

EXPLORING FRAILTY AND FRAILTY SCREENING FOR OLDER PEOPLE LIVING WITH HIV

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Aim

This study aimed to explore the perceptions of older people living with HIV (50 and over) and HIV professionals towards frailty, and assess the acceptability of routine screening for frailty.

Methods

In-depth qualitative interviews were conducted with a purposive sample of people living with HIV (50 and over), via telephone and video call.

Focus groups were conducted with HIV Professionals at the professional's place of work.

Recruited from UK outpatient HIV clinics at King's College Hospital, London and Royal Sussex County Hospital, Brighton.

Verbatim pseudonymised transcripts were analysed using thematic analysis in NVIVO.

Participant demographics

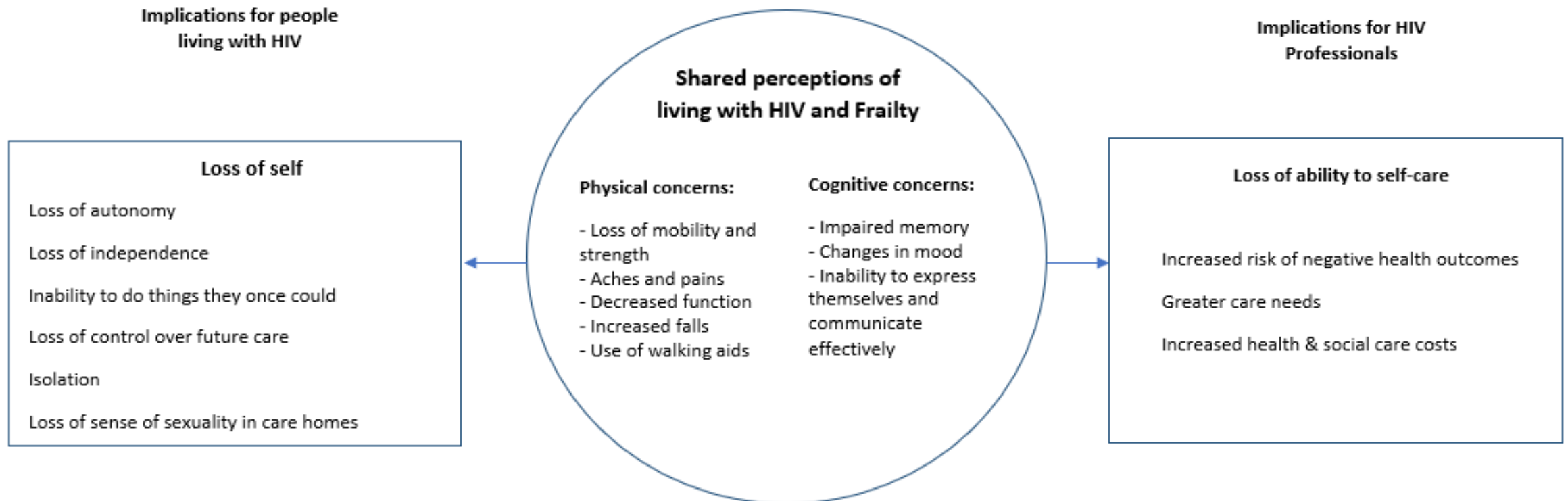
PLWH clinical characteristics (n=45)	n= (unless otherwise stated)
Gender	
Male	29
Female	15
Queer	1
Ethnicity	
White	33
Black African or Caribbean	11
Black & White Caribbean	1
Sexual orientation	
Homosexual	25
Heterosexual	18
Bisexual	2
Age (median (range))	59 (50-81)
Time since HIV diagnosis: years (median (range))	17 (2-34)
Viral load % <40 copies	45

HIV professionals (n=12)	
Gender	
Female	10
Male	2
Ethnicity	
White British	7
White other	2
Black African	1
French Mauritian	1
White and Black Caribbean	1
Age (years)	52 (32-65)
Profession	
Staff Nurse	2
Clerical Assistant	1
HIV & Sexual Health Consultant	3
PA/Medical Secretary	1
Specialist Registrar	2
Pharmacists	1
Specialist Practitioner HIV & Welfare	1
HIV Clinical Nurse Specialist	1
Duration in Profession: years (median (range))	18 (2-36)

Results

Frailty, what does it mean..

- A series of losses
- loss of function & mental acuity





“Old age, immobility. Sounds awful really, but little old ladies.” (PLWH)

“I think we definitely have patients who are frail, who are not old ... I think particularly thinking around HIV, whether you include the mental health fragility – which might be a better word than frailty – or frailty, I think is an important distinction to make.” (HIV professional)

Frailty negatively impacted on physical and mental wellbeing

Frailty & vulnerability used interchangeably

Age-related frailty & health-related frailty

Does mental fragility = frail

How do we talk about frailty

"I think it's much better to turn it around and to talk about ageing well" (HIV professional)

"That's how I would want it, not to come in straight away, sit down, and go "Yeah, you've got frailty." You know, that's just too cold, and that's how my HIV results was." (PLWH)

The language used is of great importance

Discussions of frailty may cause offence - use language that is sensitive, respectful, and easy to understand.

Ageing well vs Living well

"I'm still here, still going on and never expected to see 55, never expected to see 30, so yeah, every day is a bonus." (PLWH)

Ease into frailty discussions

Delay **not** avoid using the word frail!

"Maybe the label should come in later... I mean it's dishonest to hide it completely, isn't it?... (PLWH)

Care and management of frailty in people living with HIV

Screening for frailty

- Willing to be screened & informed of frailty status
- In conjunction with provision of information
- Case by case approach
- Identifying frailty in younger patients

“I can think of younger heterosexuals, where the availability of support is much less. So, even if we identify need, it's harder ... and much less acceptable, but also much less available.” (HIV professional)

Screening tools (TUGT, FRIED, FRAIL scale)

- Good starting point
- Bit generic
- Not relevant
- Take too long

“I think you might find that some people would struggle. You might get some people saying ‘I do not know how to do a grip strength, I'm not going to do that., I cannot do a timed walking.’ So, I think you could get some clinician pushback.” (HIV professional)

Frailty service provision

- Complexity of living with HIV & frailty
- Within or accessed via their HIV care
- HIV professionals not experts in geriatric care

In summary:

There can be physical, psychological, and social presentations of frailty in people living with HIV.

Important to use the word frail.

HIV professionals should prioritize positive and reassuring language focused on living well, while maximizing engagement into care.

For people living with HIV to gain the most from the screening, it is essential frailty status is shared in conjunction with a clear plan of the next steps in their care.

Services should prioritize the social and psychological aspects of frailty, going beyond just the physical domains. Identification is only the starting point to then look at contributors for an individual management plan.

We would like to thank all of
our participants for their
time and willingness to share
their experiences.