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# O09: Supporting frail and pre-frail service-users; experiences from a nurse-led HIV Healthy Ageing Service at a central London hospital

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# Supporting frail and pre-frail service-users; experiences from a nurse-led HIV Healthy Ageing Service at a central London hospital



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In relation to this presentation I declare that I have no conflict of interest

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# Background

- 49.8% of people accessing HIV care in the UK in 2022 were aged 50 or over, and 8.9% were aged 65 or over <sup>1</sup>.
- People living with HIV experience age-related comorbidities and geriatric syndromes more frequently and at a younger age than people without HIV <sup>2, 3</sup>.
- We established the “Healthy Ageing Clinic” (HAC), a nurse-led HIV frailty service, at a central London hospital, to support our older patients to age well and prevent and manage frailty.

# Experiences setting up the clinic

- Charlene had dreamed of setting up a clinic for older people with HIV for about 7 years.
- We had to get buy in from the HIV clinicians, and the find support from someone in geriatrics/care of the elderly medicine.
- We agreed clinic frequency (fortnightly clinic with fortnightly admin time), MDT frequency (monthly), choose a frailty screening tool, agreed a referral criteria, and developed a Comprehensive Geriatric Assessment pro-forma.
- And eventually we just got going and gave it a go!

Please circle the most correct statements

### Healthy Ageing Assessment

Are you more than 70 years old?	Yes	No
Were you assigned male at birth?	Yes	No
In general do you have any health problems that require you to limit your activities?	Yes	No
Do you need someone to help you on a regular basis?	Yes	No
In general do you have any health problems that require you to stay at home?	Yes	No
Do you regularly use a stick, walker or wheelchair to get about?	Yes	No
In case of need can you count on someone close to you?	Yes	No
*For office use only – Score 1 for each answer shaded blue:		

Have you had a fall within the last 6 months?	Yes	No
Do you take more than 5 medications?	Yes	No
Overall TOTAL		

Thank you

# Methods

- People scoring  $\geq 3/7$  on PRISMA-7 underwent a notes review, and were invited to the HAC after discussion with their treating consultant.
- We also accepted direct referrals from clinicians (regardless of age or PRISMA-7 score).
- At the HAC, attendees underwent a Comprehensive Geriatric Assessment (CGA), including identifying health priorities/concerns they require help with.
- Cases were discussed at Multi-Disciplinary Team meetings.
- Recommendations were sent to GPs, or local referrals made.

# Results: screening for frailty

- 3404 individuals are registered at our clinic. Of those, 224 (7%) are  $\geq 69$  years.
- From Oct 2023 – May 2024 (8 months) 94/224 (42%) of eligible patients were screened.
- Of these screened, 57 people (60%) scored  $\geq 3/7$  on PRISMA-7 and were eligible for HAC review.
- Of the 57 people who scored  $\geq 3/7$  on the modified PRISMA-7 assessment:
  - 5 did not require review (already linked to community CGA),
  - 3 did not require review following discussion with consultant (screen false-positives)
  - 1 died before we were able to see them
  - 23 have been invited to clinic (13 seen, 6 booked, 4 declined)
  - 25 are pending invitation

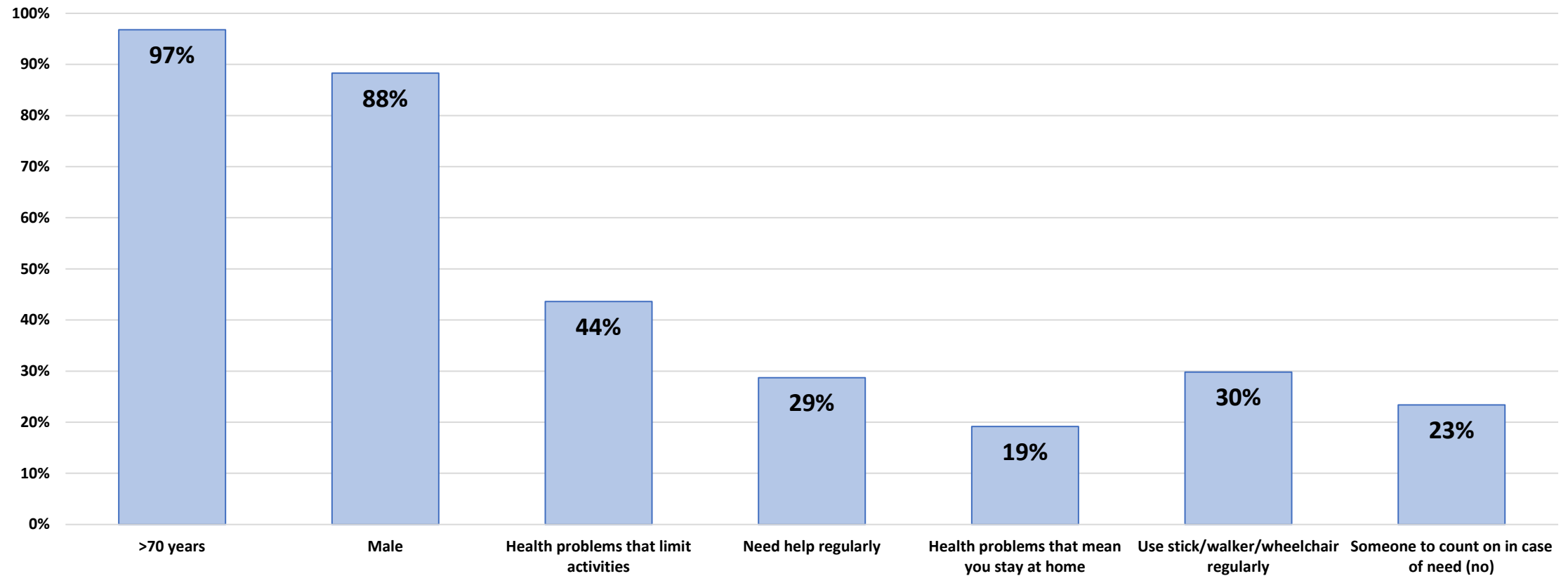


# Results: direct referrals

In addition, we have seen:

- 1 person with cognitive concerns (one <69 years, PRISMA-7 = 2/7)
- 3 people with frailty concerns (<69 years, PRISMA-7 = 3/7, 4/7 and 4/7)
- 1 person scoring 2/7, with a history of falls in the last 6 months.

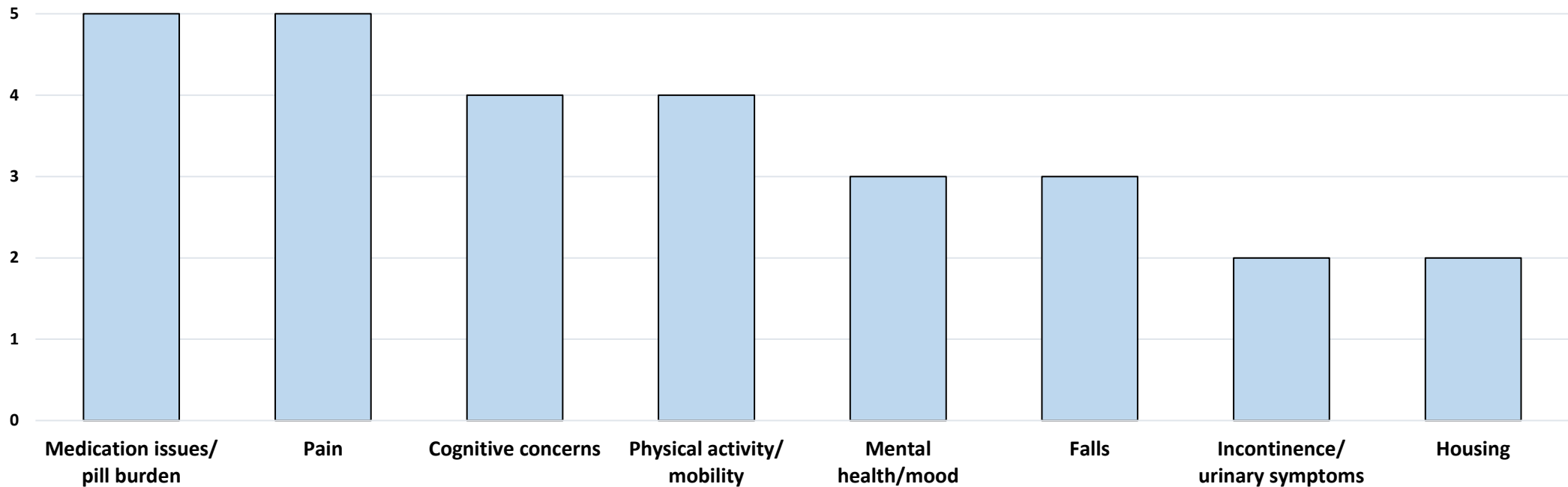
# Individual items from modified PRISMA-7 screening (n=94)



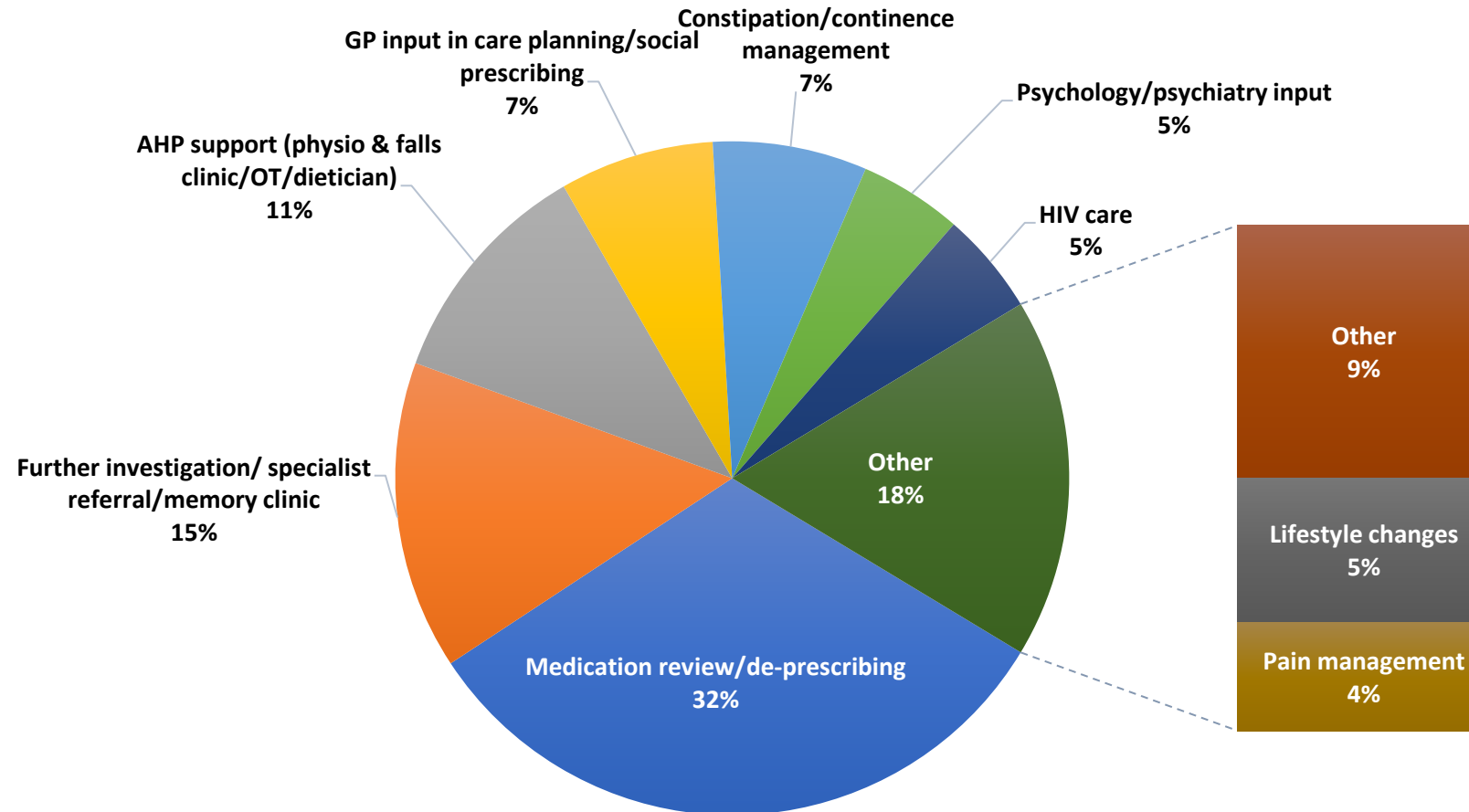
# Service-user characteristics (n=18)

<i><b>Sex (male)</b></i>	<i>14 (77.7%)</i>
<i><b>Age (years) – median (range)</b></i>	<i>74 (59 – 79)</i>
<i><b>Modified PRISMA-7 score – median (range)</b></i>	<i>4 (2 – 6)</i>
<i><b>Undetectable viral load (&lt;50 copies/mL)</b></i>	<i>16 (88.8%)</i>
<i><b>Number of co-morbidities (other than HIV) – median (range)</b></i>	<i>7 (1 – 16)</i>
<i><b>Number of medications (excluding ARVs) median (range)</b></i>	<i>10 (2 – 21)</i>
<i><b>Number of recommendations after review – median (range)</b></i>	<i>5 (0 – 10)</i>

# Top patient reported concerns they require help with (from n=18 patients, could identify multiple concerns)



# Most common recommendations from MDT (n= 81 recommendations across 17 patients)



# Conclusions

- While early in its delivery, this service has become a valuable resource for patients and clinicians to support care for older people living with HIV.
- Moderate rates of screening and high rates of acceptance of clinic invitation were observed.
- Screening positivity rates are high, and future consideration on cut-off for screening criteria may be required, in order to maintain service provision.
- Feedback from service users and clinical partners will optimise the service in the future.
- Issue of finding funding to ensure ongoing clinic.

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