

BACKGROUND

New antiretroviral drugs have helped to improve quality of life and reduce mortality. HIV patients are ageing, with more and more comorbidities, yet few epidemiological, clinical and therapeutic studies are available.

OBJECTIVE

To describe the HIV population aged over 75 and to evaluate their frailty.

INCLUSION / NON-INCLUSION

Inclusion criteria :

- HIV-1 infected adults over 75
- Followed in 6 French centers of the Loire Valley area, France (CHU Nantes, CHU Angers, CHD La Roche sur Yon, CH Le Mans, CH Saint Nazaire, CH Laval)
- Oral informed consent

Non-inclusion criteria

- Patient not willing or refusing to complete the self-administered questionnaire.

RESULTS

Among the 3965 HIV infected patients followed in centers of the Loire Valley area, 65 (1,6%) were aged over 75, 51 were included.

METHODS

Cross-sectional and multicentric study performed from January to June 2016 in 6 hospitals of the Loire Valley area in France. Clinical and biological data were collected via an electronic medical record software (Nadis®) and simplified geriatric assessment was conducted during a HIV routine visit to assess their frailty :

Theme	Evaluation	Scoring	Scoring of severity			
			0 No disorder	1 Low	2 Mild	3 Severe
Cognition (from MMS)	3 words-test	/6	6	5-4	3-2	< 2
Depression	Mini Geriatric Depression Scale	/4	0	1	2	≥ 3
Mobility	Get up and Go	/5	5	4	3-2	≤ 1
Autonomy	French Autonomy Scale : AGGIR		6	5	4	≤ 3
Pain	Analogic visual scale	/10	0-1 (None)	2-3 (Low)	4-5 (Mild)	> 5 (High and +)
Environment	Social life scale	/15	0	1-5	6-10	> 10
Nutrition	BMI		≥ 20	19	18-17	< 17
Comorbidity / Comedication	Number of medication per day (including ART)		1-2	3-4	5-6	> 6
Total	SGA	/24	≤ 8 : No frailty ; 8-16 : Pre-frailty ; ≥ 16 : Frailty			

Socio-demographic characteristics

	n(%)
Age (years), median [IQR]	78.7 [76.2;81.7]
Male	38 (74.5)
Country of birth	
France	42 (82)
Subsaharian Africa	4 (7.8)
Others	5 (9.8)
HIV transmission risk category	
Heterosexual	19 (37.3)
MSM - Bisexual	21 (41.2)
Others	11 (21.6)
Education level	
Primary / no diploma	12 (28.5)
School-leaving diploma	26 (62.0)
High school level	4 (9.5)
Living at home*	50 (98.0)
Living single	29 (60.4)
Tobacco use	3 (6.3)
Alcohol consumption (<20 to 50g/day)	12 (25)

*1 patient in nursing home

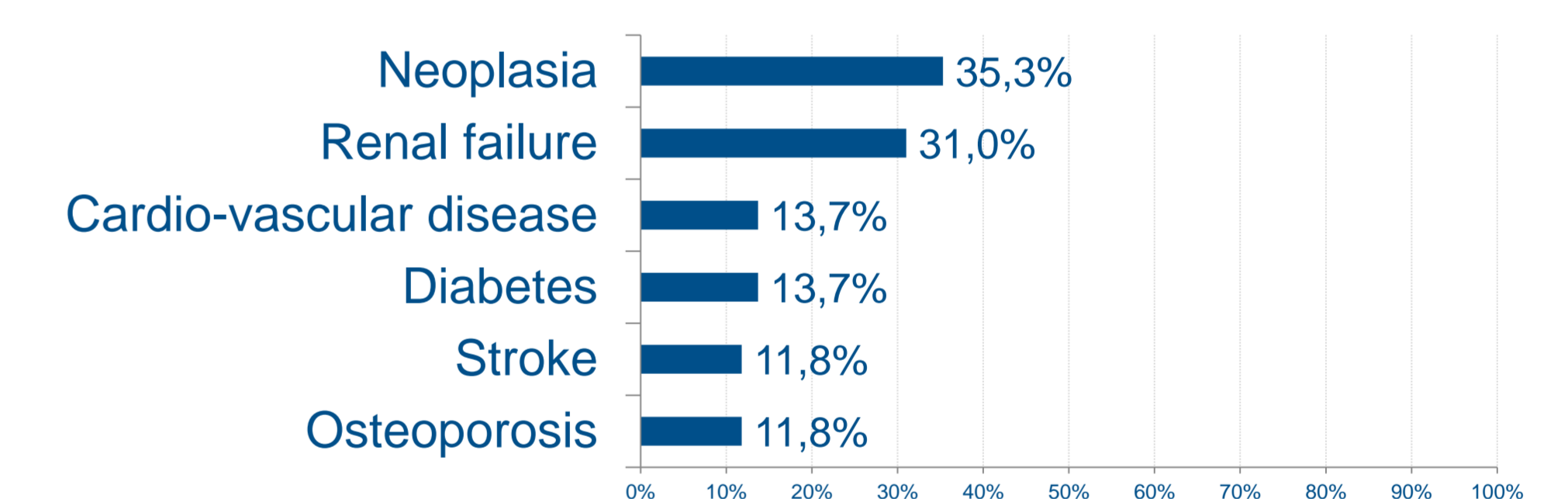
Immuno-virologic characteristics

	n (%)
HIV-1	51 (100)
Nadir CD4 (cells/mm ³), median [IQR]	181 [73.6 ; 347]
CDC stage C	18 (35.3)
HCV and/or HBV co-infection	4 (7.8)
<u>At HIV diagnosis</u>	
Age, median [IQR]	61.0 [55.4;66.7]
CD4 count (cells/mm ³), median [IQR]	239 [99.6;496.0]
CV (log copies/mL), median [IQR]	5.1 [4.5;5.7]
<u>At last visit</u>	
Time since HIV diagnosis (years), median [IQR]	18.8 [12.5;21.9]
CD4/mm ³ , median [IQR]	564.8 [441;697]
Undetectable HIV viral load	50 (98.0)
Duration of undetectable HIV viral load (years), median [IQR]	7.3 [3.4;10.3]
CD4/CD8 ratio ≥ 1	16 (31.4)
CD4 ≥ 500/mm ³ et CD4/CD8 ≥ 1	13 (25.5)
CMV+ status	40 (78.4)

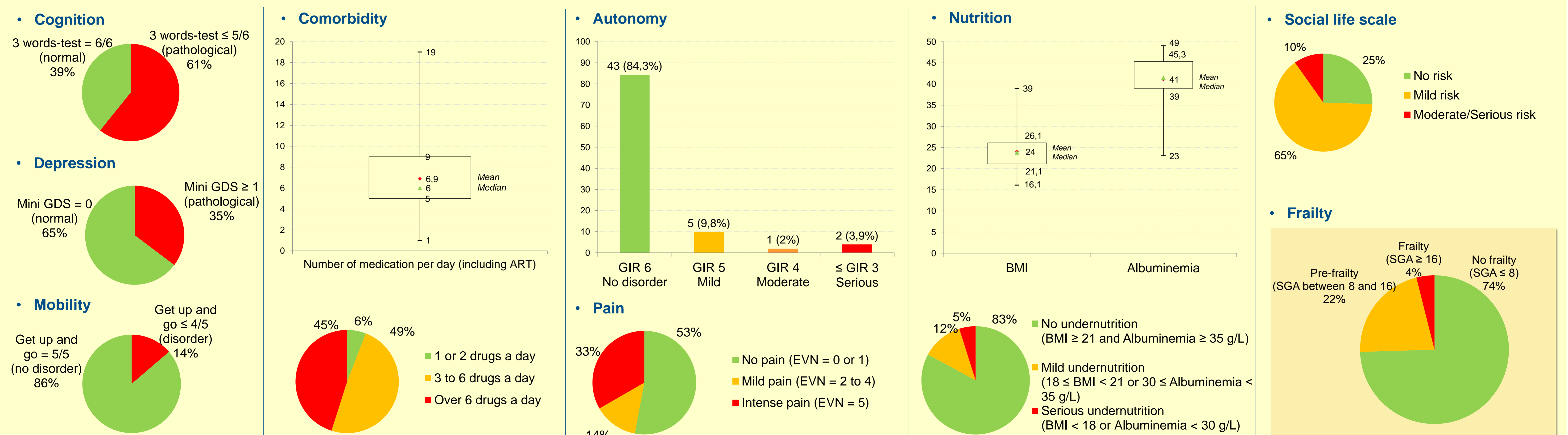
Antiretroviral history and current ART regimen

	n (%)
On ART	51 (100)
Age at ART initiation, median [IQR]	63.3 (57.8;68.9)
Duration of ART (years), median [IQR]	17.2 [10.2;20.0]
Number of ART regimens, median [IQR]	5 (3;7)
Number of ARV, median [IQR]	2 (1;3)
Current ARV therapy	
2 NRTI + 1 NNRTI	28 (54.9)
2 NRTI + 1 INI	9 (17.7)
2 NRTI + 1 bPI	4 (7.8)
ARV therapy without INTI and bPI	4 (7.8)

Comorbidities



Simplified Geriatric Assessment



CONCLUSION

- Ageing HIV patients are well managed and virologically controlled for their HIV infection.
- The prevalence of geriatric syndroms is high (26%) and makes the ageing HIV population vulnerable.
- The burden of polypharmacy is increasing and can lead to potential related adverse outcomes.
- Coordinated management of HIV infection and geriatric approach is the key to support these patients.

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