

AGEING&HIV

CHAIN  UKI

CARE OF HIV AND AGEING
IMPLEMENTATION NETWORK

Geriatrics Updates for HIV Physicians

Speaker:

Prof David Robinson



Structure

Becoming a geriatrician

- 5 M's
- My toolkit - questions

Lit Update

- Frailty
- Models of Care
- Brain Health

And finally ...

- My toolkit - assessments



Do you need to become a geriatrician?

- 5 M's:
 - **M**atters Most
 - **M**ind
 - **M**obility
 - **M**ultimorditiy
 - **M**edications



Do you need to become a geriatrician?

- What do geriatricians actually *do*?
 - Acknowledge the **person**
 - Recognise **frailty** (without screening for it)
 - Assess **social supports**
 - Recognise loss of **function**
 - Physical, cognitive, social
 - **Reverse** medically reversible causes loss of function – that are important to the patient
 - Stop **medications**
 - **Ignore** guidelines
 - Acknowledge **futility**
 - **Advocate**

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MATTERS MOST

MULTIMORBIDITY

MATTERS MOST

MIND, MOBILITY

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MULTIMORBIDITY

MEDICATION

MATTERS MOST

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Do you need to become a geriatrician?

- Questions I (almost always) ask of patients:
 - What did you do for a living?
 - Do you leave the house by yourself?
 - If you couldn't get to the shops, who would you phone?
 - Can you walk to the shop for a pint of milk (rural Ireland)
 - Are you depressed? Are you lonely?
 - Do you watch the news? Can you tell me about something that you saw in the news recently?
- Questions I (sometimes) ask of caregivers:
 - Is there someone that you can cry in front of?
 - When was your last break?

Lit Update: Frailty

Reorienting frailty in clinical practice, public health, and policy: the *Lancet* Commission on Frailty

WHO's policy framework for healthy ageing from the *World Report on Ageing and Health* recognises frailty as the foremost geriatric syndrome in older adults and a key

frailty. To achieve this goal, the work of the Commission will target four priority areas.

First, frailty needs to be recognised as an actionable



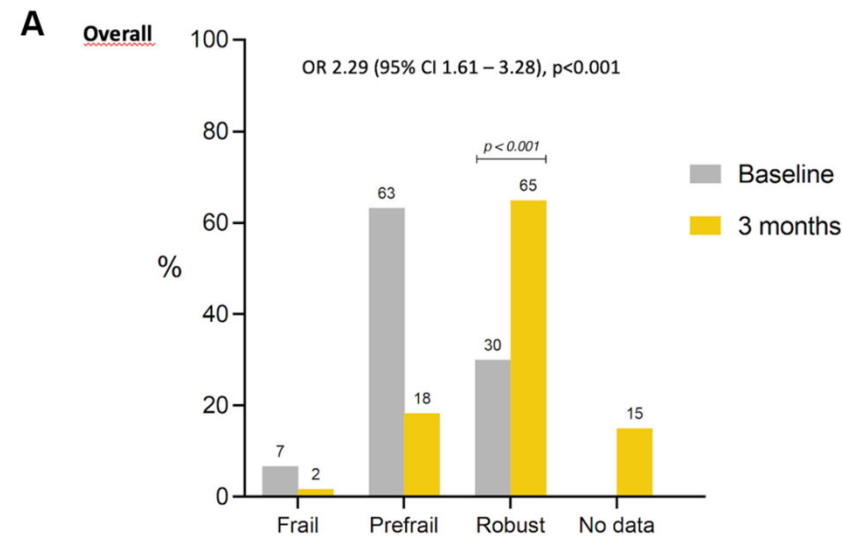
- Four Areas:
 - Actionable and preventable target of prevention and **treatment** across the life course
 - Build knowledge on early detection and diagnosis in a public health approach
 - Generate new knowledge for optimal management
 - More widely adopted into public policies around ageing

Frailty

A 12-week multicomponent exercise program enhances frailty by increasing robustness, improves physical performance, and preserves muscle mass in older adults with HIV: MOVHNG study

Fátima Brañas^{1,2,3*}, Jorge Díaz-Álvarez⁴,
Jesús Fernández-Luna⁵, Brian D. Vásquez-Brolen¹,
Rafael García-Molina^{6,7}, Elena Moreno^{4,8}, Pablo Ryan^{2,3,8,9},
Javier Martínez-Sanz^{4,8}, Laura Luna^{4,8}, Marta Martínez^{1,3},
Fernando Dronda⁴ and Matilde Sánchez-Conde^{4,8}

¹Geriatrics Department, Hospital Universitario Infanta Leonor, Madrid, Spain, ²FIIB H.U Infanta Leonor



Frailty



ORIGINAL ARTICLE

A cross-sectional comparison of the use of frailty assessment tools in older people living with HIV

[Chloe Knox](#) , [Juliet Wright](#), [Tom Levett](#)

First published: 13 November 2025 | <https://doi.org/10.1111/hiv.70125> | [VIEW METRICS](#)

Results

Using the FFP tool, 48/253 met frailty criteria, reflecting a prevalence of 19% (95% CI 14.6–24.3). A total of 32% of individuals were identified as frail by any of the eight tools. Sensitivity of the tools was highly variable, though all showed good specificity. Timed Up and Go (TUG) assessment performed most closely to FFP (AUROC 0.82 [95% CI 0.753–0.889]).

Conclusions

TUG is a potentially useful frailty screening tool in the assessment of older people living with HIV. Strengths include an objective measure with high sensitivity and specificity and relatively low resource cost. Further exploration in this field is required to assess the correlation between frailty assessment and clinically significant outcomes, including morbidity and mortality.

Knox C, Wright J, Levett T. *A cross-sectional comparison of the use of frailty assessment tools in older people living with HIV. HIV Med.* 2026; 27(1): 146–155. doi:[10.1111/hiv.70125](https://doi.org/10.1111/hiv.70125)

Models of Care

ORIGINAL ARTICLE

Comprehensive geriatric assessment for people living with HIV and frailty: A mixed-methods feasibility randomized controlled trial

Natalie St Clair-Sullivan¹  | Katherine Bristowe¹  | Stephen Bremner²  |
Matthew Maddocks¹  | Richard Harding¹  | Thomas Levett^{3,4}  |
Jonathan Roberts⁴ | Zoe Adler⁴ | Peter May^{1,5}  | Gary Pargeter⁶ |
Jaime H. Vera^{3,4} 

HIV Med. 2026;27:283–298.

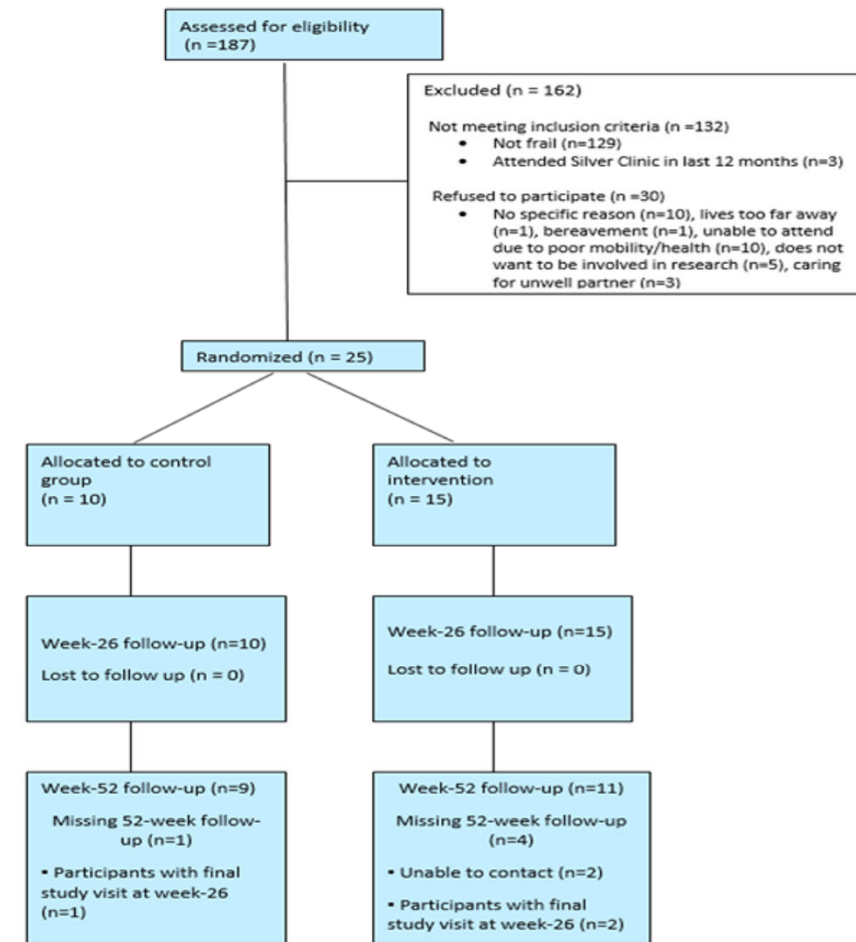


FIGURE 1 CONSORT flow diagram.

Models of Care

Implementation of a multidisciplinary approach to care for people with HIV aged 80 years and over

Maithili Varadarajan^{1 2}, Sophie Blackburn³, [Nicolo Girometti](#)¹, Alexandra Hicks¹, Elizabeth Senkoro^{4 5}, Caterina Candela⁶, Elizabeth Ridsdill Smith¹, Nadia Naous¹, Timothy Tong¹, Marta Boffito^{1 2}

Affiliations + expand

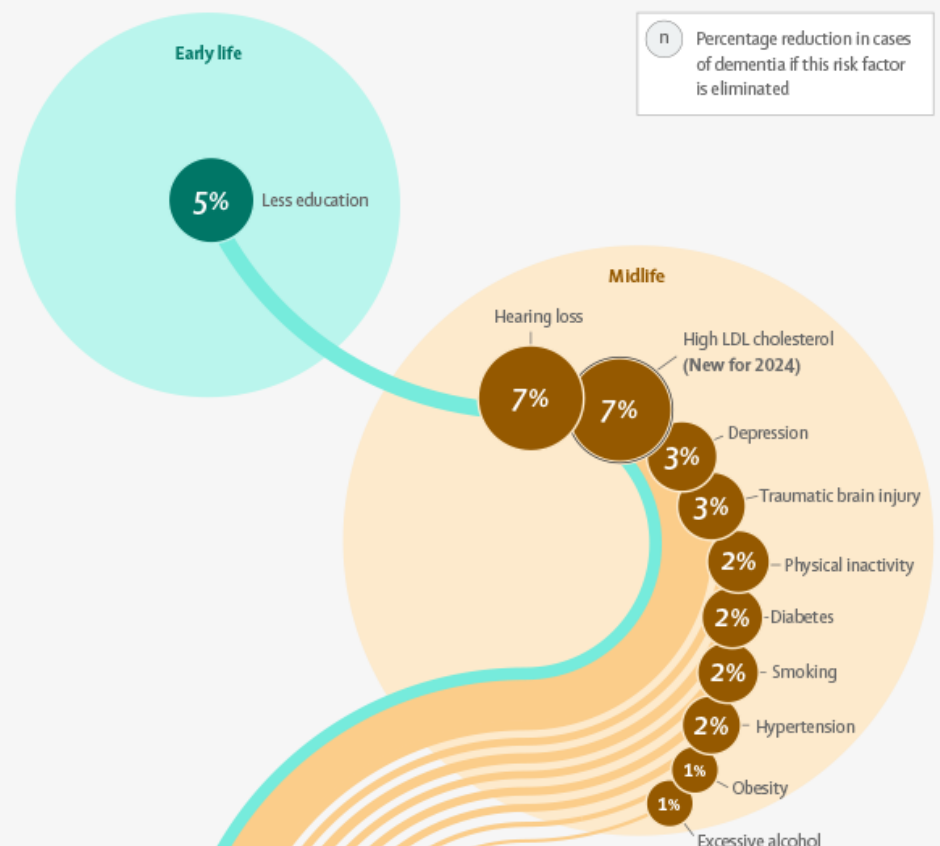
PMID: 39348909 DOI: [10.1177/09564624241286558](https://doi.org/10.1177/09564624241286558) 

> [Int J STD AIDS](#). 2025 Jan;36(1):65-71. doi: 10.1177/09564624241286558.

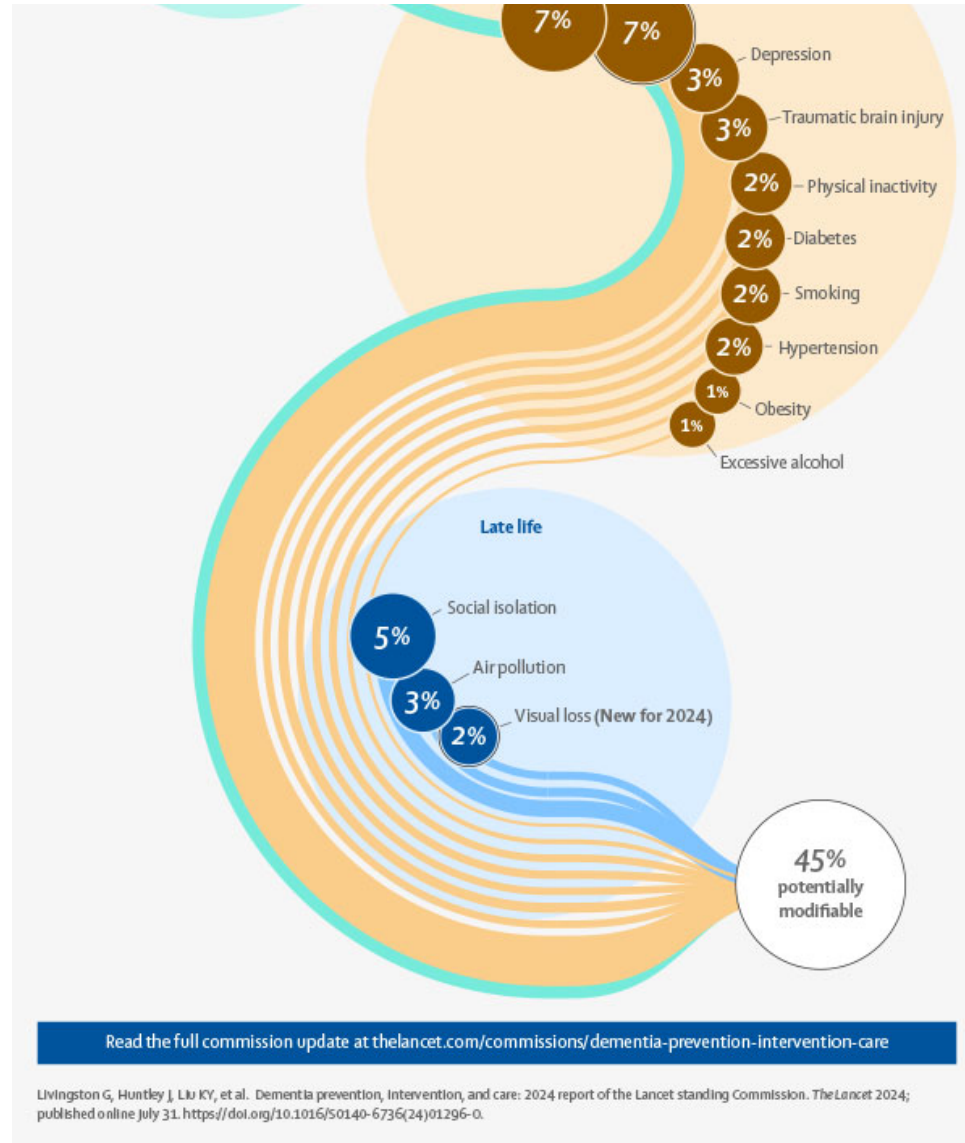
Brain Health

Risk factors for dementia — 2024 update

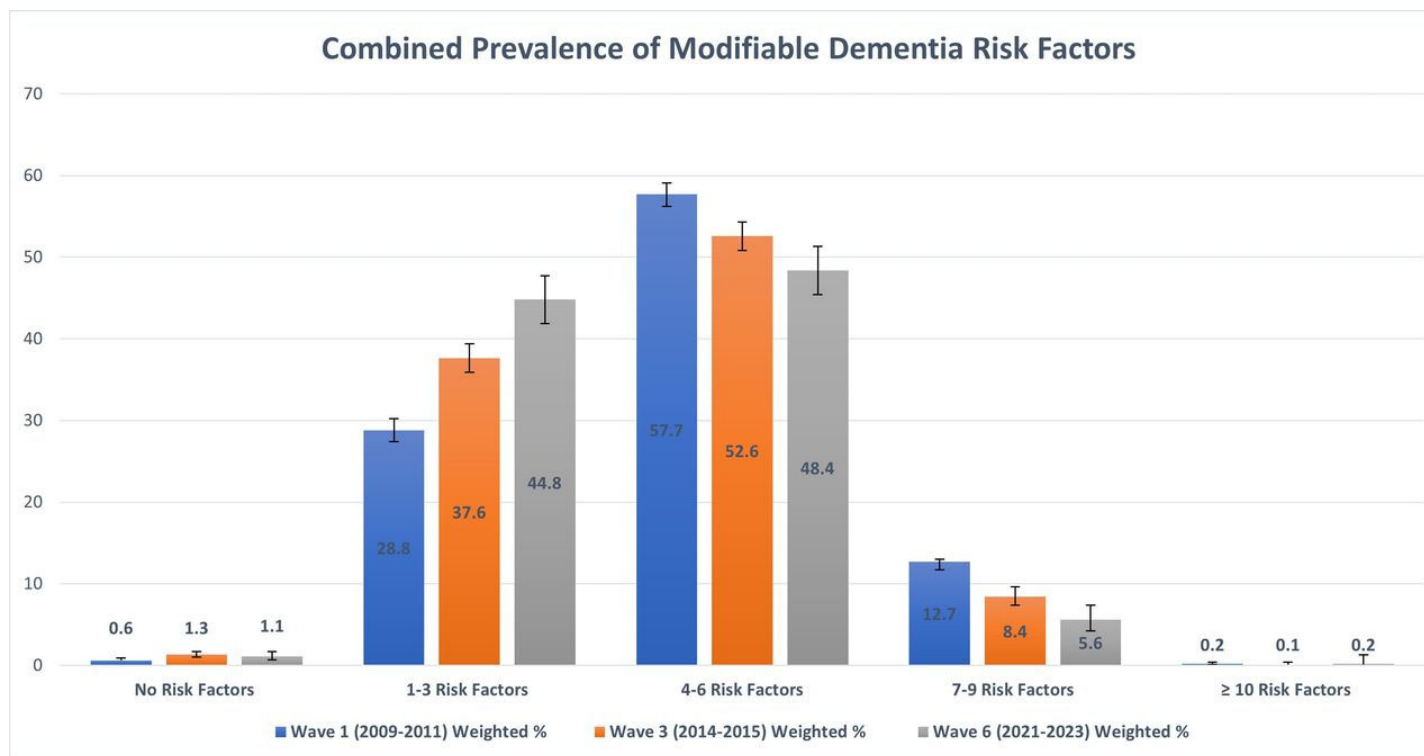
The 2024 update to the standing Lancet Commission on dementia prevention, intervention, and care adds two new risk factors (high LDL cholesterol and vision loss) and indicates that nearly half of all dementia cases worldwide could be prevented or delayed by addressing 14 modifiable risk factors.



Brain Health



Combined prevalence of modifiable dementia risk factors in community-dwelling adults over 50 years in Ireland.



Caoimhe McGarvey et al. *BMJ Open* 2025;15:e106032

Brain Health

POSITION PAPER • [Volume 12, Issue 1](#), E71-E80, January 2025

Fostering healthy cognitive ageing in people living with HIV

[Lucette A Cysique, PhD](#) ^{a,b,c,d,*}  • [Jules Levin](#) ^e • [Chris Howard](#) ^f • [Jeff Taylor](#) ^g • [John Rule, PhD](#) ^h • [Jane Costello, MIntS](#) ⁱ • [Jane Bruning, MSocP](#) ^j • [Priscilla Njeri](#) ⁱ • [Prof Amy B Mullens, PhD](#) ^k • [Prof Edwina Wright, PhD](#) ^{l,m,n,o} • [Hetta Gouse, PhD](#) ^p • [Kirstie Daken, PhD](#) ^k • [Mattia Trunfio, MD](#) ^{q,r} • [Htein Linn Aung, PhD](#) ^d • [Prof Reuben N Robbins, PhD](#) ^s • [Christopher M Ferraris, LMSW](#) ^s • [Jose A Muñoz-Moreno, PhD](#) ^{t,u} • [Prof Steven P Woods, PsyD](#) ^v • [Prof David J Moore, PhD](#) ^q • [Prof Christopher Power, MD PhD](#) ^w • [Pui Li Wong, MD](#) ^x • [Kejal Hasmukharay, MD](#) ^y • [Primrose Nyamayaro, PhD](#) ^z • [Prof Jaime Vera, PhD](#) ^{aa} • [Reena Rajasuriar, PhD](#) ^x • [Prof Robert K Heaton, PhD](#) ^q • [Prof Karl Goodkin, MD](#) ^{ab} • [Prof Scott Letendre, MD](#) ^q • [Prof Ronald J Ellis, PhD](#) ^q • [Prof Bruce J Brew, DSc](#) ^{b,ac,ad} • [Prof Sean B Rourke, PhD](#) ^{a,ae,*} on behalf of the [NeuroHIV and Aging Advocacy Group](#) [†] [Show less](#)

Cysique L, Levin J, Howard C et al.

Fostering healthy cognitive ageing in people living with HIV

The Lancet HIV, 2024; 12, e71-e80

And finally ...

- Favourite Assessments:
 - Implicit:
 - Clinical Frailty Scale (Rockwood)
 - Often:
 - Mini Mental State Examination (MMSE)
 - Sometimes:
 - Timed Up and Go (TUG), Barthel Index
 - Rarely:
 - Hospital Anxiety and Depression Scale (HADS)
- More detailed Cognitive:
 - Animals in one minute
 - Delayed Word Recall Test (DWR)
 - Trails A/Trails B, Frontal Assessment Battery (FAB)
 - Addenbrooke's Cognitive Examination (ACE)



And finally ...

- For Brain Health: **PEST**
 - **Protect** the brain cells
 - Drink in moderation, don't smoke, Mediterranean diet
 - Cardiovascular health
 - **Exercise** the brain cells
 - Physical, social, cognitive. Novelty. Hearing aid
 - **Scaffold/ Support** the brain cells
 - Cambridge memory manual, whiteboard, technology
 - **Treat** what is treatable
 - Depression, cholinergic deficit, hearing/vision, sleep, vascular risk
- For the relatives:
 - Don't **Pester** the patient



Do you need to become a geriatrician?

No ...

But you might have to think like one, sometimes

Thank you

Questions ...? (not allowed)



CARE OF HIV AND AGEING
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Thank you

**My Question – does this benefit
the patient?**



CARE OF HIV AND AGEING
IMPLEMENTATION NETWORK

Sexual pleasure and dysfunction

Speaker:

Dr Leila Frodsham

Chairs:

Dr Daniella Chilton

Alex Sparrowhawk

ASK A QUESTION HERE

