# Patients' needs among elderly HIV-infected population

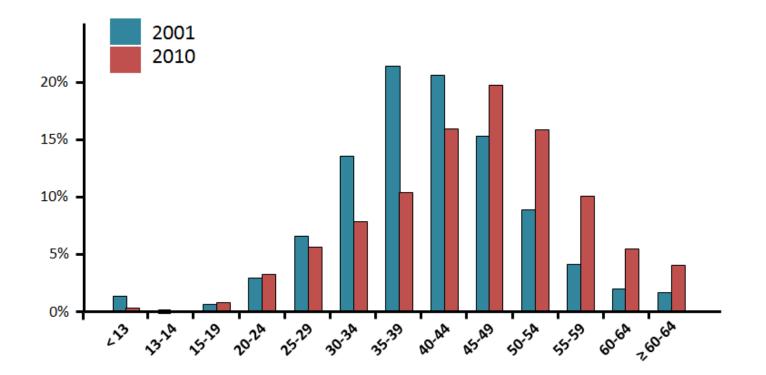
## Eugènia Negredo

Fundació de la Lluita contra la Sida Hospital Germans Trias i Pujol Badalona



November 2016





CDC HIV Surveillance Report 2004 and 2011. 2. Luther VP. Clin Geriatr Med. 2007;23:567-583.

## **CONSEQUENCES**

























## **Patients' Needs**

 $\checkmark$  Health needs in the elderly are different

✓ Clinicians face **additional needs and challenges** related to getting older

#### To offer an appropriate and excellent management:

✓ We should question current targeting practices

✓ We should predict the future demand for our vulnerable patients

✓ We **should change** our approach and goals of care

Ask patients Focus group meetings to discuss and define new needs Moving beyond a normative approach

## **Patients' Needs**

✓ What are the health needs of our elderly patients?

✓ Are the needs different from those of the general population???



A Pubmed search shows:

- ✓ Pubmed: "HIV and requirements" 1812
  - ✓ Needs in Africa
  - $\checkmark$  Needs for treatment of hepatitis B/C
  - ✓ Needs in models of research
  - ✓ Needs for international financing for Africa
  - ✓ Needs for prevention
- ✓ Pubmed: "HIV and patients' requirements " 33
  ✓ Pubmed: "HIV and patients' needs" 236

## **Needs of our Patients**

#### 8-item questionnaire:

- Are you satisfied with the attention received from your medical centre?

- Do you believe your needs as consequences to **psychological problems** (depression, anxiety, etc) are being well managed/covered by the medical personnel and healthcare system?

- Do you believe your needs resulting from **functional problems** (vision and hearing impairment, mobility problems, etc) are well studied?

- Do you believe enough attention is given to cover your needs arising from social problems?

- Do you believe enough attention is given to cover your needs arising from sexual problems?

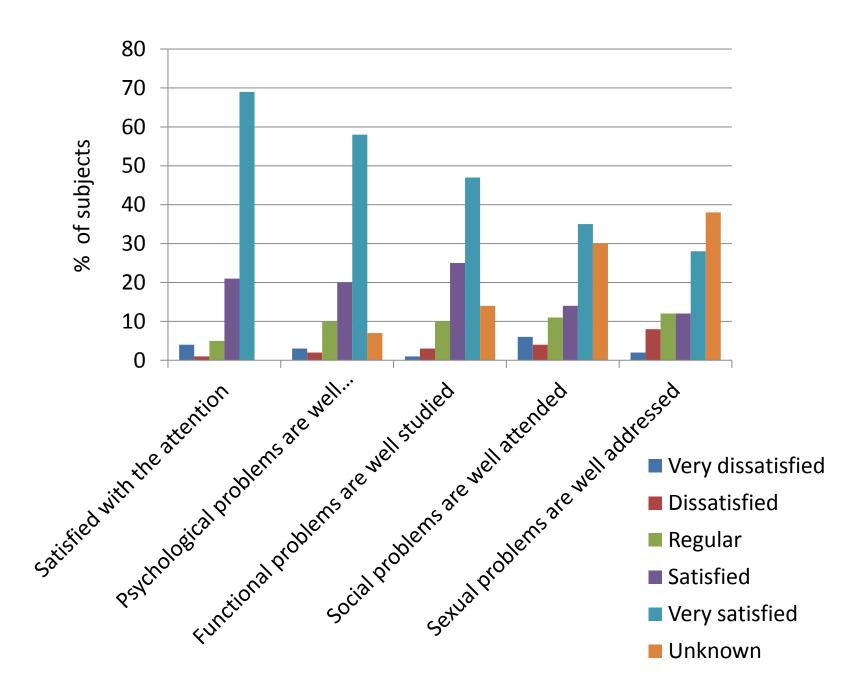
- How many times a year do you think your doctor should see you?

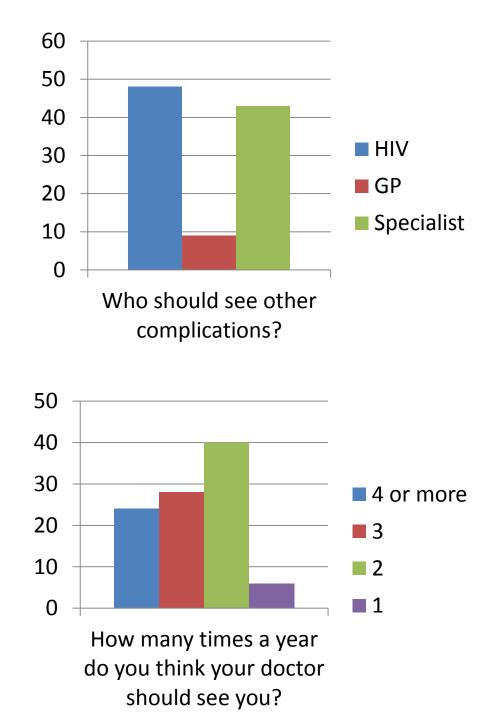
Who do you believe that your doctor should **manage other diseases** such as hypertension, kidney impairment or cardiovascular events, osteoporosis, etc.?

- What things would you **change/add** from your medical appointment?

	159 HIV subjects >60 years old
Age, years (mean [SD])	62(±7)
Gender (male) (%)	92
Terciary hospitals (%)	58
Community hospitals (%)	17
East Europe hospitals (%)	20
Jail (%)	5



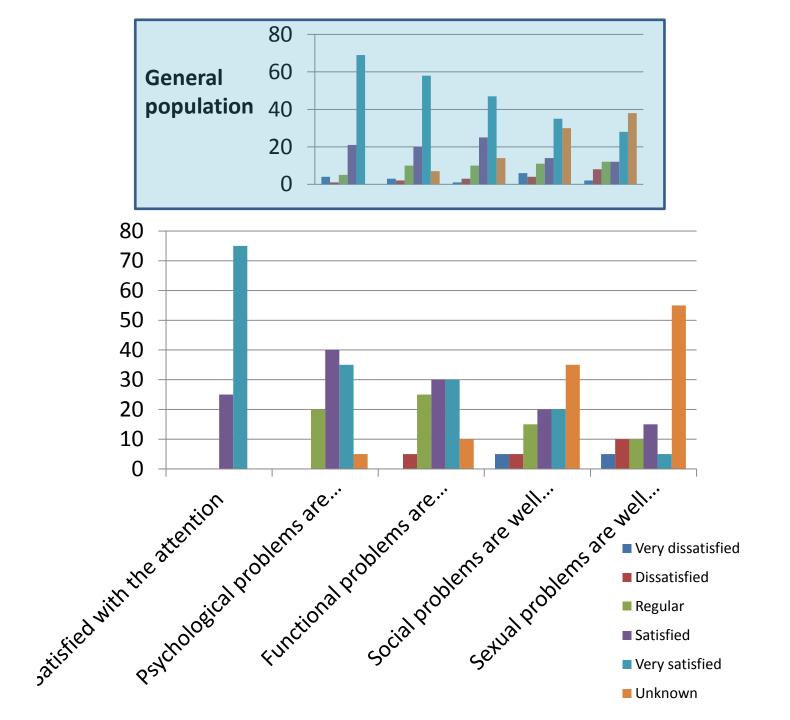


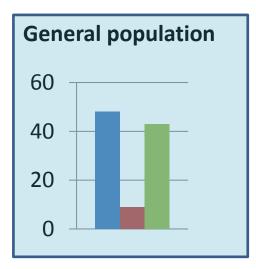


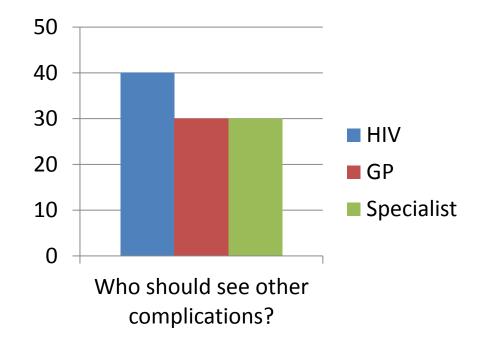
#### What do you (the patient) think we should change/add?

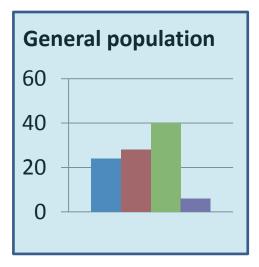
- 1/3 of patients would not change anything
- The remaining would change:
  - The management of psyquiatric and social problems
  - •More time with the doctor and more complete physical exploration
  - See the doctor during the afternoons
  - Parking.....

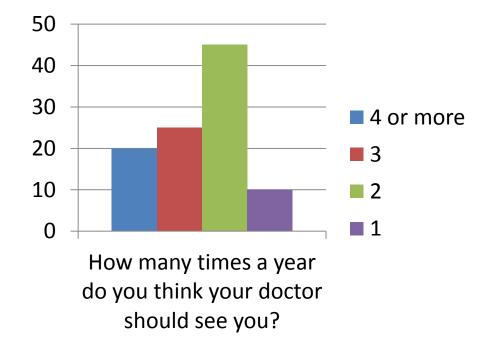




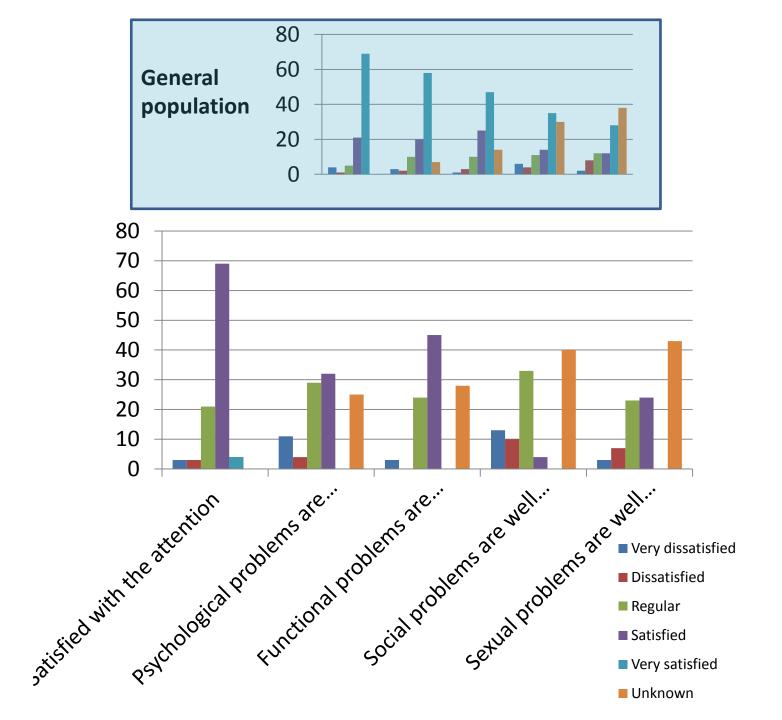


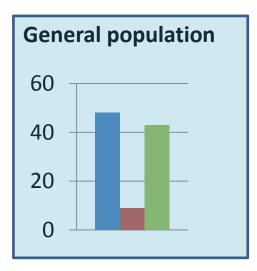


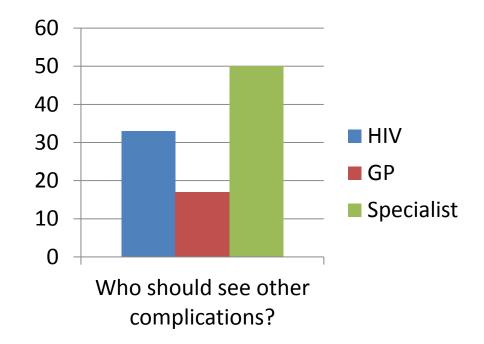


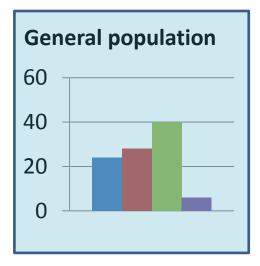


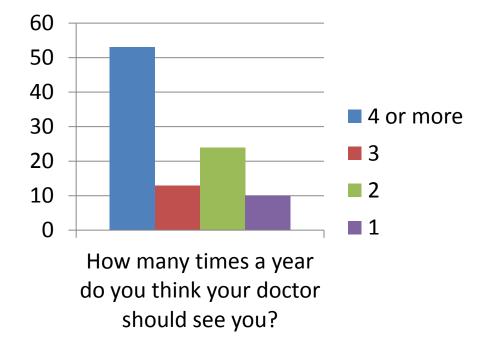












#### What do you (patient) think we should change/add?

- Social workers
- On-line counselling
- Self-help groups



✓ Patients from each center/region have their needs

✓ There are differences between regions.

✓ Most of patients are Very satisfied or Satisfied with the general attention,

✓ But a lower number of patients are satisfied when we ask about
 especific needs, specially related to social, psychological and sexual
 problems.



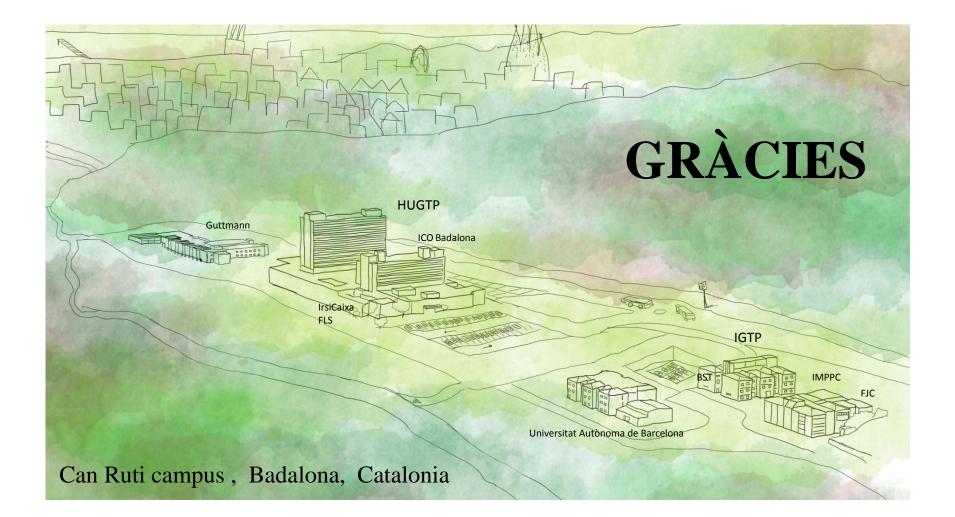
✓ Half of patients think that HIV-physician should manage comorbidities but the other half would prefer other specialists.

✓Many patients would prefer to see their doctor twice or 3 times per year, but more frequently in East Europe.



We should modify our goals of care depending on our patients' needs

















Germans Trias i Pujol Hospital

Institut de Recerca de la Sida