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MidAtlantic AIDS Education and Training Center
Integrating Geriatric Principles in the HIV Clinic

HIV care providers should strive to incorporate geriatric principles and assessments into the care of older adults with HIV, thus improving health outcomes and quality of life.

Aging Persons with HIV: Share the same health concerns as the general population, but also experience increased amounts of, and earlier, age-related multi-morbidity. They may have higher rates of specific age-related disease due to HIV and/or combination antiretroviral therapy. With the population of adults with HIV growing older, it is essential that HIV care providers incorporate geriatric principles and assessments into care along with standard age-based screenings and morbidity management.

Geriatric 5M's Principles

Focus on geriatric syndromes that impact functioning and quality of life.

1. MIND: Mentation, Dementia, Delirium, Depression
- Early detection of cognitive impairment can help patients plan.
- Treating depression can improve physical, social and cognitive functioning.

2. MOBILITY: Gait, Balance, Activity level, Fall risk, Exercise
- Assessment of frailty to identify interventions to maintain mobility.
- Assess history of falls, home safety issues and risk for falls can prevent injury and maintain mobility.

3. MULTIMORBIDITY: Management of Multiple Chronic Conditions
- Treatment of comorbidities to maintain health and quality of life.

4. MEDICATIONS: Polypharmacy and Drug-Drug Interactions
- Review medications to assess for potential drug-drug interactions.
- Optimize prescribing, eliminating unnecessary or side effect inducing meds.
- Assess pain and evaluate available medications for pain management.

5. MATTERS MOST: Patient's Health Outcome Goals and Care Preferences
- Identify persons' medical, social priorities, and sexual health issues.

Interprofessional teams (IP): can conduct screenings and assessments for geriatric conditions and refer to aging-related resources.
IP teams include: physicians, NPs, PA-Cs, nurses, pharmacists, social workers, case managers, behavioral health, navigators, community workers, occupational and physical therapists, speech therapists, nutritionists.
Community partners: faith-based organizations, non-profits, local agencies that specialize in the resources of older adults are important.

Clinic Implications

What clinics can do to provide welcoming environment for aging persons.

1
- Initial and ongoing mental status assessment at each visit
- Obtain input from caregivers on functioning
- Ask the patient and listen closely

2
- Assure mobility access in clinic and exam rooms
- Consider adding handrails, geriatric chairs, remove furniture for safety
- Referral to physical therapy, occupational therapy for home intervention

3
- Conduct physical exam including gait and other tests
- Coordinate consults and referrals for convenience of patient
- Involve case managers and navigators in enhancing coordination

4
- Have pharmacist review medications, and educate patient
- Instruct patient, caregivers about side effects, cognitive and balance changes

5
- Discuss advanced directives, power of attorney, long-term care, financial planning
- Discuss faith, social support needs, home care needs

Assessment Screening Tools

	Assess	Example Screening Tools
Mind	Cognition	MoCA; Mini-Cog; MMSE; Everyday memory questionnaire; neuropsychiatric testing
	Mental Health	Depression (PHQ-2, 4, or 9, Beck depression inventory); anxiety (GAD-7, HAM-A, OASIS); Assess and address patient's social support, daily activities, engagement with family, friends, and community.
	Substance Use	SBIRT; CAGE; AUDIT; TAPS; harm reduction
Mobility	Physical function	SSPB; falls risk assessment; ADLs (OARS, Lawton-Brody, Katz); TUG; need for assistive devices; home safety evaluation (loose rugs, rails, stairs, etc.)
	Fragility	Fried frailty phenotype, Gerontopole frailty screen
Multimorbidity	Cardiovascular & pulmonary	ASCVD risk calculator, coronary artery calcification score, COPD (PFT); AAA (abd US)
	Renal & liver	Cr/ GFR, UA, LFT
	Endocrine & MSK	BMD (FRAX, DXA, Vit D); sarcopenia (DXA); hypogonadism; Diabetes (hemoglobin A1c)
	Age-related cancers	Breast (mammogram); cervical/anal (Pap); colon (colonoscopy, Flex-sig, FIT); lung (LDCT)
	Age-related vaccinations	Influenza; Pneumococcus; COVID-19; Zoster; TDaP (CDC Adult Vaccination Schedule)
	Pain	Numeric, verbal, or visual scale, Faces Pain Scale-Revised; Consider addressing symptoms
Medications	Medication safety	Polypharmacy (# medications, prescribers, pharmacies); Beers Criteria; drug-drug interaction (Liverpool, Micromedex)
	Medication use	Medication reconciliation (OTC, herbal, prescribed), adherence barriers (memory, stigma, finances, side effects), adherence tools (pillbox, alarm)
Matters Most	Sexual Health	Assess sexual activity to promote healthy/ safe sex practices (age-appropriate terms, matter of fact style)
	Healthcare utilization	Review/consolidate # of providers, clinics, pharmacies; assess for frequent ED or hospital use
	Social Health	Social support, networks, family, community engagement, fulfillment, caregiving, housing situation, typical day
	Safety	IPV (HITS, WAST, PVS); elder abuse (EASI, VASS); caregiver abuse (CASE); driving
	Sensory Function	Vision testing, audiometry, hearing handicap inventory, whispered voice test
	Finances	Money management, income sources, food security, long term financial planning, ability to meet basic needs
	Nutrition	Determine score; Nutritional health risk assessment
	Quality of Life	PROMIS Global Health, QOL Scale, health related QOL, CASP-19

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