AGEING&HIV

CHAIN UKI

CARE OF HIV AND AGEING IMPLEMENTATION NETWORK

Mobility:

Living with both HIV and frailty

Chairs:
Laura Hilton
John Jaquiss

Speakers:
Natalie St Clair-Sullivan
Prof David Robinson

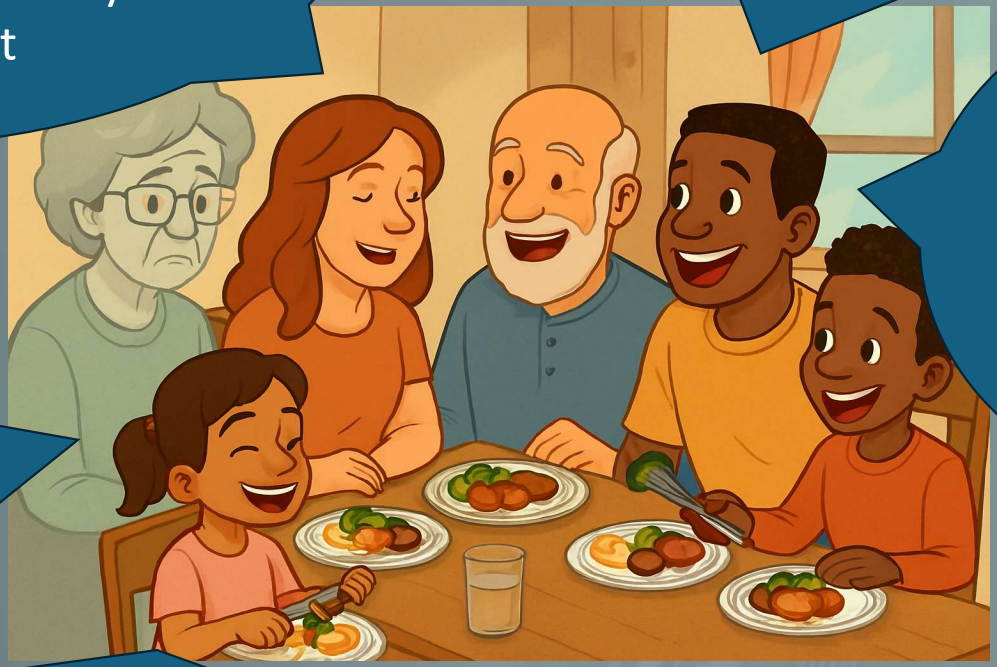
ASK A QUESTION HERE

Restoring Function: A Physio Lens on Frailty and Mobility in HIV

Natalie St Clair-Sullivan

I can't do any hard working, hard chores in the house, I have to rely on somebody else to do them for you, even washing and dressing, I have to rely on my husband to help me out

I can't hold my grandchildren, I can't pick them up. You know, it's so nice when your grandchildren come in and you pick them up and you put them on your back, but I can't do that anymore



Also another thing is intimately, I still have my husband. I still have a husband and I feel like I'm no longer a woman enough for him

My experience really especially now when I'm no longer able to walk…it's really depressing

I'm no longer the same… I feel like there's a lot of more years in me, but my body is failing me

Why mobility matters in HIV & ageing

Age-related mobility decline may be worsened by chronic inflammation, long-term ART, multimorbidity, and body composition changes (sarcopenia, lipodystrophy)[1]

Maintaining mobility is a cornerstone of functional independence and healthy ageing

Loss of mobility is often the *first signal* of declining independence [2]

Mobility impairments can increase the risk of falls, frailty, hospitalisation, and mortality, and contribute significantly to reduced quality of life [3]

As HIV cohorts age, early identification of mobility risks and timely intervention are essential

Globally 50% to 80% of people living with HIV do not meet the WHO exercise guidelines [4]

Physiotherapist

PhD: Frailty in older adults living with HIV: exploring lived experiences and testing the feasibility and acceptability of screening and subsequent comprehensive geriatric assessment intervention

Physical frailty lens: strength, balance and falls risk

Frailty and subsequent loss of mobility is more than this…

What frailty feels like to people living with HIV

Confidence is shattered, you feel less safe and everything you do… being a little bit more depressed about the fact that you are losing part of what makes you independent

Limitations with my body during the last few years I lost agility and flexibility… my sight is not good and then my balance is worse…it really affects my social life

Frailty is more than physical loss — it's loss of identity, confidence, and purpose.

I can't run for a bus… I'm not physically strong enough to do a lot of the things I would do without even thinking before

It's coping with my pain... also finding it difficult sort of moving about as freely as one would like to… You're frustrated with yourself because your mind's telling me, you can do it, but the body is reacting in the way that you know you can't

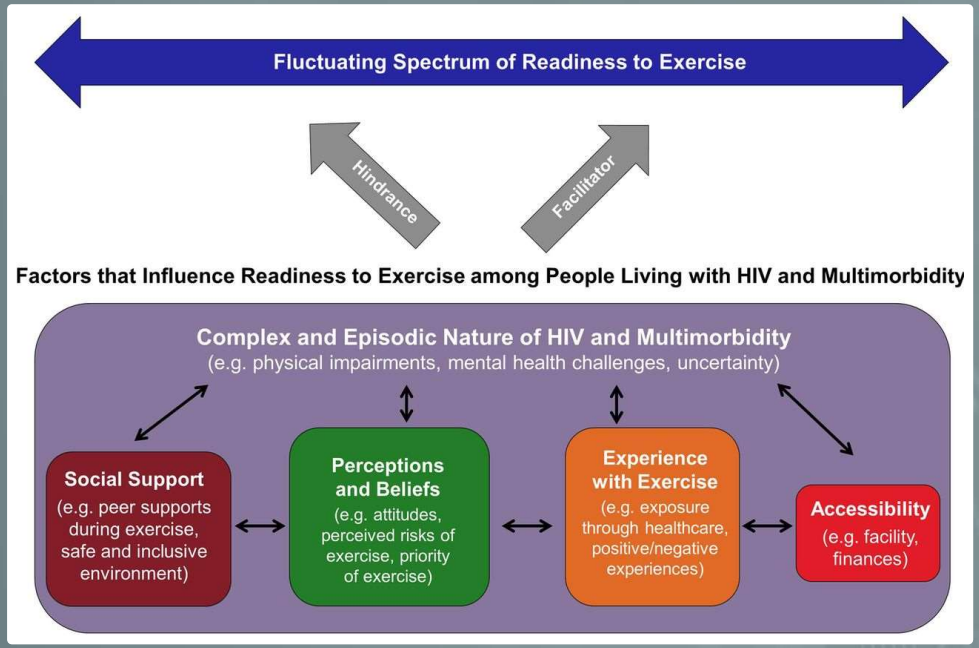
I find it frustrating, and it sort of holds you back from doing things…then you leave things, and then you get annoyed because suddenly two weeks have gone by and you haven't cleaned, or you haven't done this... And I just think my life's drifting away…

Making sense of frailty: Leventhal's Common-Sense Model of Self-Regulation

Illness Identity	• Frailty seen as real • Recognisable as losses • Clarity around how it applies to the individual	• HCPs can help patients recognise frailty and label it • This can lead to a clearer understanding rather than an imposed label
Perceived consequences	• Frailty linked to losses • Concerns loss of independence and decline • Frailty as a signal • Early identification = proactive management	• HCPs can help patients to frame frailty as 'actionable' • This can help 'how' patients view the consequences • Manageable if caught early
Control beliefs	• Belief that engagement with care and care planning can make frailty manageable • If it can't be reversed, then it can be managed	• HCPs can provide a sense of agency via care plans, referrals and personalised advise • A strong sense of control supports better coping and engagement with care
Coping strategies	• Patients equipped with practical actions • Engagement with services • Mindset shifts • Behaviour change	• HCPs can help people to move from threat → understanding → meaningful coping action

- If we want people to engage in rehab, we must first help them see frailty as something they *can* manage
- Reframing frailty as **modifiable** is the first step to action

Engagement isn't just about referrals – it's about meaning



- **Shared planning:** co-creating goals that align with what truly matters, like being able to pick up grandchildren again
- **Affirming identity:** exercise isn't just about muscles, it's about restoring confidence and purpose
- **Making movement relevant:** it's not about arbitrary repetition, but about moving for who you are, not just what you do

Simonik et al. BMJ Open Are you ready? Exploring readiness to engage in exercise among people living with HIV and multimorbidity in Toronto, Canada: a qualitative study 2016; 6:e010029. DOI: 10.1136/bmjopen-2015-010029 http://bmjopen.bmj.com/content/6/3/e010029.full.pdf+html

Physiotherapy, physical activity & exercise: key to mobility in HIV & frailty

Exercise is the gold-standard for slowing or reversing frailty

- Builds muscle mass, strength, and bone density → counters sarcopenia (5).
- Improves cardiovascular and metabolic health → important as HIV increases CVD risk (6).
- Reduces inflammation, falls risk, and functional decline (7,8).

Benefits go beyond the body

- Reduces stress, anxiety, and depression — all linked to frailty progression (9).
- Improves quality of life and confidence to stay active.
- Proven benefits in people living with HIV — making it vital to offer post-frailty diagnosis.

How physiotherapy makes it work

- Prescribes **tailored exercise** for HIV-specific challenges (fatigue, neuropathy, pain).
- Delivers **group programmes** — proven to boost adherence, function, and wellbeing.
- Integrates physical, mental, and social support → sustained engagement.

Key takeaways

Mobility is more than just movement. It’s tied to identity, confidence, and purpose.

Behaviour change depends on meaning. We can hand someone a referral, but unless rehab connects to what matters most to them, it may not stick.

Allied health professionals and link workers when integrated into care models, can help to restore function, enable engagement, and help to facilitate people to live well.

You know, it's good to talk to somebody that will ask you a question and then listen to what your concerns are

Very helpful. Very... especially for the exercise, exercises that we do every Monday.

I think I've described before that I have always been looking after other people, so my focus was on other people. But now this... being frail has made me make a u-turn, and think about me

Otherwise, you know, us as people we just want to carry on with life and we don't want to do all these other things. Yeah, we just want to carry on and… but if you are identified then it, you know, you will be in a deep sleep and you wake up, and you think "Oh, I'm frail, so what can I do to help myself? Or what can be done to be helped? Can I ask for help?" Yes.

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

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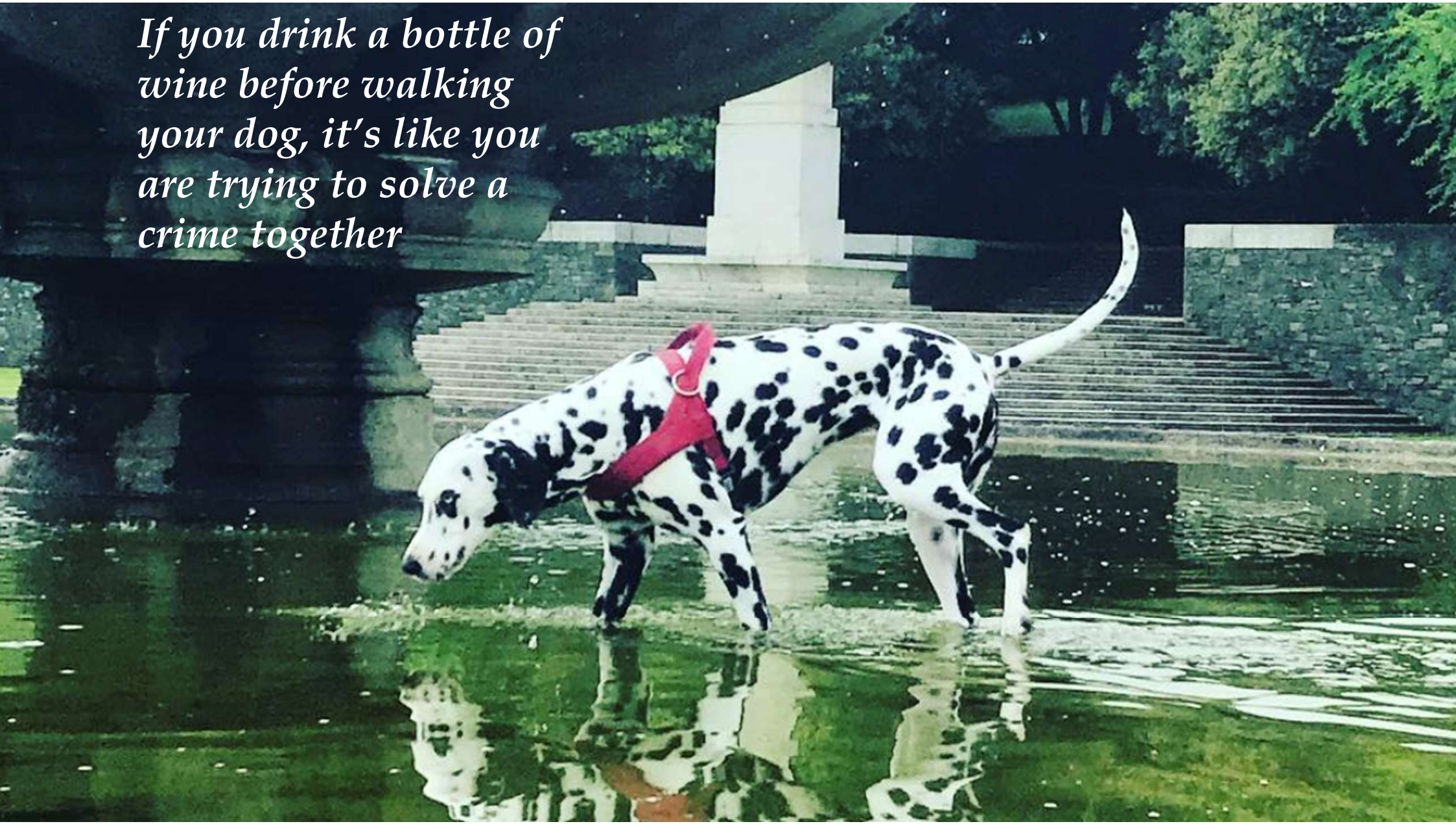
Prof David Robinson MA, MSc, MD, FRCPI
MERCER'S INSTITUTE
Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin


If you drink a bottle of wine before walking your dog, it's like you are trying to solve a crime together

1536 - 1936

HENRY

MARJORY

England and Wales and UK

- Dissolution of the Monasteries
- State stepped in to provide care – Royal Hospitals
- Workhouses and West Middlesex Hospital - 1936
- World War II
- NHS

Marjory Warren

British Geriatrics Society
Improving healthcare
for older people

- Thorough assessment rather than writing off
- Rehabilitation rather than custodial care
- Differentiating patient streams
- Multidisciplinary Treatment
- Tailored Care Plans

- **M**ultimorbidity
- **M**obililty
- **M**ind
- **M**ultimorbidity; Medication
- **M**atters Most

"nothing that a patient can do for themselves should be done by others"

Vs.

"The medical profession as a whole was unenthusiastic about treating sick elderly people because they had multiple pathologies frequently associated with social problems that required extra time and patience, took longer to recover from illnesses, blocked beds and provided little opportunity for private practice".

Denham MJ. Dr Marjory Warren CBE MRCS LRCP (1897–1960): the Mother of British Geriatric Medicine. Journal of Medical Biography. 2011;19(3):105-110

Vs.

Government

"The ~~medical profession~~ as a whole was unenthusiastic about treating sick elderly people because they had multiple pathologies frequently associated with social problems that required extra time and patience, took longer to recover from illnesses, blocked beds and provided little opportunity for private practice".

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Geriatricians are different: “Medicine of the Gaps”

Shared values and mission

Valued advisors in different settings

Eschew technology/ procedures

Read People Not Scans

80 % Information and Communication

20% psychological manipulation – Jedi Mind Tricks

Predict the future

	Geriatricians	Illuminati	Freemasons	Jedi	Bene Gesserit
Female Founders	✅	❌	❌	❌	✅
Low Technology	✅	✅	✅	❌	✅
Intense Observation	✅	❌	❌	❌	✅
Manipulation of Others	✅	✅	❌	✅	✅
Hold Positions of Influence	✅	✅	✅	❌	✅
Publicly Visible	✅	❌	✅	✅	✅
Access to Predecessors	✅	❌	❌	✅	✅
Predict the Future	✅	❌	❌	✅	✅
Use Lightsabers	❌	❌	❌	✅	❌
Secret Mission?	?	✅	❌	❌	✅

BENE GERIATRIC

Older people are different … from young people, and from each other:

- Take Longer to get sick
- Take Longer to get better
- Polypharmacy
- Multimorbidity
- Life Experience
- Families as advocates, and sometimes barriers for the interest of the older person
- **Born copies. Die Originals**

"Getting old is like being increasingly punished for a crime you haven't committed"

Meanwhile, in Ireland …

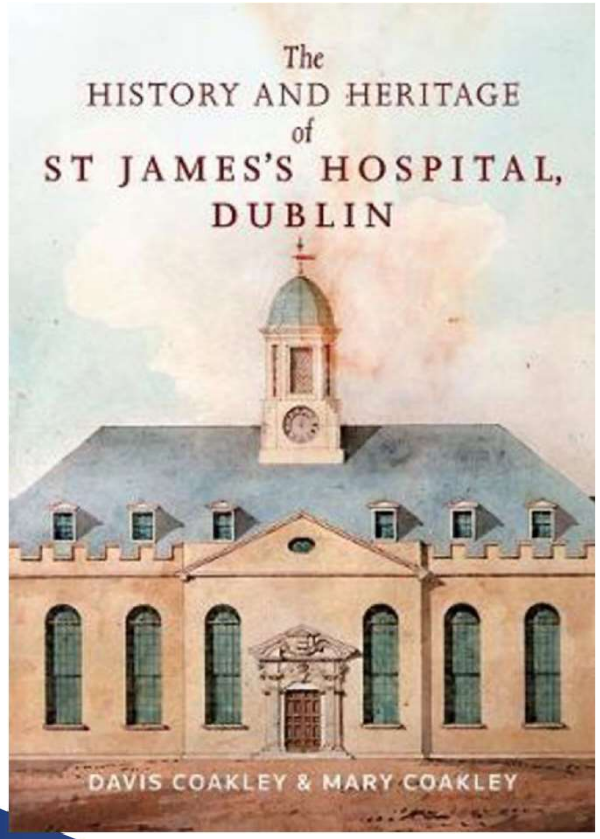
- Dissolution of the Monasteries (1536)
- Catholic Church persisted: Women and Religious/ Voluntary Orgs main providers – many still extant
- Emergency (1939-45)
- Mother and Child Scheme
- Health Service Executive (HSE)
  - Voluntary Hospitals > HSE
  - Patchwork cover of public and private care

Ireland – Geriatric Medicine

John Fleetwood

BGS Leeds 1949

1951



Mercer's Institute for Successful Ageing

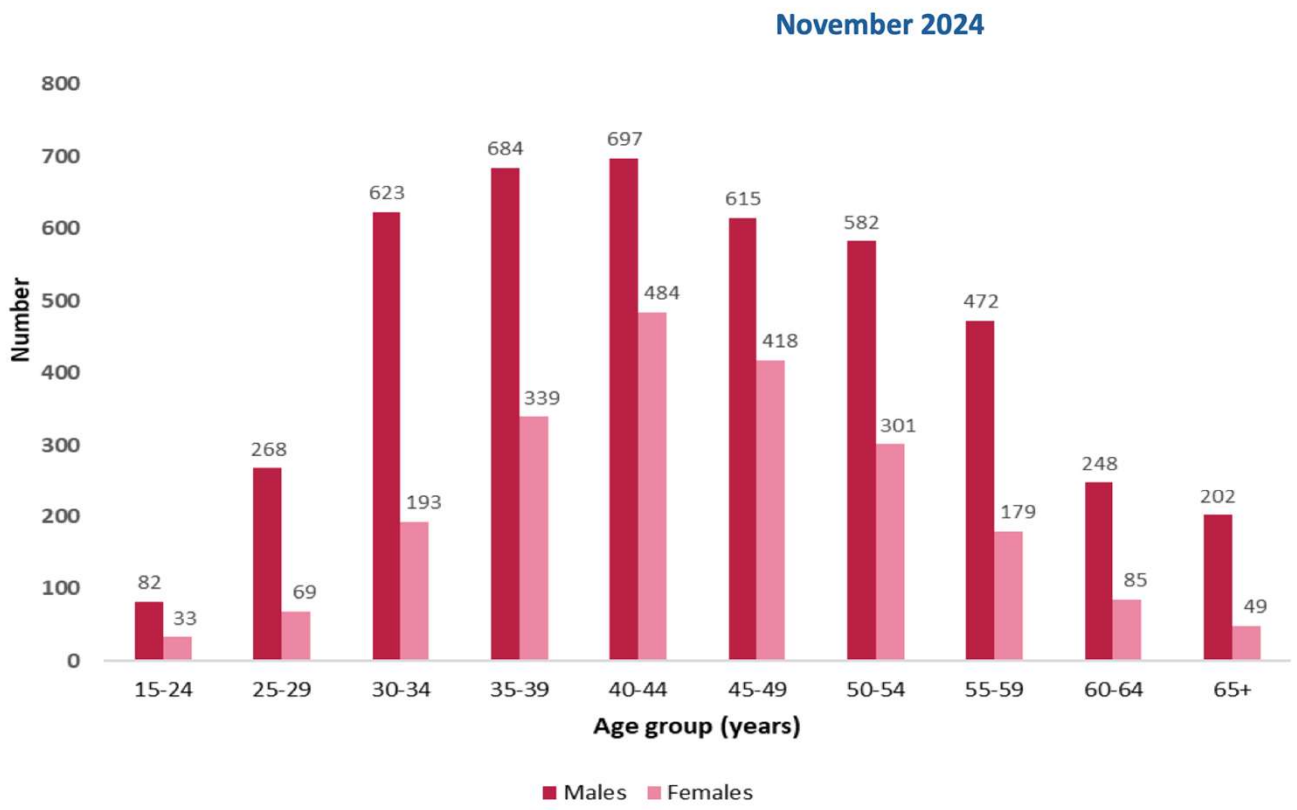


Figure 1: People who attended for HIV care in Ireland in 2022, by age group and sex

ST JAMES'S HOSPITAL

GRAND ROUNDS

12.03.21

"Its Not A Sin"

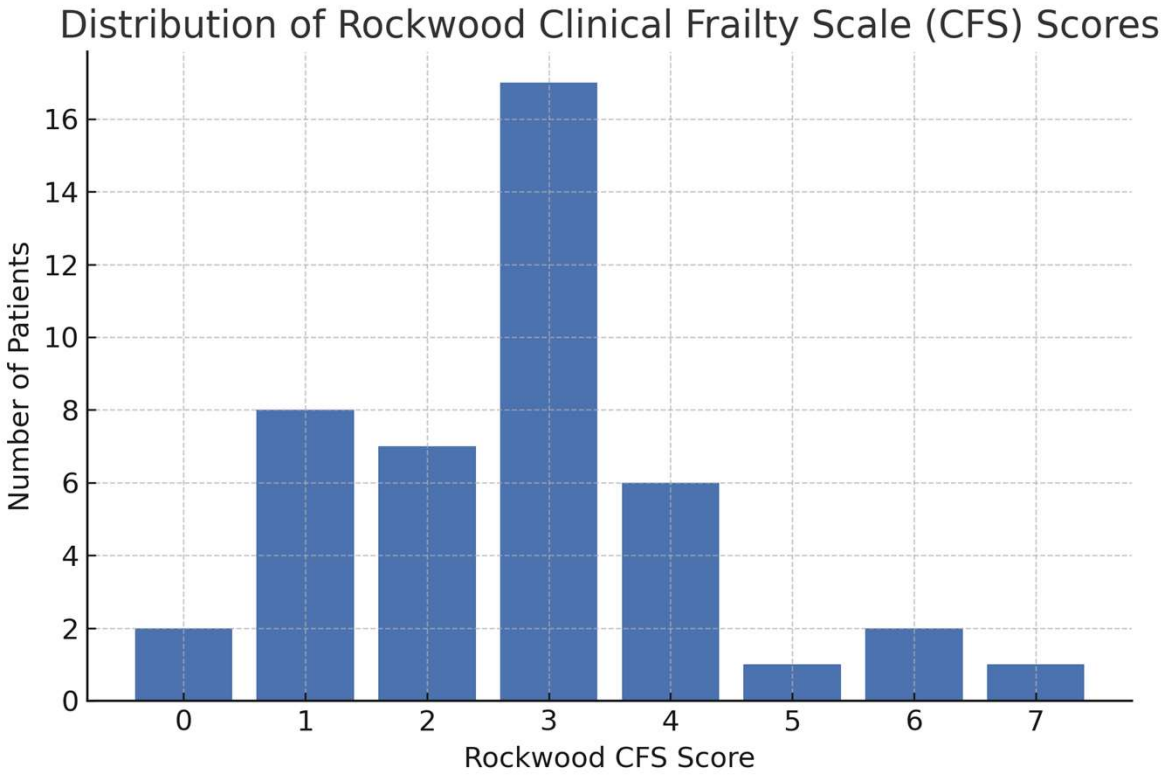
Prof Fiona Mulcahy

GUIDE Clinic

Demographics Platinum Clinic

- 58 individuals
- 78% cis-male
- Average age 70
- Referral (%):
  - Multimorbidity 71
  - Memory 17
  - Falls/Mobility 5
  - Loneliness 5
  - Other 2

Frailty


Distribution of Rockwood Clinical Frailty Scale (CFS) Scores
Number of Patients
0
2
4
6
8
10
12
14
16
0
1
2
3
4
5
6
7
Rockwood CFS Score

Comparison

		Silver	Platinum
Age			
Cis-Male		78	90
Years LWH		17	23
Referral Reasons:			
	Multimorbidity	67	71
Co-Morbidities			
	CVS	70	60 (HTN + Chol)
Polypharmacy		9	6
Frailty		65% Frail, 26% pre-frail	3

Comparison

		Silver	Platinum
Discharge Rate		81	70
Mental Health	HADS >11	26	24
Social Isolation		9	26

Matters Most

	Yes (%)	No (%)	Not Recorded
Will & Testament	22 (60)	15 (40)	20
Lasting Power of Attorney	3 (7)	38 (93)	16

Ageing, HIV and Frailty

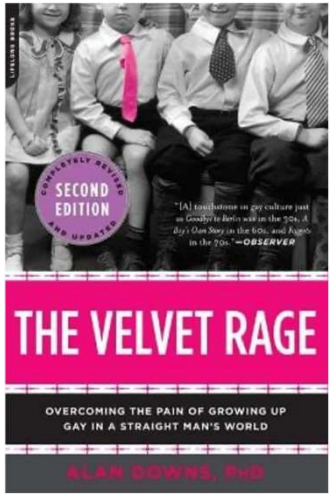
- Ageing as Growth and Loss
- Advocates and Adversaries
- Diverse subgroups with different attitudes to ageing
- Ageist?

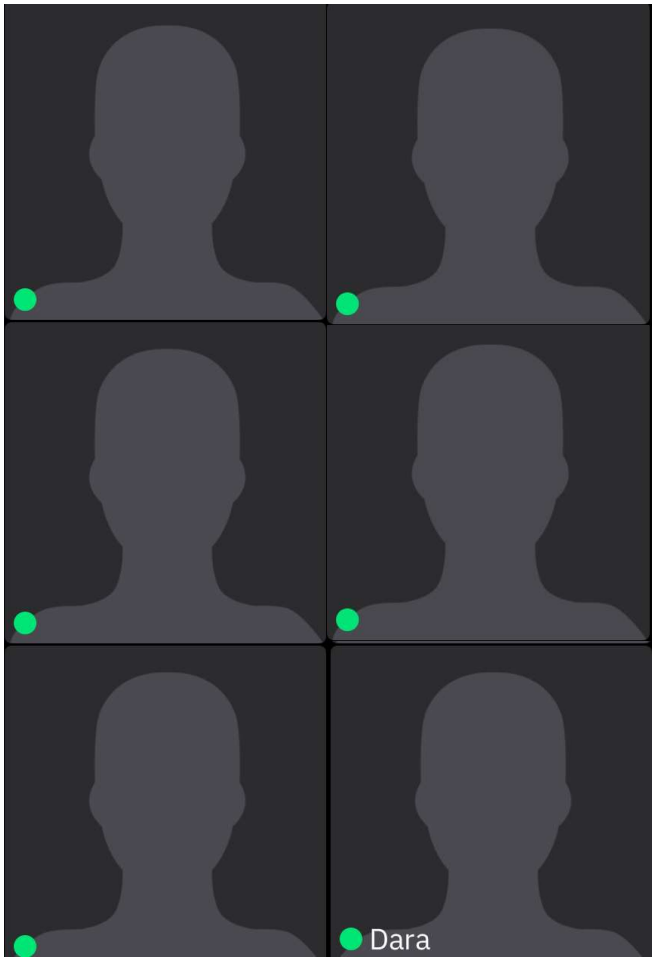
Kevin
Meath

Patrick
Kerry

Ageing, HIV and Frailty

- Intersectoral stigma
- Internalised stigma
- Intersectional stigma






MEDICINE OF THE
GAPS MEET -
THE PEOPLE ON
THE BRIDGE

ALL IRELAND
SOCIAL PRESCRIBING
NETWORK

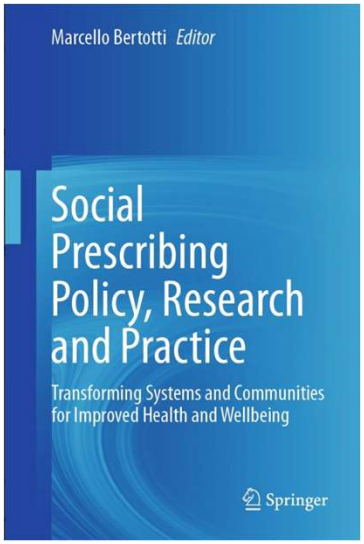
About | Social Prescribing Day 2025 | Services By County | What is Social Prescribing | Resources | FAQs | News

Who We Are

The All Ireland Social Prescribing Network is a network of people connected by a shared belief in the potential of Social Prescribing as a force for good.

www.allirelandsocialprescribingnetwork.ie

Social Prescribing



JOURNAL ARTICLE

335 A service evaluation of a new dedicated clinic for older adults living with HIV: the Platinum clinic FREE

E Gallagher , C Stapleton , J Drought , D Robinson

Age and Ageing, Volume 52, Issue Supplement_3, September 2023, afad156.261,
https://doi.org/10.1093/ageing/afad156.261
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Platinum Clinic

Associations with loneliness
HRB Application: co-design social prescribing for
Older PLWH


Thanks
Dr Emma Devitt
Aoife Dillon ANP
Dr Ruth Comber
Dr Clara O’Flaherty


Thanks
eHealth Ireland
SJH
National Lottery
Sláintecare.
SICCDA
Regional Oncology Programme Office
MERCER'S INSTITUTE FOR SUCCESSFUL AGEING
FAC SIMILITER
HRB
An Bord Taighde Sláinte
Health Research Board


Thanks
for the dogs!!