

Antiretroviral therapy, comorbidities and concomitant medication in people with HIV aged over 75 years in one centre in London, UK

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Background

People with HIV are at risk of developing premature multimorbidity and ageing associated complications. De-prescribing where polypharmacy is problematic, and antiretroviral therapy (ART) optimisation taking into consideration health status, comorbidities, polypharmacy, pill burden and swallowing difficulties are key in this population.

Materials and methods

All prescriptions of people with HIV ≥ 75 years old attending Chelsea and Westminster Hospital were reviewed by the HIV/geriatric MDT. Clinical and demographic characteristics, including comorbidities, current and previous ART (2 years), documented Rockwood clinical frailty scores (CFS) were collected and descriptive statistics calculated.

Results

224 individuals were reviewed with a median age of 77 years (IQR 76-80), 195 (87%) were male and 166 (74%) were white, nine (4%) had a detectable viral load but <200 copies/mL. The median duration of time living with HIV was 24 years (IQR 16-31).

51 different ART regimens were prescribed in the two years preceding the review. 61 (27%) individuals underwent ART modernisation between June 2022 and June 2024 with a reduction in median number of pills from 2 to 1. 13% switched to an integrase inhibitor (INSTI) containing regimen (Table 1), with the percentage of individuals on TAF/FTC/BIC doubling and on 3TC/DTG tripling. 109 individuals had a documented frailty score with the median of 3 (IQR 2-4) and a median number of three comorbidities (IQR 2-4).

Detailed medication histories were available for 144 individuals of which 96 (66%) were on statins, 18 (13%) on other lipid lowering agents, 46 (32%) on antiplatelets and 23 (16%) on anticoagulants. Pharmacist input was essential to identify potentially inappropriate prescriptions and potential prescription omissions.

Table 1: ART modernisation in people with HIV older than 75 years between 2022 and 2024

| ART Regimen | Number of individuals on this regime (%) | | |
|---|--|----------|----------|
| | 2022 | 2023 | 2024 |
| Protease Inhibitor (PI) containing | 28 (13) | 18 (8) | 15 (7) |
| PI sparing | 196 (90) | 206 (93) | 209 (93) |
| TDF sparing regimen | 132 (55) | 140 (63) | 147 (66) |
| INSTI based | 113 (52) | 127 (57) | 146 (65) |
| Newer NNRTI | 28 (13) | 39 (18) | 38 (17) |
| Older NNRTI | 57 (26) | 37 (17) | 29 (13) |
| TAF FTC BIC | 51 (19) | 57 (26) | 84 (38) |
| 3TC DTG | 10 (5) | 23 (10) | 34 (15) |

Conclusion

The majority of people with HIV over 75 years of age remain active (CFS ≤ 3) with a median of three comorbidities. However, as polypharmacy is common, active ART modernisation and de-prescribing is essential to reduce pill burden/improve adherence, drug interactions and unwanted effects. Therefore, the frailty/ageing clinic MDT should include pharmacists and focus on active drug optimisation to improve the outcomes for people ageing with HIV.



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