



**2nd International Forum on HIV and Rehabilitation
Research**

Advancing International Partnerships to Address Key
Research Priorities in HIV and Rehabilitation

Saturday October 11th, 2014

The Gleeson Lecture Theatre, Chelsea and Westminster
Hospital

369 Fulham Road, London, England



RHIVA

REHABILITATION IN HIV ASSOCIATION



ACKNOWLEDGEMENTS

The 2nd International Forum on HIV and Rehabilitation Research is funded by a Planning Grant from the Canadian Institutes of Health Research (CIHR). We also acknowledge support from Three Flying Piglets (filming), the Canadian Working Group on HIV and Rehabilitation, the British HIV Association and Chelsea and Westminster Hospital NHS Trust. The International Forum is also supported by Gilead who have provided part funding.



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Ambika Kumar

Welcome to the 2nd International Forum on HIV and F

2nd International Forum on HIV and Rehabilitation Research
October 11th, 2014



This Forum is a collaboration between the **Canada- United Kingdom HIV and Rehabilitation Research Collaborative (CUHRRC)** and the **Rehabilitation in HIV Association (RHIVA)** aimed to facilitate knowledge transfer and exchange on HIV, disability and rehabilitation, clinical practice and service delivery among people living with HIV, researchers, clinicians, representatives of community organizations, and policy makers in countries such as Canada, United Kingdom, Ireland and the United States.

We are delighted to count community leaders, clinicians, students, and people living with HIV amongst the Forum participants, who are champions in this expanding area of research and practice.

We gratefully acknowledge funding from the Canadian Institutes of Health Research (CIHR), as well as support from Three Flying Piglets (filming), the Canadian Working Group on HIV and Rehabilitation, the British HIV Association and Chelsea and Westminster Hospital NHS Trust. We also acknowledge Gilead who provided part funding for the Forum. Finally, we thank the members of the Core Forum Planning Team who worked tirelessly with us to plan this event.

Enjoy the Forum!

Sincerely,

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Saturday October 11th, 2014
Gleeson Lecture Theatre – Chelsea and Westminster Hospital

Forum Goal: To facilitate knowledge transfer and exchange on HIV and rehabilitation research, clinical practice and service delivery, among people living with HIV, researchers, clinicians on HIV, representatives of community organizations, and policy makers; and to foster new research and clinical partnerships in HIV and rehabilitation internationally.

Focusing on Three Priority Areas in HIV and Rehabilitation Research	
Time	Topic
8:30-9:00am	Breakfast and Registration
9:00-9:20am	<p>Welcome and Introductions</p> <ul style="list-style-type: none"> • Welcome from RHIVA • Welcome from Chelsea and Westminster and BHIVA <p><u>Keynote Speakers:</u> Mark Nelson (Chelsea and Westminster NHS Foundation Trust, London, England) Jane Anderson (Homer University Hospital NHS Foundation Trust, London, England)</p> <p><u>Speakers:</u> Esther McDonnell (Rehabilitation in HIV Association (RHIVA) Chair, UK) Darren Brown (RHIVA Vice Chair, UK)</p>
9:20-9:25am	<p>Overview of Forum Agenda</p> Francisco Ibáñez –Carrasco (Ontario HIV Treatment Network (OHTN), Toronto, Canada)
9:25-9:45am	<p>Overview of Canadian Working Group on HIV and Rehabilitation (CWGHR)</p> Stephen Tattle (Interim Executive Director, CWGHR) <p>Overview of Rehabilitation in HIV Association (RHIVA)</p> Darren Brown (RHIVA Vice Chair) & Esther McDonnell (RHIVA Chair) <p>Introduction to the Canada-UK HIV and Rehabilitation Research Collaborative (CUHRRRC) & New Research Priorities from the 1st International Forum on HIV and Rehabilitation Research</p> Kelly O’Brien (University of Toronto, Toronto, Canada)

9:45-11:00am	<p>Priority Content Area 1 – Episodic Health and Disability (HIV and Aging) Clinical Practice and Research Evidence Session 1 Implementing HIV and Rehabilitation Research into Practice HIV and Aging</p> <ul style="list-style-type: none"> • HIV and Ageing – A focus on co-morbidities and non-pharmacological interventions • HIV and Aging in the UK – Mildmay Hospital • Uncertainty and Aging with HIV: A longitudinal study to explore the episodic nature of disability among older adults living with HIV • How do adults living with HIV in Ireland experience disability? A qualitative study <p><u>Speakers:</u> Colm Bergin (GUIDE Clinic, St. James’s Hospital, Dublin, Ireland) Camilla Hawkins / Simon Rackstraw (Mildmay Hospital, London, England) Patty Solomon (McMaster University, Hamilton, Canada) Siobhán O Dea (GUIDE Clinic, St. James’s Hospital, Dublin, Ireland)</p>
11:00-11:15am	<p>Wellness Break</p>
11:15am-2:20pm	<p>Priority Content Area 2- Rehabilitation Interventions Clinical Practice and Research Evidence Panel Session 2 Implementing HIV and Rehabilitation Research into Practice Rehabilitation Interventions –Rehabilitation Interventions</p> <ul style="list-style-type: none"> • Effectiveness of Interventions to Enhance Coping among PHAs • Kobler Rehabilitation Class, Chelsea and Westminster Hospital • Exercise and Adherence in People Living with HIV- More Findings 2014 <p><u>Speakers:</u> Richard Harding (King’s College London, London, England) Darren Brown (Chelsea and Westminster NHS Foundation Trust, London, England) Rebecca Mullin (Guy’s and St. Thomas NHS Foundation Trust, London, England)</p>
12:20-1:30pm	<p>Lunch</p>
1:30-3:00pm	<p>Plenary Panel Session - Bridging the Evidence with Real World: Response from the Community and Clinical Perspective</p> <p>This session will include a series of panelists including people living with HIV, researchers, and clinicians from the community who will have the opportunity to comment and reflect on the research evidence presented at the Forum.</p> <p><u>Panel Facilitator:</u> Daniel Grace (London School of Hygiene & Tropical Medicine, United Kingdom)</p>

	<p>Plenary Panel Session - Bridging the Evidence with Real World: Response from the Community and Clinical Perspective</p> <p><u>Panelists:</u> Jo Josh (Commsbiz, London, England) Camilla Hawkins (Mildmay Hospital, London, England) Christopher Dunne (London, England) Mark Nelson (Chelsea and Westminster Hospital NHS Trust, London, England) Larry Baxter (CWGHR, Halifax, Nova Scotia, Canada) Wendy Porch (CWGHR, Toronto, Ontario, Canada)</p>
3:00-3:15pm	Wellness Break
3:15-4:30pm	<p>Priority Content Area 3 – Methodological Advances Clinical Practice and Research Evidence Session 3 Implementing HIV and rehabilitation Research into Practice</p> <ul style="list-style-type: none"> • State of the art and emerging measures of neurocognitive health among people living with HIV • Patient-Reported Outcomes in HIV: Theory and Practice • Updates on the HIV Health and Rehabilitation Survey (HHRIS) – A CUHRRC Study <p><u>Speakers:</u> Sean Rourke (OHTN, Toronto, Canada) Richard Harding (King’s College London, London, England) & Mark Platt (UK-CAB, London, England) Kelly O’Brien (University of Toronto, Toronto, Canada)</p>
4:30-5:00pm	<p>Bringing it all Together – Review of Research Priorities and Models of Research in HIV and Rehabilitation for CUHRRC</p> <p>Bringing the day together – Summarizing the key messages and determining opportunities to operationalize new and existing research and practice collaborations in Canada, Ireland and the UK.</p> <p><u>Facilitator:</u> Catherine Worthington</p>
5:00-5:15pm	Wrap-Up and Evaluation

Priority Content Area 1 – Episodic Health and Disability (HIV and Aging)

HIV and Ageing – A focus on co-morbidities and non-pharmacological interventions

Colm Bergin (St. James’s Hospital, Dublin, Ireland)

Key Messages

1. This session will explore current interventions related to diet, exercise and healthy living among people living with HIV in Ireland.

HIV and Aging in the UK – Mildmay Hospital

Camilla Hawkins, presenting on behalf of Simon Rackstraw

(Mildmay Mission Hospital, London, England)

Key messages

1. The HIV+ population in the UK is ageing, and patients are contracting HIV at later ages
2. The HIV+ population in the UK is presenting with the comorbidities of ageing
3. Ageing presents new challenges and complexities for rehabilitation of patients living with HIV

Key Publications

1. Deeks SG & Phillips AN. HIV infection, antiretroviral treatment, ageing, and non-AIDS related morbidity. *BMJ* 2009; 338: a3172 doi:10.1136/bmj.a3172
2. Lisa Power, Michael Bell and Iriann Freemantle 2010. A national study of ageing and HIV (50 Plus). Published by Joseph Rowntree Foundation. Access from: <http://www.jrf.org.uk/sites/files/jrf/living-with-HIV-full.pdf>

Uncertainty and Aging with HIV & a longitudinal study to explore the episodic nature of disability among older adults living with HIV

Patricia Solomon (McMaster University, Hamilton, Canada)

Key messages

1. Age-related uncertainty is at the core of disability for older adults with HIV suggesting health providers have an important role to play in supporting individuals to cope with uncertainty in their lives.
2. The episodic nature of disability experienced by people living with HIV contributes to uncertainty and can be better understood through longitudinal study.
3. Longitudinal study allows for an increased understanding of challenges over time and strategies that people use to make sense of the past and navigate the future. It provides insights into contextual factors influencing the disablement, such as stigma and social support, experienced by adults aging with HIV and is an important direction for future study of disability.

Key Publications

1. Solomon P, O’Brien K, Wilkins S, Gervais N. Aging with HIV: A Model of Disability. *Journal of the International Association of Providers of AIDS Care*, early online, 2014. DOI: 10.1177/2325957414547431.
2. Solomon P, O’Brien K, Wilkins S, Gervais N. Aging with HIV and Disability: The role of Uncertainty. *AIDS Care*. 26(4), 240-5, 2014. DOI: 10.1080/09540121.2013.811209.

How do adults living with HIV in Ireland experience disability? A qualitative study
Siobhán O Dea (St. James's Hospital, Dublin, Ireland)

Key messages

1. Qualitative inquiry with 12 adults living with HIV in Ireland suggests that disability experienced by adults living with HIV aligned with components in the *Episodic Disability Framework*. Participants described health challenges that spanned disability dimensions including: physical, cognitive, mental, emotional health challenges (some of which were experienced as episodic), challenges to social inclusion and uncertainty or worrying about the future over time aging with HIV.
2. Health challenges were exacerbated by stigma and fear of HIV disclosure. Resiliency and a positive outlook minimized perceived health challenges experienced by adults with HIV.
3. These dimensions of disability and contextual factors may be considered by health providers in HIV clinical practice to better understand the lived experience of adults living with HIV.

Priority Content Area 2- Rehabilitation Interventions

Effectiveness of Interventions to Enhance Coping among PHAs
Richard Harding (King's College London, London, United Kingdom)

Key Publications

1. Positive futures? The impact of HIV infection on achieving health, wealth and future planning. Harding R, Molloy T. *AIDS Care*. 2008 May;20(5):565-70. doi: 10.1080/09540120701867222.
2. Symptoms are highly prevalent among HIV outpatients and associated with poor adherence and unprotected sexual intercourse. Harding R, Lampe FC, Norwood S, Date HL, Clucas C, Fisher M, Johnson M, Edwards S, Anderson J, Sherr L. *Sex Transm Infect*. 2010 Dec;86(7):520-4. doi: 10.1136/sti.2009.038505. Epub 2010 Jun 15.
3. What factors are associated with patient self-reported health status among HIV outpatients? A multi-centre UK study of biomedical and psychosocial factors. Harding R, Clucas C, Lampe FC, Date HL, Fisher M, Johnson M, Edwards S, Anderson J, Sherr L. *AIDS Care*. 2012;24(8):963-71. doi: 10.1080/09540121.2012.668175. Epub 2012 Apr 23.

Kobler Rehabilitation Class, Chelsea and Westminster Hospital
Darren Brown (Chelsea and Westminster NHS Foundation Trust, London, England)

Key messages

1. Description of a two year pilot, implementing a rehabilitation intervention for adults living with HIV
2. Two year outcomes of the Kobler Rehabilitation Class including results, adherence and attendance
3. Lessons learned, modifications and the future of the Kobler Rehabilitation class as a rehabilitation intervention

Key Publications

1. Petroczi A, Hawkins K, Jones G, Naughton DP. HIV Patient Characteristics that affect adherence to exercise programmers: an observational study. Open AIDS J, 2010;4:148-155
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2944991/pdf/TOAIDJ-4-148.pdf>
2. O'Brien KK, Solomon P, Trentham T, MacLachlan D et al. Evidence-Informed recommendations rehabilitation for older adults living with HIV: A knowledge Synthesis. BMJ Open, 2014;4:1-11
<http://bmjopen.bmj.com/content/4/5/e004692.full.pdf+html>

Exercise and Adherence in People Living with HIV- More Findings 2014

Rebecca Mullin (Guys and St Thomas' NHS Foundation Trust, Kings Health Partners Academic Health Science Centre, Central London, England)

Key messages

1. The benefits of exercise in HIV are well documented but in clinical practice, adherence levels often drop below what is recommended. We recruited subjects with low, medium and high exercise adherence levels and aimed to understand why people do and do not follow exercise recommendations so that targeted behavioural interventions may be initiated.
2. Our results so far show that the reasons given for non-adherence can be broken into 4 subscales- beliefs, internalized reasons, externalized reasons and physical reasons. We found that people within the low, medium and high adherence groups, had differences in the 4 subscales upon completion of the exercise intervention (T1) but not at 10 week follow up (T2).
3. In the high adherence group, the reasons in all 4 subscales for non-adherence increased substantially between completion of intervention (T1) and 10 week follow up (T2). In the low adherence group, beliefs were more stable with physical and external factors being major contributors to non-adherence.

Key Publications

1. Jones et al. (2012) 'Understanding how adherence goals promote adherence behaviours: a repeated measure observational study with HIV seropositive patients', BMC Public Health, 12, 587
<http://www.biomedcentral.com/content/pdf/1471-2458-12-587.pdf>
2. Petróczi et al. (2010) 'HIV patient characteristics that affect adherence to exercise programmes: An observational study', The Open AIDS Journal, 4, 148-155
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2944991/pdf/TOAIDJ-4-148.pdf>

Priority Content Area 3 – Methodological Advances

State of the art and emerging measures of neurocognitive health among people living with HIV

Sean Rourke (Ontario HIV Treatment Network, St. Michael's Hospital, University of Toronto, Toronto, Canada)

Key messages

1. Context - HIV-associated neurocognitive disorders (HAND) occur in 30-50% of people living with HIV.
2. Assessment - HAND is under-recognized and under-treated – current screening tools are inadequate for identifying milder forms of HAND.
3. Treatment - "Whatever is good for your heart, is good for your brain"

Key Publications

1. Weber E, Blackstone K, Woods SP. Cognitive Neurorehabilitation of HIV-associated Neurocognitive Disorders: A Qualitative Review and Call to Action. *Neuropsychology Review*. 2013; 23(1): 81-98. DOI: 10.1007/s11065-013-9225-6.
2. Mayer KH. Assessment, Diagnosis, and Treatment of HIV-Associated Neurocognitive Disorder: A consensus Report of the Mind Exchange Program. *Clinical Infectious Diseases*. 2013; 56(7): 1004-17.
3. Zipursky A, Gogolishvili D, Rueda S, Brunetta J, Carvalhal A, McCombe J, Gill J, Rachlis, A, Rosenes R, Arbess G, Marcotte T, Rourke S. Evaluation of brief screening tools for neurocognitive impairment in HIV/AIDS: a systematic review of the literature. *AIDS*. 2013; 27(15): 2385-2401.
http://journals.lww.com/aidsonline/Fulltext/2013/09240/Evaluation_of_brief_screening_tools_for.7.aspx
4. Mayer K. Assessment, Diagnosis, and Treatment of HIV-Associated Neurocognitive Disorder: A Consensus Report of the Mind Exchange Program. *Clin Infect Dis*. 2013;56(7):1004-1017.
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3657494/>

Patient-Reported Outcomes in HIV: Theory and Practice

Richard Harding (King's College London, London, United Kingdom) & Mark Platt (UK-CAB, London, England)

Key messages

1. PROMs/PREMs offer great potential to influence care and evaluate outcomes, but science is very challenging
2. UK consultation has shown engagement and support, and highlighted the need for careful protocol development
3. An opportunity exists to develop innovate methodology for an HIV PROM/PREM that has strong involvement and user empowerment potential.

Key Publications

1. Harding R, Liu L, Catalan J, Sherr L. What is the evidence for effectiveness of interventions to enhance coping among people living with HIV disease? A systematic review. *Psychol Health Med*. 2011 Oct;16(5):564-87. doi: 10.1080/13548506.2011.580352. Review.

2. Harding R, Molloy T. Positive futures? The impact of HIV infection on achieving health, wealth and future planning. *AIDS Care*. 2008 May;20(5):565-70. doi: 10.1080/09540120701867222.
3. Harding R, Lampe FC, Norwood S, Date HL, Clucas C, Fisher M, Johnson M, Edwards S, Anderson J, Sherr L. Symptoms are highly prevalent among HIV outpatients and associated with poor adherence and unprotected sexual intercourse. *Sex Transm Infect*. 2010 Dec;86(7):520-4. doi: 10.1136/sti.2009.038505. Epub 2010 Jun 15.
4. Harding R, Clucas C, Lampe FC, Date HL, Fisher M, Johnson M, Edwards S, Anderson J, Sherr L. What factors are associated with patient self-reported health status among HIV outpatients? A multi-centre UK study of biomedical and psychosocial factors. *AIDS Care*. 2012;24(8):963-71. doi: 10.1080/09540121.2012.668175. Epub 2012 Apr 23.

Updates on the HIV Health and Rehabilitation Survey (HHRs): A CUHRRC Study
Kelly O'Brien (University of Toronto, Toronto, Canada)

Key messages

1. People living with HIV are living longer and aging with a range of health-related challenges related to HIV, aging and comorbidities.
2. A team of researchers, clinicians and community members from Canada and the United Kingdom conducted the *HIV, Health and Rehabilitation Survey (HHRs)*, an online community-integrated web-based survey of adults living with HIV in Canada.
3. Over 900 adults living with HIV participated in the HHRs. This session will report on some preliminary findings and discuss implications for future practice.
4. This study emerged from the Canada-United Kingdom HIV and Rehabilitation Collaborative (CUHRRC).

Key Publications

1. O'Brien K; Solomon P, Worthington C; Ibáñez-Carrasco F; Baxter L; Nixon S; Baltzer-Turje R; Robinson G; Zack E and The HIV, Health And Rehabilitation Survey Catalyst Team. Considerations for conducting web-based survey research with people living with Human Immunodeficiency Virus Using a community-based participatory approach. *Journal of Medical Internet Research*. March 2014. 16(3):e81.
<http://www.jmir.org/2014/3/e81/>
2. Worthington C, Myers T, O'Brien K, Nixon S, Cockerill R, Bereket T. Rehabilitation Professionals and HIV Care: Results of a National Canadian Survey. *Archives of Physical Medicine and Rehabilitation*. 2008; 89: 105-113.

Speaker Biographies

Professor Jane Anderson (Homerton University Hospital NHS Foundation Trust). Jane is a clinician and researcher in HIV medicine in East London. Her work focuses on the needs of ethnic minority and migrant populations in relation to HIV in the UK, with a particular focus on HIV care for women and families. She holds honorary academic appointments at Barts and the London School of Medicine and Dentistry and at University College London. Jane is the immediate past Chair of the British HIV Association and is seconded for part of her time to Public Health England.

Larry Baxter is a resident of Halifax, Nova Scotia, a person living and aging with HIV, and a knowledge user on several HIV and Rehabilitation projects. He worked over two decades in the non-profit sector, as well as serving on a variety of board positions with local, provincial and national HIV organizations, including CWGHR. His other areas of interest include food security and care giving & support.

Professor Colm Bergin is a Consultant Physician in Infectious Diseases, St James's Hospital, Dublin and Clinical Professor of Medicine at Trinity College Dublin. He is the Associate Director of the Wellcome-Health Research Board (HRB) Clinical Research Facility, St. James's Hospital Dublin) and the Dean of Postgraduate Medical Training and Dun's Tutor, Royal College of Physicians of Ireland. Prior appointments have included Clinical Director of the Surgical and Medical Subspecialties Directorate at St. James's Hospital, Dublin (2006-2012), President of the Infectious Diseases Society of Ireland (IDSI) (2009-2012) and National Programme Lead for OPAT, Health Services Executive, Ireland (2010-2012). Professor Bergin is the co-director of the Department of GU Medicine and Infectious Diseases Clinical Studies Unit, the department has an active national and international research reputation. He is the supervisor for a number of MD and PhD degrees covering research topics in medical education, cost effectiveness of medical care (HIV and HCV) molecular and clinical epidemiology, immunology of host response to infections (TB and HCV), neurocognitive disease in HIV infection and innovative interventions to affect social behaviours in disease modelling.

Darren Brown is a specialist physiotherapist in Infectious Diseases at the Chelsea and Westminster NHS Foundation Trust – the largest HIV Unit in Europe. Darren provides both inpatient and outpatient rehabilitation for patients living with HIV and has developed a specialist outpatient Physiotherapy service for HIV associated impairments and limitations, that includes a 1:1 physiotherapy clinic and the “Kobler Rehabilitation Class”; a supervised group exercise class with a multi-disciplinary “self-management programme”. Darren is on the board of RHIVA and is a member of CURHHC. He is also the HIV/AIDS coordinator for the WCPT-International Oncology, Palliative Care and HIV/AIDS Physical Therapy Association.

Christopher Dunne is a 47 year old gay male diagnosed HIV + in July 1998. After a recovery year thanks to HAART, Chris has worked within the HIV charity sector and with a Health authority where as a guest speaker he would be invited to talk to various groups within health service settings, such as newly qualified doctors about to enter General Practice to tell what it is like receiving treatment as an HIV+ patient. He first completed the Kobler Rehabilitation class programme in April 2013 & returned a second time this year.

Dr. Daniel Grace is a sociologist who conducts research related to the social determinants of health, gay men and sexual health. Daniel was a Postdoctoral Research Fellow at the University of British Columbia, Faculty of Medicine as part of the Canadian Institutes of Health Research (CIHR) Team in the Study of Acute HIV Infection in Gay Men. Since that time Daniel has continued postdoctoral research in the UK at the London School of Hygiene & Tropical Medicine, Faculty of Public Health and Policy. In February 2015, Daniel will begin his new role as an Assistant Professor at the Dalla Lana School of Public Health, University of Toronto.



Dr. Richard Harding is an Associate Professor at the School of Medicine at King's College London School of Medicine and visiting Professor in Family Medicine and Public health at the University of Cape Town. He trained in social science and social work, and practiced as an HIV care manager and in HIV health promotion, before re-entering academia to study a PhD in Public Health. He has a large portfolio of research in the UK, Europe and sub-Saharan Africa. His global research programme focuses on multidimensional aspects of health and wellbeing in relation to incurable diseases.

Camilla Hawkins completed her post-graduate occupational therapy training at the London Hospital Medical College. She has worked at Mildmay Hospital in a specialist service for adults living with HIV and with HIV-associated neurocognitive disorders (HAND) since 1996. She is the HIV Representative on the Occupational Therapy Specialist Section HIV, oncology, palliative care and education, and is also involved in the Rehabilitation in HIV Association group. She has presented nationally and internationally at OT and HIV specific conferences. Camilla has co-authored two book chapters with OT colleagues also in this clinical area, and published regarding the OT role and associated issues in HIV. Her longstanding interest in HIV, HAND and the OT role within these areas led to her current, on-going research. Other interests include education, information sharing regarding the contribution of assessment and rehabilitation, and collaborative practice.

Dr. Francisco Ibáñez –Carrasco is the Director of Education and Training at the Ontario HIV Treatment Network (OHTN). Since 2009, Francisco manages Universities Without Walls (www.universitieswithoutwalls.ca), an advanced training program in HIV research for graduate Canadian students and funded by the Canadian Institutes of Health Research (CIHR). His research focuses on online teaching and learning, autopathography and the greater involvement if persons living with HIV (the GIPA principle), and HIV in the context of rehabilitation.

Jo Josh Diagnosed with HIV in 2008, Jo was a founder member of CUHRRRC. She is a communications specialist now on the Steering Group of UK Community Advisory Board (UK-CAB) a network for community HIV treatment advocates and leads an activist group at Body & Soul, an HIV charity for children, teenagers and families. She has been an HIV spokesperson on national media and helped to produce leaflets on psychological support for HIV+ patients, a guide for health professionals on supporting older people living with HIV (THT) and HIV and ageing research for both Keele University and the 2020 independent think tank.

Esther McDonnell trained as an occupational therapist in Sydney, Australia and worked at The Bridge, a long term care unit for people with complex HIV related cognitive and psychiatric care needs, as well as an in-patient ward at Royal Prince Alfred Hospital, Sydney. She also worked as a research assistant in data collection for a PhD using the Perform, Recall, Plan, Perform (PRPP) method of assessment of functional impairments in men with HIV dementia. On moving to London, Esther worked in a community HIV OT role in East London, prior to moving to Chelsea and Westminster Hospital in 2009 to work on the acute HIV ward, providing a broad range of occupational therapy assessments and interventions to people living with HIV. Esther has presented posters outlining the role and scope of occupational therapy in HIV care at the World Federation of Occupational Therapists Conference (2006), the Australasian Society of HIV Medicine (2006), BHIVA spring conference 2013, and most recently at the Annual College of Occupational Therapy Conference (June 2014) outlining the learning to be gained for UK based OTs from CUHRRRC. She was also part of the multi-disciplinary team presenting a workshop at AIDS 2010 about rehabilitation in international contexts. Esther has been the Chair of the Rehabilitation and HIV Association (RHIVA) since 2013.

Rebecca Mullin qualified as a physiotherapist from the University of Liverpool in 2005 and has worked as a chartered clinical physiotherapist since. She moved to London in 2007 and has focused her career on complex rehabilitation and neurology. She began working in HIV in 2009 when she was appointed as the HIV physiotherapist at Guys and St Thomas' NHS Foundation trust; a large, university affiliated teaching hospital with a catchment area of South East of London. Her role entails running a bi-weekly HIV exercise group, a HIV specialist metabolic clinic alongside a consultant and dietician, a balance group and 1:1 clinics alongside teaching, research and service development. She is also an active member of RHIVA and recently completed a 1 year sabbatical to complete a Masters of Clinical Research project through King's College London. The current research is the result of a longstanding partnership with Kingston University, focusing on social cognitive factors underlying adherence behaviours of people living with HIV.

Dr. Mark Nelson is a consultant physician at the Chelsea and Westminster Hospital, London. He trained at Jesus College, Cambridge and Westminster Hospital medical school from where he qualified in 1986. He was appointed Consultant Physician at this hospital in 1991 where is presently the lead for HIV in patient and day case care and is an adjunct professor in human immunodeficiency virology at Imperial College Medical School where he is also the deputy senior tutor. He has built a large HIV practice with a special interest in HIV in patient care, co-infection with hepatitis B and C and the clinical utility of new antiretroviral agents. He has published over 500 papers on HIV and hepatitis. He is presently the lead for HIV in patient and day case care. Dr. Nelson sits on the Executive Committee of the British HIV Association where he is co-chair of the guidelines committee for opportunistic infections and for hepatitis C. He is a member of the Guidelines Committee for Malignancy and for HIV transmission. He was chair of the BHIVA hepatitis special interest group and is the elected chair of the BHIVA science and education committee. He is a trustee of several charities associated with HIV including the deputy chair of the International Association of Physicians in AIDS care (IAPAC). He is now devoting most of his charitable time to GREENSHOOTS where he is establishing HIV treatment networks in Burma and Vietnam. He has been awarded a visiting professorship at the Aga Khan Hospital, Nairobi, Kenya and Mbale medical school, Uganda and most recently the certificate of merit by the government of Vietnam.

Dr. Kelly O'Brien is a physical therapist and clinical epidemiologist. She is an Assistant Professor in the Department of Physical Therapy at the University of Toronto and holds a New Investigator Award from the Canadian Institutes of Health Research (CIHR) in partnership with the CIHR HIV/AIDS Research Initiative and the Ontario HIV Treatment Network. Kelly's research areas of interest include developing an Episodic Disability Framework from the perspective of adults living with HIV, developing and assessing the measurement properties of the new HIV Disability Questionnaire (HDQ), and conducting systematic reviews on the effects of exercise for adults living with HIV. Kelly is a member of the Ontario HIV Treatment Network Cohort Study (OCS) Scientific Steering Committee, and a founding member of the Canada-UK HIV and Rehabilitation Research Collaborative (CUHRRRC) (<http://cuhrrc.hivandrehab.ca/>).

Siobhán O Dea has worked as a nurse for over 25 years; she has also obtained a degree in Social Science, a higher diploma in training, diploma in research and a Master's degree in Global Health. She has specialised and worked in the areas of addiction and HIV for the last 20 years. For the first 10 years working in the addiction services with IVDU's many of whom acquired HIV as a result of drug use and since 2003 she has worked at the Department of Genito Urinary Medicine and Infectious Diseases (GUIDE) at St. James's Hospital as a Nurse Specialist in HIV. She took over the role of research coordinator at the department 4 years ago and currently coordinates all research and Clinical Trials at the Department.

Mark Platt was born in Stoke-on-Trent and has lived in London since 1986. Mark has: worked as an administrator at one of the largest HIV support centres, been a member of the editorial team for Positive Nation, worked as an HIV prevent/sexual health promotion worker, volunteered as a community activist with GMFA, worked as the Director of Policy and Public Affairs for a health charity and most recently, has worked as a health policy analyst at RCN. Mark was diagnosed in 2007 and following that, became involved in health policy and campaign work. Mark now works part-time and fits multiple voluntary activities around his 28 hour working week. Mark volunteers as the Vice-Chair of GP's patient participation group. In addition, Mark volunteers as a member with Westminster Healthwatch (leading on LGBT health and long-term conditions), London HIV Specialist Commissioning Group's Audit and Outcome Group, BHIVA HIV PREM/ PROM project group and GMHC

Wendy Porch (M. Ed.) is the Disability Specialist and Education Coordinator at the Canadian Working Group on HIV and Rehabilitation (CWGHR). Wendy develops and implements initiatives related to employment, income security, human rights and mental health for people living with HIV and other episodic disabilities. Wendy coordinates national and provincial episodic disability networks. Before joining CWGHR, Wendy was a Research Fellow at the Open University UK. She was also staff at the Adaptive Technology Resource Centre at the University of Toronto and a community facilitator for the Building Bridges Project at Women's College Hospital. Wendy has an M. Ed in Counselling Psychology from the Ontario Institute for Studies in Education at the University of Toronto.

Dr. Simon Rackstraw trained in medicine at St George's Hospital Medical School and University College London, UK. He trained in general internal medicine before specialising in HIV medicine. He works as a Consultant HIV Physician at Bartshealth NHS Trust in London, where he is the lead clinician for HIV rehabilitation and runs a specialist clinic for patients with HIV related neurological disorders. He is the Medical Director of Mildmay Hospital, which is the only inpatient rehabilitation unit for patients with HIV related pathologies including neurological disorders in Europe.

Dr. Sean Rourke is a professor in the Department of Medicine at the University of Toronto, and Scientific and Executive Director at the Ontario HIV Treatment Network (OHTN). His work can be described as a neuropsychologist assessing neurocognitive impairments in people living with HIV in Ontario and the neuroAIDS work currently underway in Canada. A neuropsychologist by training, Sean has been the Director of the CIHR Centre for REACH in HIV/AIDS since it opened in 2009. A leader in the field of neuroAIDS, Sean is a Scientist with the Centre for Research on Inner City Health in The Keenan Research Centre in the Li Ka Shing Knowledge Institute of St. Michael's Hospital at St. Michael's Hospital. He is also a professor in the Department of Psychiatry and Full Graduate Member of the Institute of Medical Science at the University of Toronto, and an Adjunct Professor in the Department of Psychology at the University of Windsor.

Dr. Patty Solomon is Professor and Associate Dean in the School of Rehabilitation Science at McMaster University in Hamilton, Canada. She has been doing research in the area of HIV and disability since 2001 when she received funding from the Canadian Working Group on HIV and Rehabilitation to evaluate an innovative model of interprofessional education which included people living with HIV. More recently her research has focused on experiences of aging with HIV.



Stephen Tattle has been involved in CWGHR since its founding meeting in Quebec City in 1998 and served on the Board of Directors for 9 years. He is a Registered Nurse with a Master of Science in Nursing Science from the University of Toronto. Over a 30 year career, he has worked across the healthcare continuum, which included developing the first HIV and Rehabilitation and Complex Continuing Care Program in Canada in 1996 and 8 years as Vice President Programs and Chief Nurse Executive at one of Canada's largest Rehabilitation hospitals. He has also been an active member of the Canadian Association of Nurses in AIDS Care since its inception.

Dr. Catherine Worthington is an Associate Professor at the School of Public Health and Social Policy, University of Victoria. She has a background in health services research, social work, and public health, and conducts research that focuses on the quality of and access to community health and social services, particularly for vulnerable populations. Her current work focuses on HIV and housing, HIV and employment, training and mentoring in the HIV research community, and community-engaged research methods.