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

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**MidAtlantic AIDS Education and Training Center**

**Integrating Geriatric Principles in the HIV Clinic**

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## Assessment Screening Tools

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

**REFERENCES & RESOURCES**

- Care of People Aging with HIV: NECA AETC Toolkit