults as comorbidities and polypharmacy increase with age.

Methods

Positive Perspectives was a comprehensive survey conducted from April to August 2019 in 25 countries to assess the lifestyles and challenges of PLHIV, including self-reported health and comorbidities.

OALHIV aged 25 years or older were included in the analysis. The survey was conducted in English and Spanish in Canada, the United States, and Mexico. In this study, we used a large patient survey to summarize baseline characteristics and associated suboptimal health risks.

In the past year for resistance or poor tolerability.

Optimal health on ≥1 domain (N=130)

Suboptimal health on ≥3 domains (N=12)

Suboptimal health on ≥1 domain (N=31)

Suboptimal health on all domains (N=37)

Suboptimal health on ≥1 domain (N=19)

Suboptimal health on ≥3 domains (N=39)

Suboptimal health on all domains (N=46)

Suboptimal health on ≥1 domain (N=60)

Suboptimal health on ≥3 domains (N=21)

Suboptimal health on all domains (N=25)

Suboptimal health on ≥1 domain (N=8)

Suboptimal health on ≥3 domains (N=0)

Suboptimal health on all domains (N=0)

Table 2. Comorbidities With a >10% Difference Between OALHIV Reporting Suboptimal and Optimal Health

- comorbidities (48%), hypercholesterolemia (48%), and hypertension (48%) being the most prevalent.

Comorbidities and polypharmacy were self-reported by participants based on the following questions:

- Sex, male, n (%)  21 (85)  12 (80)  85 (70)  118 (73)
- Time since diagnosis, median (range), y  21 (4-13)  14 (1-25)  10 (2-37)  20 (2-39)
- Number of ART switches, n (%)  21 18 (90)  7 (95)  118 (73)
- Number of ART switches, n (%)  23 10 (42)  2 (13)  41 (34)  53 (33)
- Number of ART switches, n (%)  23 3 (13)  1 (7)  13 (11)  17 (11)
- Number of ART switches, n (%)  22 22 (10)  11 (73)  95 (78)  128 (80)
- Reason for switching, n (%)  34 9 (38)  4 (27)  60 (49)  73 (48)
- Reduce severity or frequency of side effects  11 (46)  5 (33)  39 (32)  55 (34)
- Reduce number of pills  7 (29)  4 (27)  3 (34)  48 (30)
- Reduce number of medicines  3 (13)  2 (13)  23 (23)  39 (24)
- Reduce number of medicines  6 (26)  1 (7)  18 (15)  25 (16)
- Potential drug-drug interactions  4 (17)  0  14 (11)  18 (11)

Figure 1. Health Domains Evaluated

- Physical condition of your body, specifically the movement and strength of your muscles, bones, joints, and above all, your ability to move freely and maintain your posture.

Figure 2. Reports of Optimal Suboptimal Health and Comorbidities

- Suboptimal health on ≥3 domains (N=12)

Table 3. Suboptimal Health Access Domains in OALHIV by Comorbidity

- For all reported in the survey included alcohol and tobacco.

Conclusions

- At OALHIV in North America reported comorbidities and most reported polypharmacy, with approximately one-fourth reporting suboptimal health on all domains and a third reporting suboptimal health on at least one domain.

- Care for OALHIV requires improved models that ensure the broader impacts of HIV are better managed

- Some comorbidities, including mental health disorders, bone disease, and insomnia, had a >10% difference in prevalence between OALHIV reporting suboptimal and optimal health (Table 2)
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