

HIV Care Delivery in Newly Attending Patients – Influence of Age

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BACKGROUND

Significant advances in the understanding and care of HIV-infection have resulted in the progression of HIV from a fatal disease to a complex chronic condition with a normal life expectancy. Thus, the HIV population in our society is ageing.

AIM

The aim of our study was to review the care provided to new patients registered to the GUIDe clinic. We aim to assess differences in care provided to patients, older than 45 compared to those younger than 45. Specifically, with regards to in vaccination uptake, sexual health screening and tuberculosis screening.

METHODS

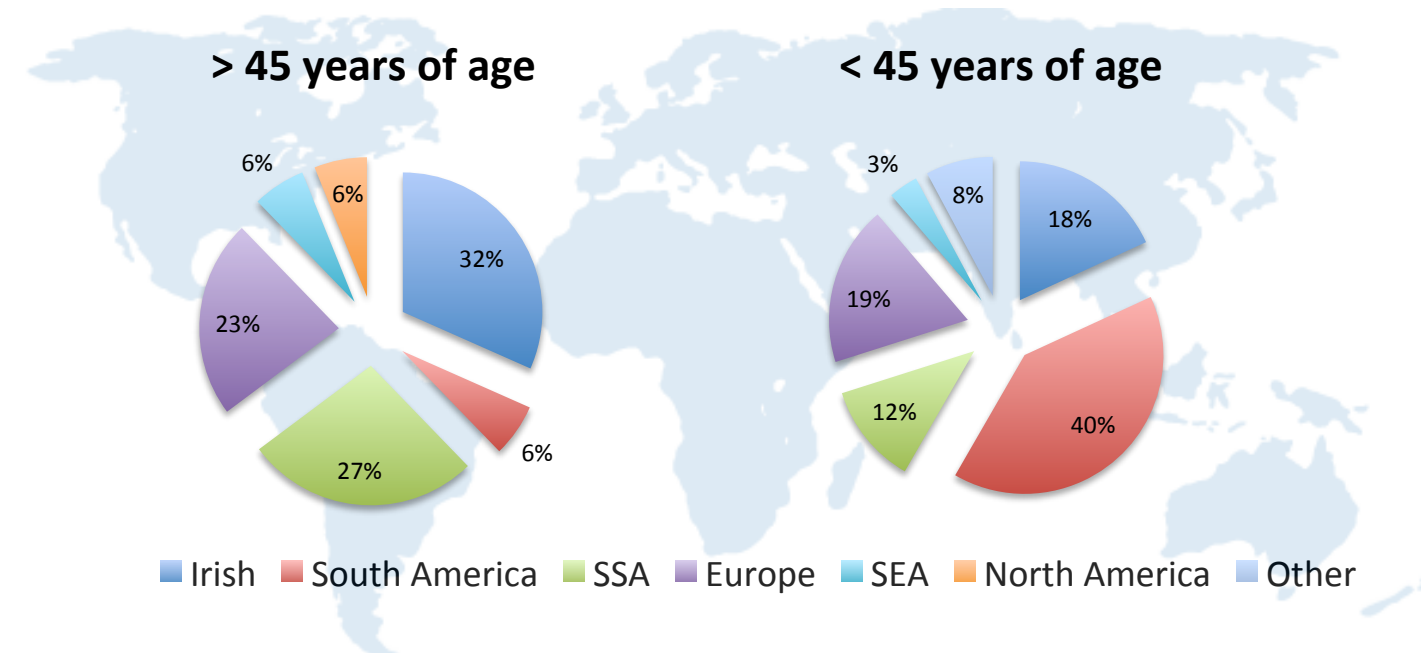
A retrospective analysis of patients newly attending HIV clinic at St James in 2018 was performed, looking at differences in care received, between patients >45 years old, and patients <45 years of age. Data was collected from patients Electronic Patient Record. Chi2 test (n-1) was used for statistical analysis.



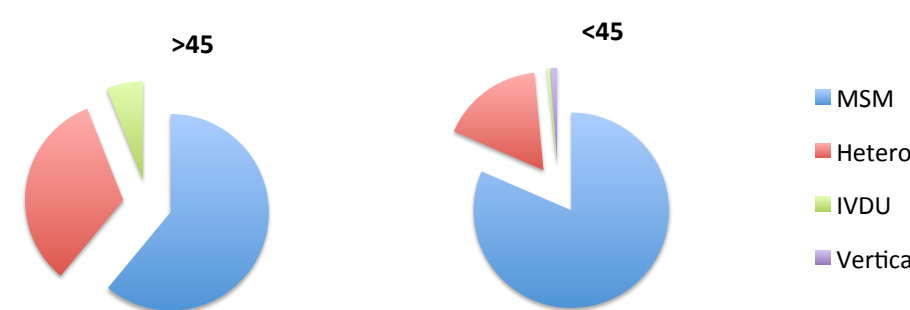
RESULTS

- 253 New patients attended the clinic in 2018
- 20% (50 patients) were > 45 years of age, median age 52, 86% male
- 80% (203 patients) <45 years, median age 32, 88% male

Geographical Origin



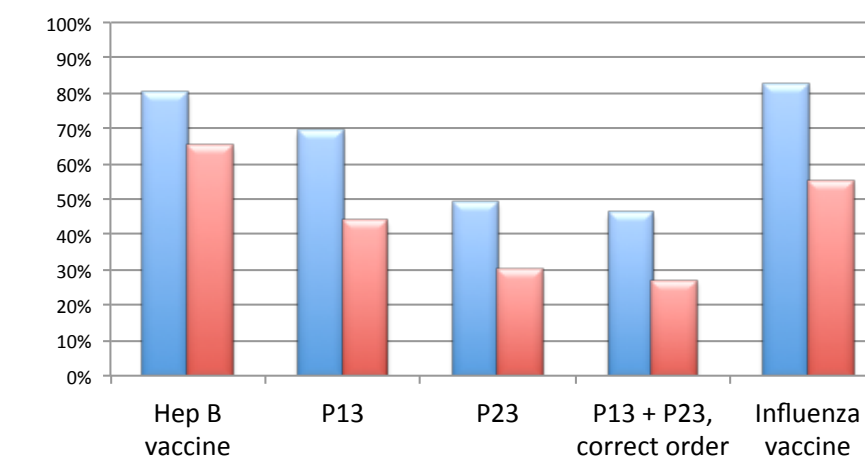
Route of HIV Acquisition



	>45	<45	p value
Mean CD4 count (cells/mm3)	510	519	
Retained in care	80%	83.00%	0.61
ARV Naïve	43%	43%	1
Detectable VL on First presentation	45%	49%	0.61
Resistance testing	21%	35%	0.2
VL suppression (>6 months)	96%	97.50%	0.56

STI testing	>45 (%)	<45 (%)	p value
STI Screen	58	75	0.0258
Chlamydia +	3	9	0.2994
Neisseria G +	0	3	0.346
Syphilis screening	94	99	0.0248
Syphilis antibody +	32	36	0.6
Syphilis IgM +	34	12	0.09

Vaccination rates in patients aged > 45 and <45 and statistical significance (p value)



Vaccination	p value
Hepatitis B	0.2235
Pneumococcal 13 valent (P13)	0.011
Pneumococcal 23 valent (P23)	0.0168
P13 + P23, in correct order	0.016
Influenza	<0.0001

Health Screening	>45	<45	p value
Chest X Ray	65%	49%	0.04
IGRA	20%	23%	0.6
Drug use history taking	57%	80%	0.0006
Sexual Behaviour history taking	75%	90%	0.006

CONCLUSION

In addition to demographic differences, we describe differences in care metrics provided to older people living with HIV, particularly regarding social history documentation and STI screening. Vaccination discrepancies may be explained by the older patients more likely to have access to a GP and to receiving vaccinations at primary care centres. Introduction of a vaccine passport would support the monitoring of preventative health interventions.

Reference:

Hunt PW. HIV and aging: emerging research issues. *Curr Opin HIV AIDS*. 2014;9(4):302-308