associazione NADIR onlus

Giovedì, 21 settembre 2017

PROGRAMMA SEMINARIO 2017

Come catturare i bisogni delle persone con HIV?

L'importanza della "pre-visita"

Giovanni Guaraldi

Università di Modena

UNIMORE
UNIVERSITÀ DEGLI STUDI DI MODENA E REGGIO EMILIA

John, 62 YRS

Professor at University
Divorced, one child living abroad
BMI=22.7
Smoke pack year=0
Physical activity = none (mobility impairment)

HIV history

Duration HIV Infection: 22 years (1995)
Nadir CD4=88/μL
CDC Stage: B
HIV1 RNA<40 c/mL (Not detectable since 2007)
Current CD4=416/μL (32%)
CD4/CD8=0.7
CD8 CD38 DR+=32/μL

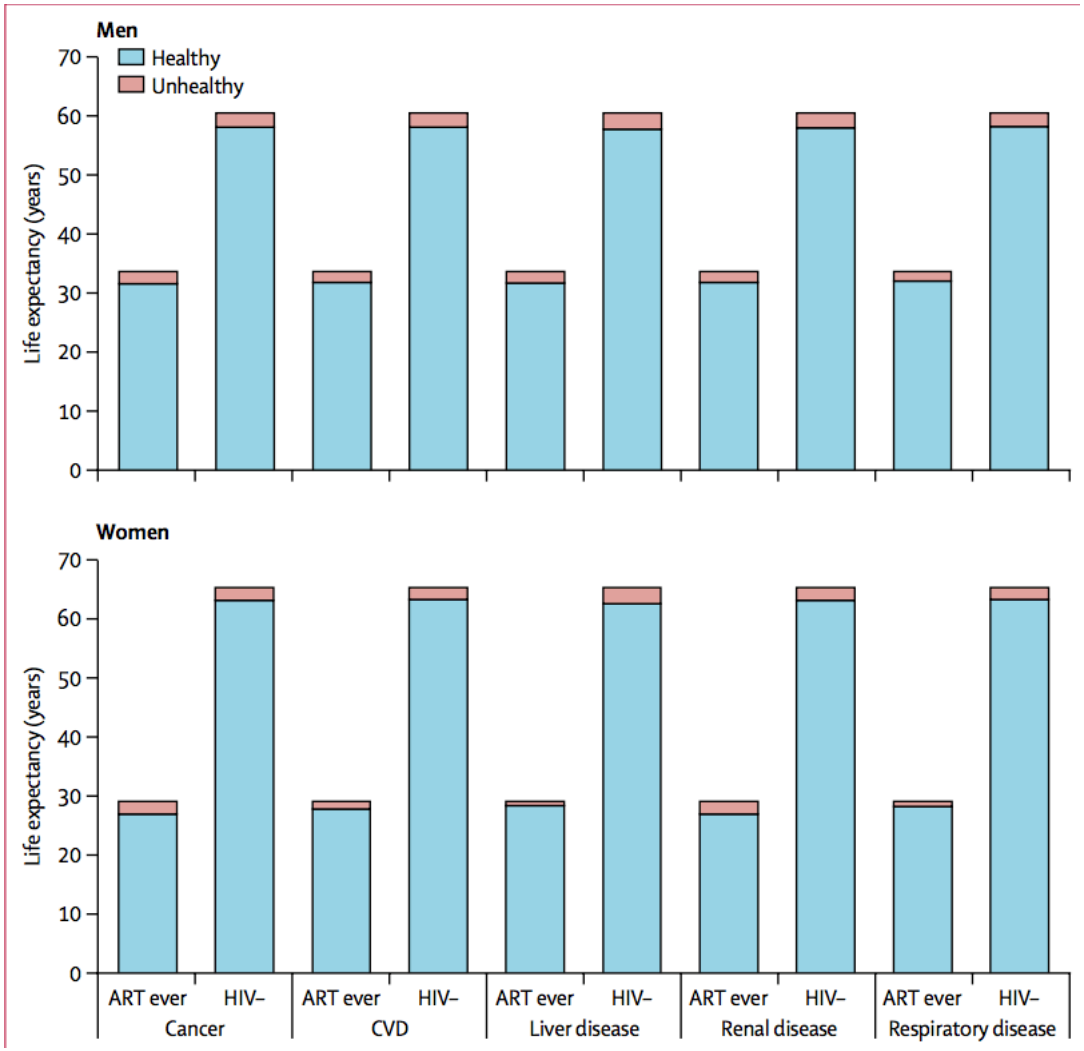
ARV history

Pre-ART: 2 years (AZT+ddc)
Early-ART: 8 years (D4T+PI IND or NFV)
Late-ART: 5 years (TDF or ABC+ ATV/r or DRV/r)
Mono-PI: 5 years: DRV/r
Current regimen: 1 year: TAF/FTC+ELV/c

Di che cosa dobbiamo parlare nella visita?

Health-adjusted life expectancy in HIV-positive and HIV-negative men and women in British Columbia, Canada: a population-based observational cohort study

Robert S Hogg, Oghenowede Eyawo, Alexandra B Collins, Wendy Zhang, Shahab Jabbari, Mark W Hull, Viviane Dias Lima, Tareq Ahmed, Claire E Kendall, Keri N Althoff, Amy C Justice, Rolando Barrios, Jeannie Shoveller, Julio S G Montaner, for the Comparative Outcomes And Service Utilization Trends (COAST) study



At exactly age 20 years, HALE was about 31 years (SD 0·16) among men living with HIV and 27 years (0·16) among women living with HIV. In the HIV-negative population, HALE was around 58 years (SD 0·02) for men and 63 years (0·02) for women.

After adjustment for co-dependencies, we noted **little differences in the levels of morbidity compression** between PLHIV and their HIV-negative counterparts; however, men and women living with HIV had reduced life expectancies and measures of HALE.

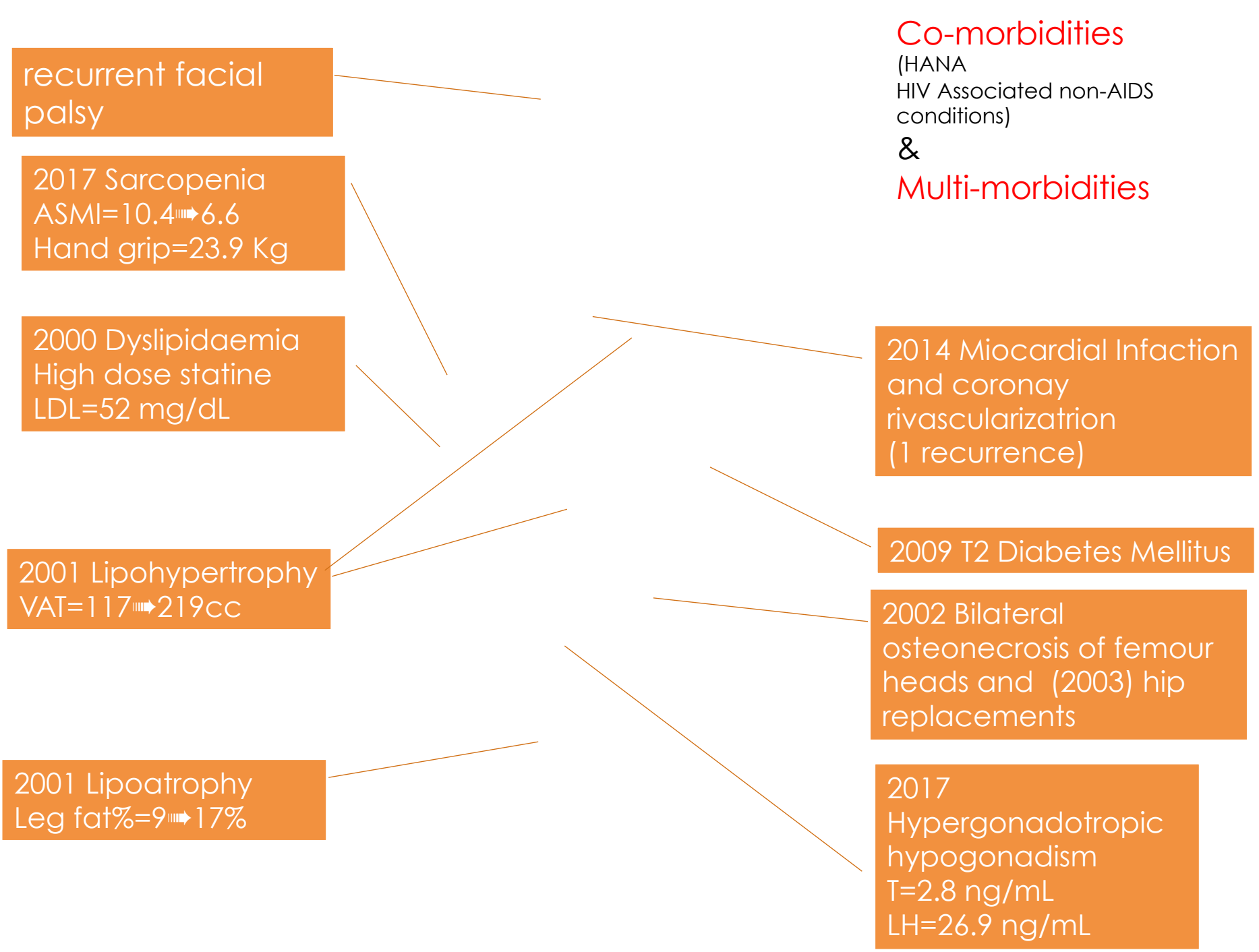
Lancet HIV. March 2017.
doi:10.1016/S2352-3018(17)30029-2.

Total Patient Care

Total Patient Care is a comprehensive patient approach which considers the physical, emotional, social, economic, and spiritual needs of the person; his or her response to illness; and the effect of the illness on the ability to meet self-care needs. It means a transition away from a model of single referral center for care provision to a system of comprehensive coordinated care able to provide both primary and specialized support for PLWH.

1. Personalized medicine
2. Patient centered
3. It referers to HEALTH (Not disease)
4. Muldimentional assesment
5. Patient/comunity awareness
6. Reshaping healthcare system

American Academy of Family Physicians


recurrent facial palsy
2017 Sarcopenia
ASMI=10.4➡6.6
Hand grip=23.9 Kg
2000 Dyslipidaemia
High dose statine
LDL=52 mg/dL
2001 Lipohypertrophy
VAT=117➡219cc
2001 Lipoatrophy
Leg fat%=9➡17%
Co-morbidities
(HANA
HIV Associated non-AIDS conditions)
&
Multi-morbidities
2014 Miocardial Infaction and coronay rivascularizatrion (1 recurrence)
2009 T2 Diabetes Mellitus
2002 Bilateral osteonecrosis of femour heads and (2003) hip replacements
2017 Hypergonadotropic hypogonadism
T=2.8 ng/mL
LH=26.9 ng/mL

Qual'è la malattia più importante di Giovanni?

Contents lists available at ScienceDirect

European Journal of Internal Medicine

journal homepage: www.elsevier.com/locate/ejim

Reflections in Internal Medicine

The geriatric management of frailty as paradigm of "The end of the disease era"

Matteo Cesari [a,b,*], Emanuele Marzetti [c], Ulrich Thiem [d], Mario Ulises Pérez-Zepeda [e], Gabor Abellan Van Kan [a], Francesco Landi [c], Mirko Petrovic [f], Antonio Cherubini [g], Roberto Bernabei [c]

The traditional paradigm of stand-alone disease medicine has become out-of-date in a clinical world dominated by older individuals characterized by multi-morbidity and mutually interacting syndromes.

The comprehensive geriatric assessment is meaningless if conducted in the absence of an integrated care model and without the geriatrician's expertise at managing the complexity of frail elders

Several medical specialties have started looking with interest at some geriatric concepts (and frailty is a paradigmatic example) in order to better face the increased complexity of their patients

Frailty has been proposed as a measure of biological (opposed to chronological) aging

83 years old;
HTN, Hyperlipidemia, prior MI

83 years old;
HTN, Hyperlipidemia, prior MI

This variable vulnerability among people of the same chronological age is known as **frailty**

WYSIWYG!

What you see, is what you get

Geriatric patient
(biologically aged)

versus

Older patient
(chronologically old)

Frailty

Frailty Related phenotype

- ✓ Move slowly
- ✓ Weak handgrip

X Reduced level of activity

X Unintentionally lost of weight

- ✓ Feel exhausted

Phenotipic Frail

37-item Frailty Index

Date	FI (frail>0.28)	Deficit count
09/02/17	0,2972973	16
25/01/16	0,3823529	18
29/05/15	0,3235294	16
21/01/15	0,2647059	14
12/11/13	0,2222222	13
26/09/12	0,1891892	12
26/09/11	0,2702703	15
14/09/10	0,25	14
24/06/10	0,1612903	10
09/09/09	0,2162162	13
29/06/09	0,3225806	14

Sarcopenia / lean mass

	Total lean	Delta Change
2008	62690	
2009	54662	-8020
2010	54903	241
2011	57655	2752
2012	53967	-3688
2013	53409	-558
2016	52088	-1321
2017	51789	-299

Physical function

SPPB=4/15

Gait speed: 3 mt/sec

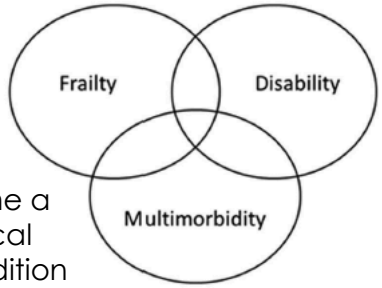
Chair stand test
(5 times)
>16 sec

Hand grip=23.9 Kg

(dominant hand)
10° percentile

Pictorial fit/ frail scale

Phenotype Model



Frame a clinical condition

ELSEVIER

JAMDA

journal homepage: www.jamda.com

Controversies in Long-term Care

Frailty and Multimorbidity: Different Ways of Thinking About Geriatrics

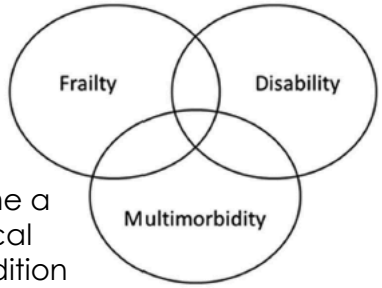
Matteo Cesari MD, PhD [a,b,*], Mario Ulises Pérez-Zepeda MD, PhD [c], Emanuele Marzetti MD, PhD [d]

Multimorbidity and frailty represent two different ways of looking at the complexity of older persons.

- ✓ Multimorbidity is dependent on diagnostic capacity and is based on a single (ie, nosological) domain of the individual's health status may be insufficient at measuring the biological, clinical, and social complexity of older persons.

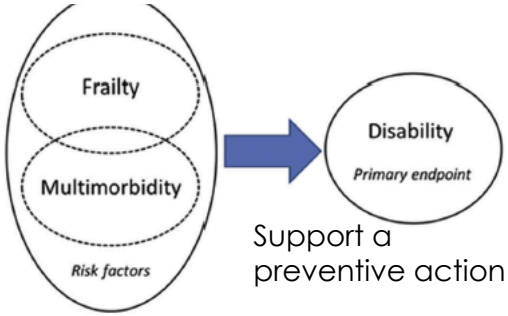
- ✓ Frailty implies a more exhaustive and comprehensive assessment of the individual and his/her environment, facilitating the implementation of tailored interventions.

Phenotype Model



Frame a clinical condition

Pre-Disability Model



Support a preventive action

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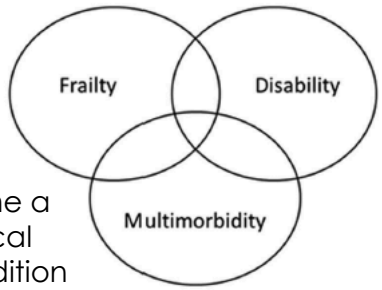
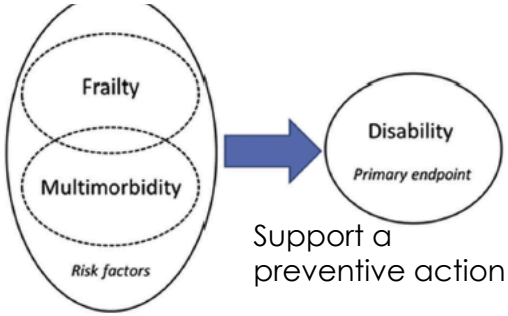


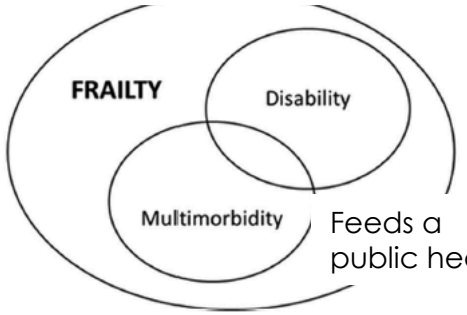
Frame a clinical condition

Pre-Disability Model



Support a preventive action

Model for adapted care



Feeds a public health model

Multimorbidity and frailty represent two different ways of looking at the complexity of older persons.

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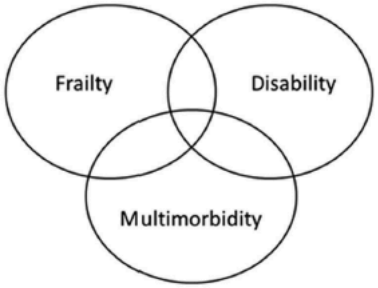
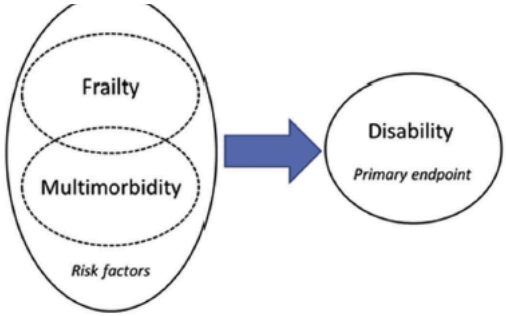
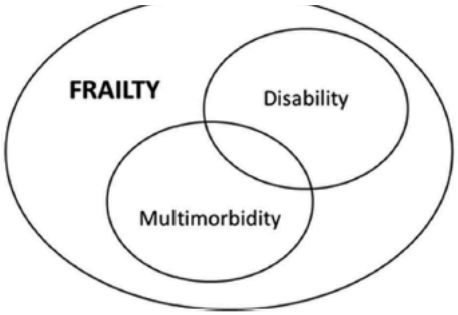
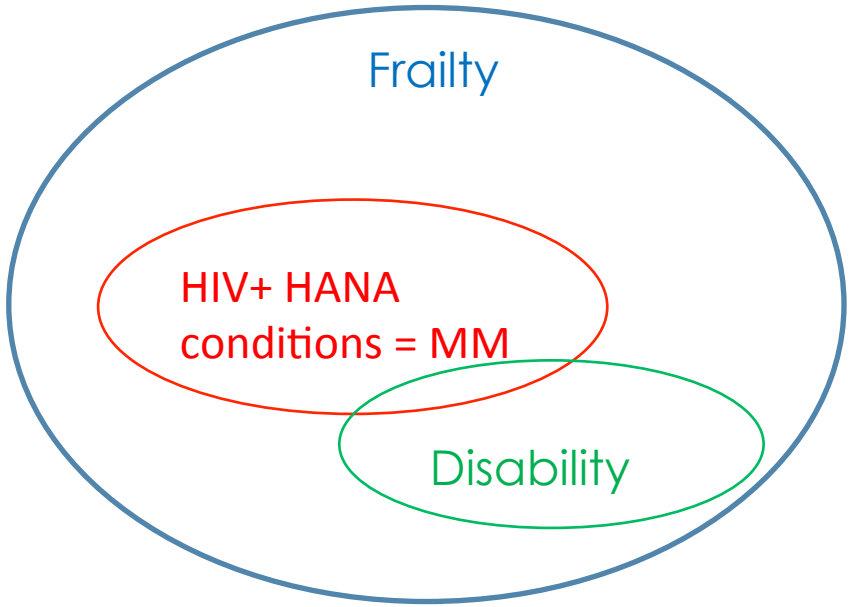


Pre-Disability Model



Model for adapted care





~~Frailty in HIV~~
~~Frailty and HIV~~

HIV in Frailty

Disability

Katz Index of Independence in Activities of Daily Living

- ✓ Bathing
- ✓ Dressing

X Toileting
X Transferring

- ✓ Continence
- ✓ Feeding

80%

Instrumental Activities of Daily Living

- ✓ Telephone
- ✓ Shopping
- ✓ Food preparation
- ✓ Laundry
- ✓ Mode of transportation
- ✓ Responsibility for medication
- ✓ Ability to handle finances

100%

Patient related outcomes

EQ-5D-5L=65%

CESD=18 mild depression

Geriatric Syndromes

- ✓ Frailty
- ✓ Falls

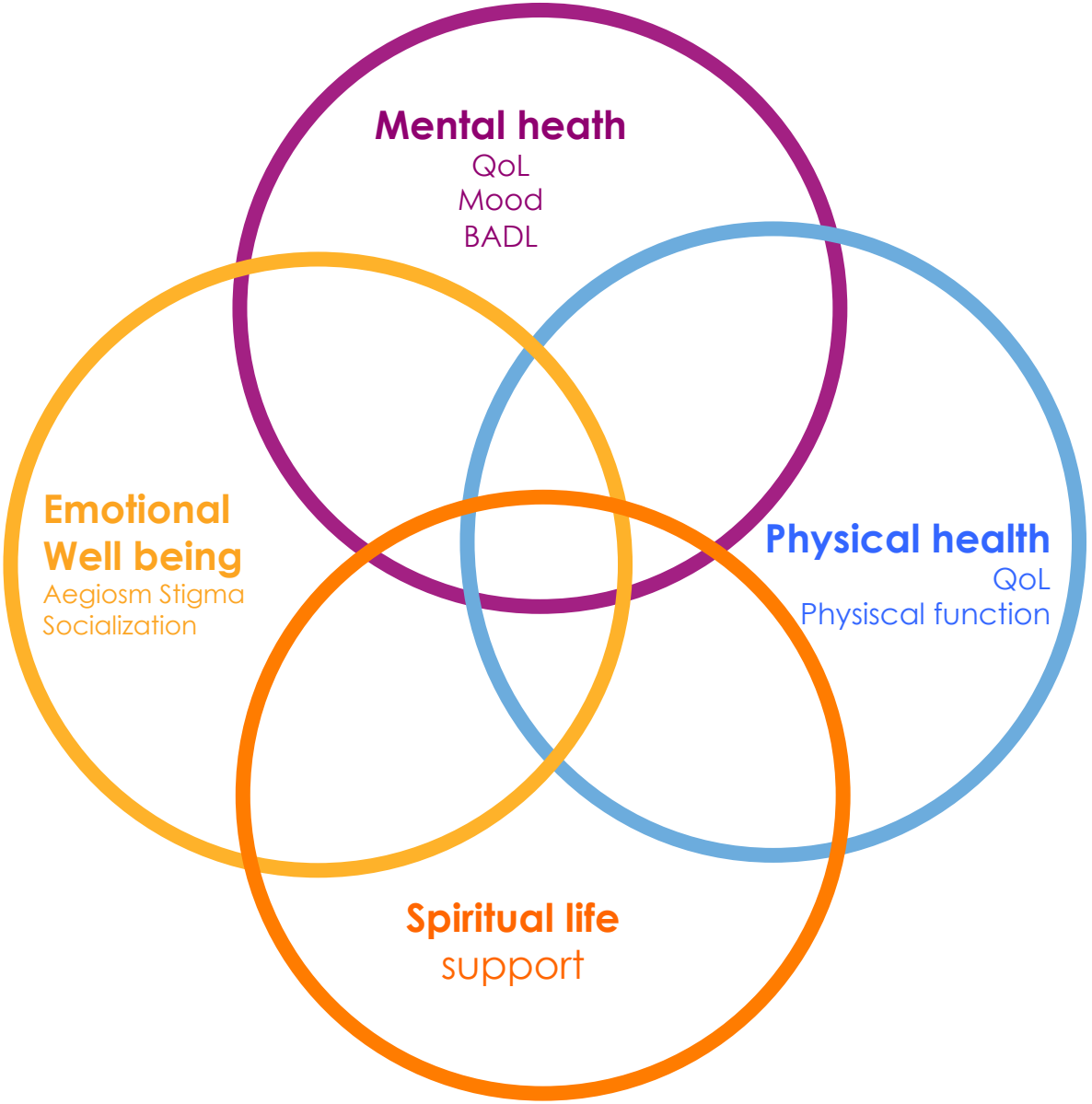
X Urinary incontinence
X Delirium
X Visual loss

- ✓ Hearing impairment

In your patient visit which clinical outcome you would primarily discuss with John?

1. HIV RNA un-detectability
2. CD4>500 μ/L
3. CD4/CD8>1
4. ARV durability
5. Multi-morbidity
6. Healthy Life expectancy

…. From assessment of disease to evaluation of HEALTH

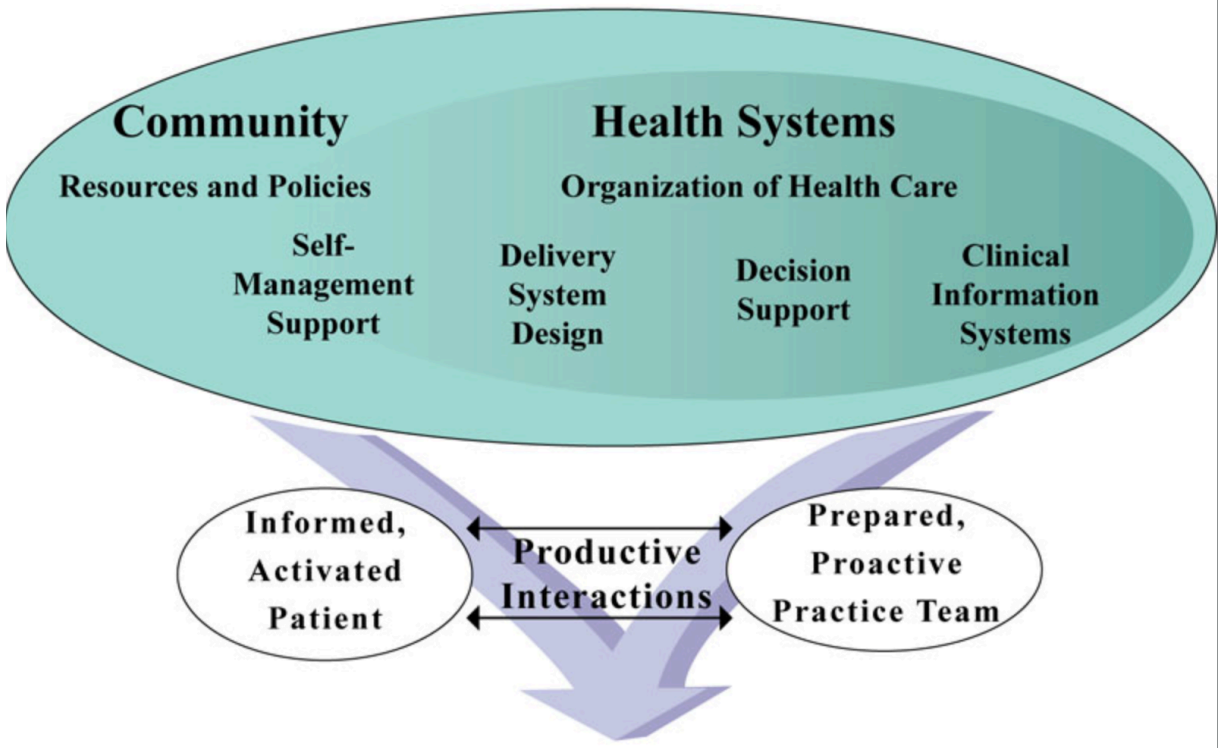


How?

JAMA®
The Journal of the American Medical Association

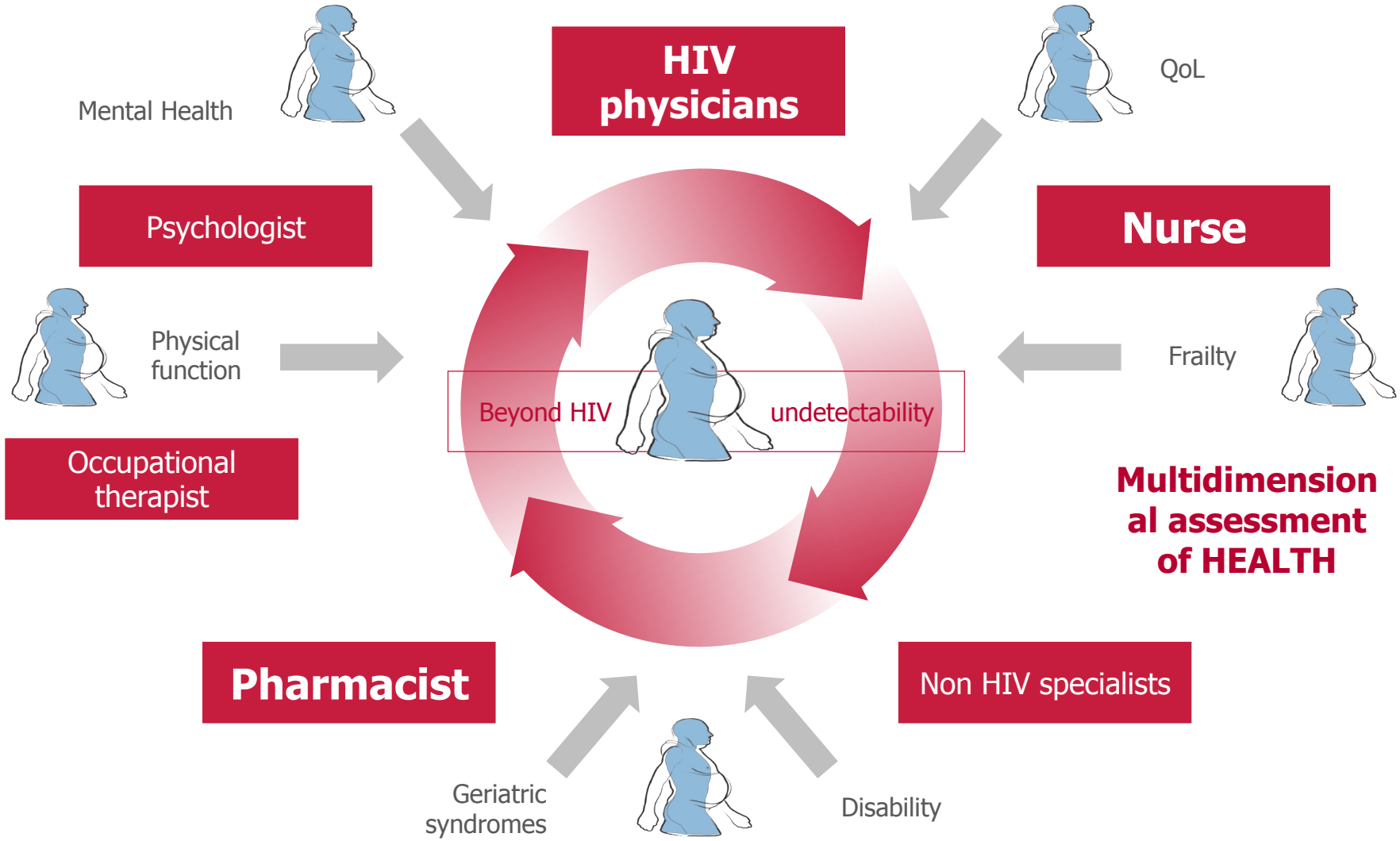
Improving Primary Care for Patients With Chronic Illness

The Chronic Care Model

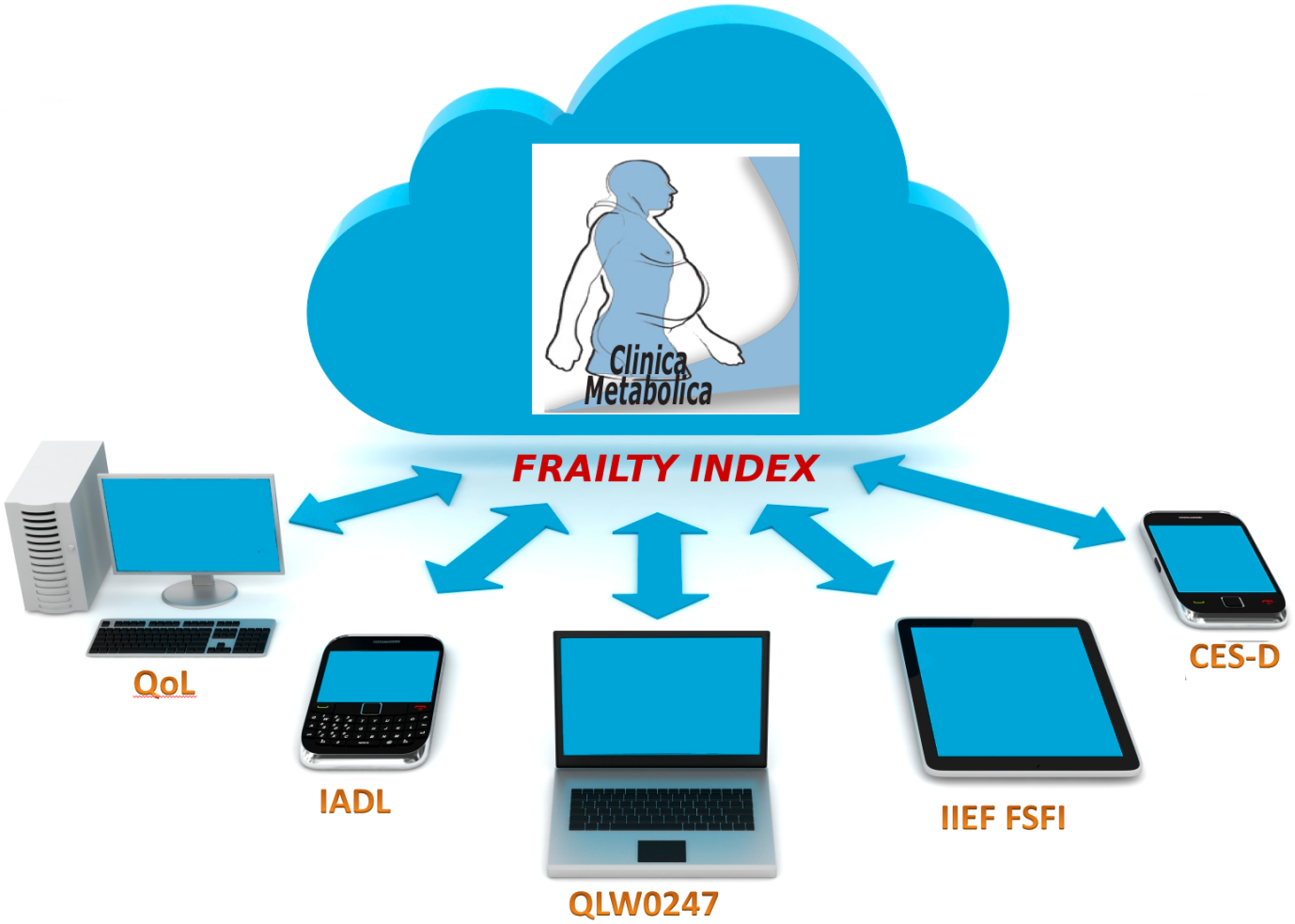


Developed by The MacColl Institute
® ACP-ASIM Journals and Books

Delivery System Design: Assure the delivery of effective, efficient clinical care and self-management support



CLINICAL MANAGEMENT:
Health care organization & Delivery system design



Il compito a casa (o a scuola)

Gentile utente,
questa è un'email automatica inviata dalla Clinica Metabolica di Modena a cui lei afferisce.
In previsione della sua prossima visita che le abbiamo già confermato, la Clinica le chiede gentilmente di compilare i questionari che trova come link in questa email e il suo diario alimentare che trova come allegato word. Si tratta degli stessi questionari che le abbiamo precedentemente chiesto di compilare in sala d'attesa e che ora, se possibile, preferiamo acquisire prima dell'accesso alla clinica al fine di poterle restituire un commento già durante la visita medica.
Nel tentativo di offrire un approccio clinico centrato sull'utente, riteniamo indispensabile integrare i dati sanitari con i dati di salute raccolti dal paziente relativi allo stile e alla qualità di vita, al grado di disabilità e fragilità, alla performance neuro-cognitiva e al tono dell'umore, alle sindromi geriatriche e disfunzioni sessuali e alla sua esperienza di cura.
E' importante che i questionari siano completati in ogni domanda.
I dati acquisiti saranno trattati nel rispetto della sua privacy e archiviati all'interno della sua cartella clinica elettronica.
Inoltre, in allegato a questa email troverà un documento word da compilare relativamente al suo diario alimentare.
Legga attentamente le istruzioni presenti nella prima pagina del documento, in cui le viene indicato di riempire il suo diario alimentare quotidiano su tre giorni consecutivi; comprensivi di almeno un giorno festivo.
Successivamente al completamento del suo diario, invii una copia del file compilato a questo indirizzo email almeno un giorno prima dalla data della sua visita, affinché la dietista possa analizzare i dati raccolti e fornirle un riscontro.

Apra quindi i link che trova elencati di seguito e risponda alle domande dei questionari. Essendo che il campo "codice paziente" è già precompilato, alla prima pagina, prema il tasto "Continue" per proseguire

- Qualità della Vita - EQ5D-5L
- Disturbi neurocogniti e depressione
- Disturbi respiratori - COPD
- Disabilità - ADL + IADL
- Sindrome geriatrica - IIQ - FALLS
- Funzionalità sessuale
- Alimentazione

La Pagella!

venerdì 10 febbraio 2017

Antropometriche / Stili di Vita

BMI	22,7		**Circonferenza Vita**	96	10/02/2017
kcal	1901		**Attività Fisica**	Nessuna	
proteine	72		**Alcool**	Nessuna	
Fumo	Nessuna	0 [pack year]	**Lipodistrofia**	Mista	

Storia HIV

CDC	B	**CD 4 nadir**	88	**Durata**	118

Disturbo Neurocognitivo

GSI	
CESD	16 - lieve

Comorbosità

Multi	SI
Elenco	Sarcopenia, Dislipidemia, Ipertensione, CVD, IRC, Osteopenia/osteoporosi (OO), Ipovitaminosi D, Cirrosi, COPD, Neoplasie, Ipotiroidismo, Quality of Live, Ageing, Disturbi Neurocognitivi, Fragilità, Disability, Lipodistrofia,

Sindromi Geriatriche

Frailty Index	0,31 - FRAIL			
Frailty Phenotype	2 - PRE			
ASMI	6,6	Severe sarcope		
Total Lean	51.760 [g]		**Anno precedente**	52.088 [g]
Hand Grip DX	23,9	G1 < 10 %		
Hand Grip SX	22,6	G1 < 10 %		

Disabilità

ADL KATZ	83	**Walking Test**	3
IADL	100%	**Fatigue**	...
SPBB	4,0	**Polipharmacia**	SI

Patient Related Outcomes

EQ 5D5L	0,685
Autovalut. QOL	
Questionari	

SERVIZIO SANITARIO REGIONALE
EMILIA-ROMAGNA
Azienda Ospedaliera – Universitaria di Modena

UNIMORE
UNIVERSITÀ DEGLI STUDI DI
MODENA E REGGIO EMILIA

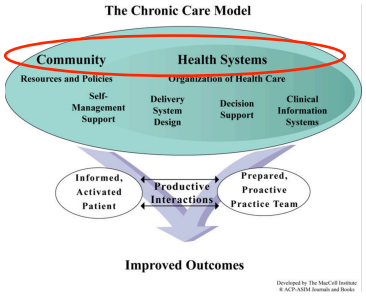
CONSENSO INFORMATO PER LA CONSERVAZIONE DI MATERIALE BIOLOGICO
E DEI DATI PERSONALI
PRESSO UNITÁ OPERATIVA DI STRUTTURA SEMPLICE DI CLINICA METABOLICA
AMBULATORIO HIV, A.O.U. POLICLINICO DI MODENA

Il sottoscritto/a……

(***Nome e Cognome in stampatello***)

È stato/a informato/a che:

- Il materiale biologico prelevato sarà conservato presso la "Struttura Semplice di Clinica Metabolica, Ambulatorio HIV, A.O.U. Policlinico di Modena", responsabile Prof. Giovanni Guaraldi;
- I dati personali saranno conservati presso un Archivio Virtuale su server dell'Università di Modena e Reggio Emilia, ed accessibili solo mediante accessi protetti da *username* e *password;*

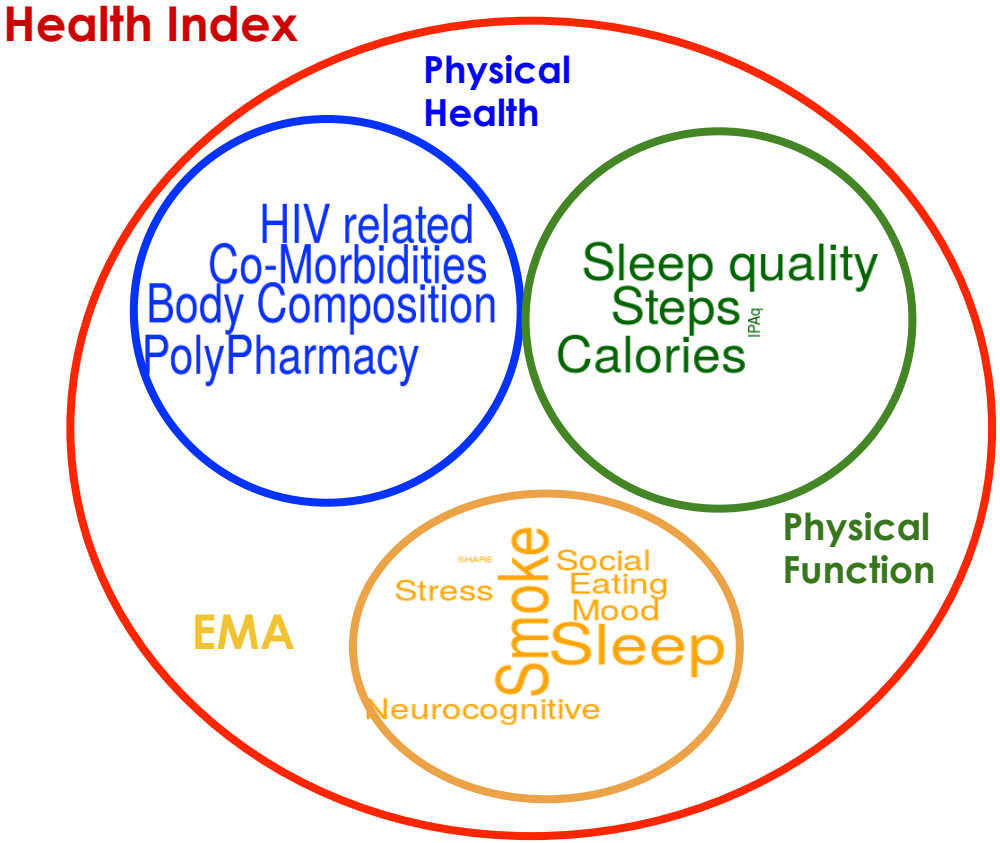


Internet of Medical Things (IoMT)

In the healthcare domain several research projects developed Internet of Medical Things (IoMT) frameworks using

mysawh

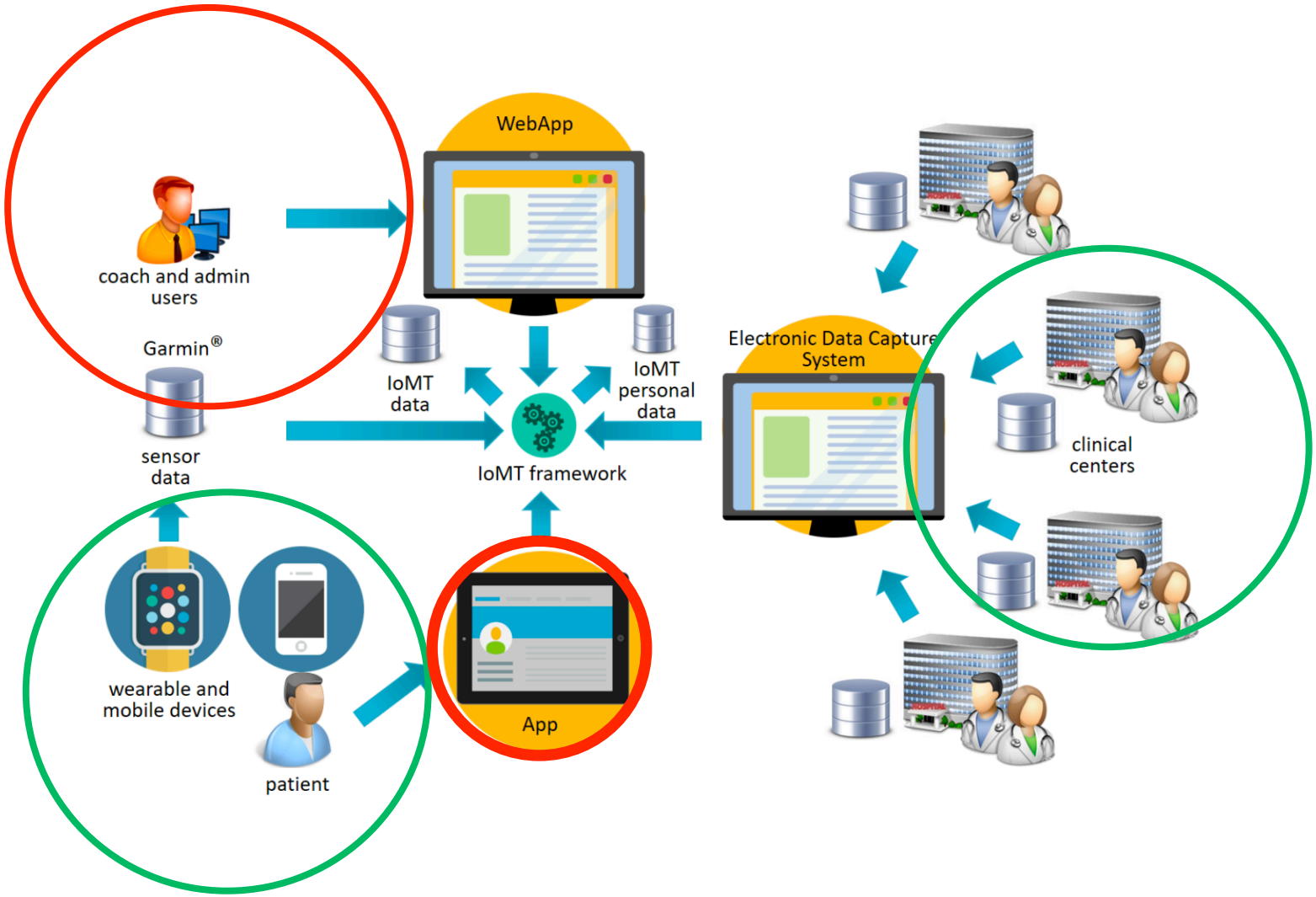
My Smart Age with HIV: Smartphone self-assessment of frailty and information - communication technology (ICT) to promote healthy ageing in HIV.



PURPOSE AND OBJECTIVES OF THE STUDY

In this study we plan to empower elderly HIV patients via health promotion, assessing reduction in health deficit and improvement in quality of life using My Smart Age – application.

MYSmartAWHiv: building up a HEALTH INDEX to improve Awareness in PLWHIV aged >50 years



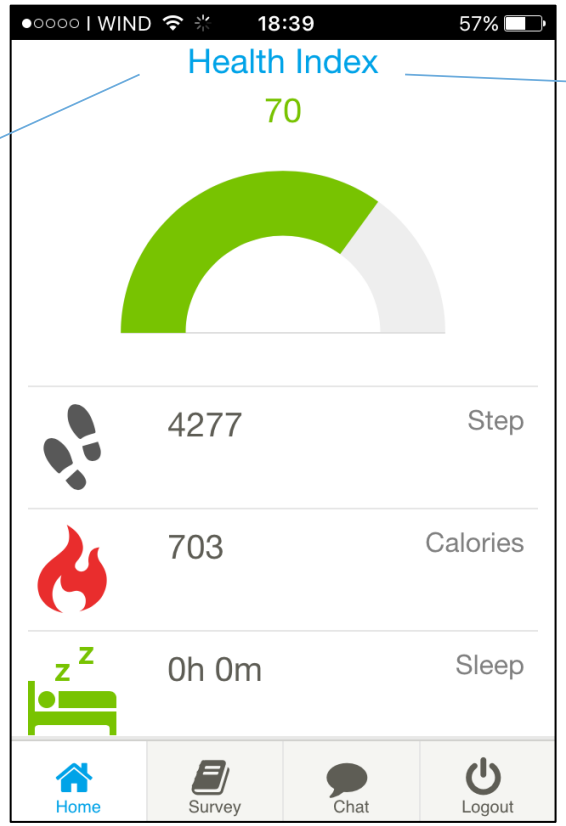
MYSmartAWHiv: building up a HEALTH INDEX to improve Awareness in PLWHIV aged >50 years

Physiological data (daily)

Steps

Calories

Sleep

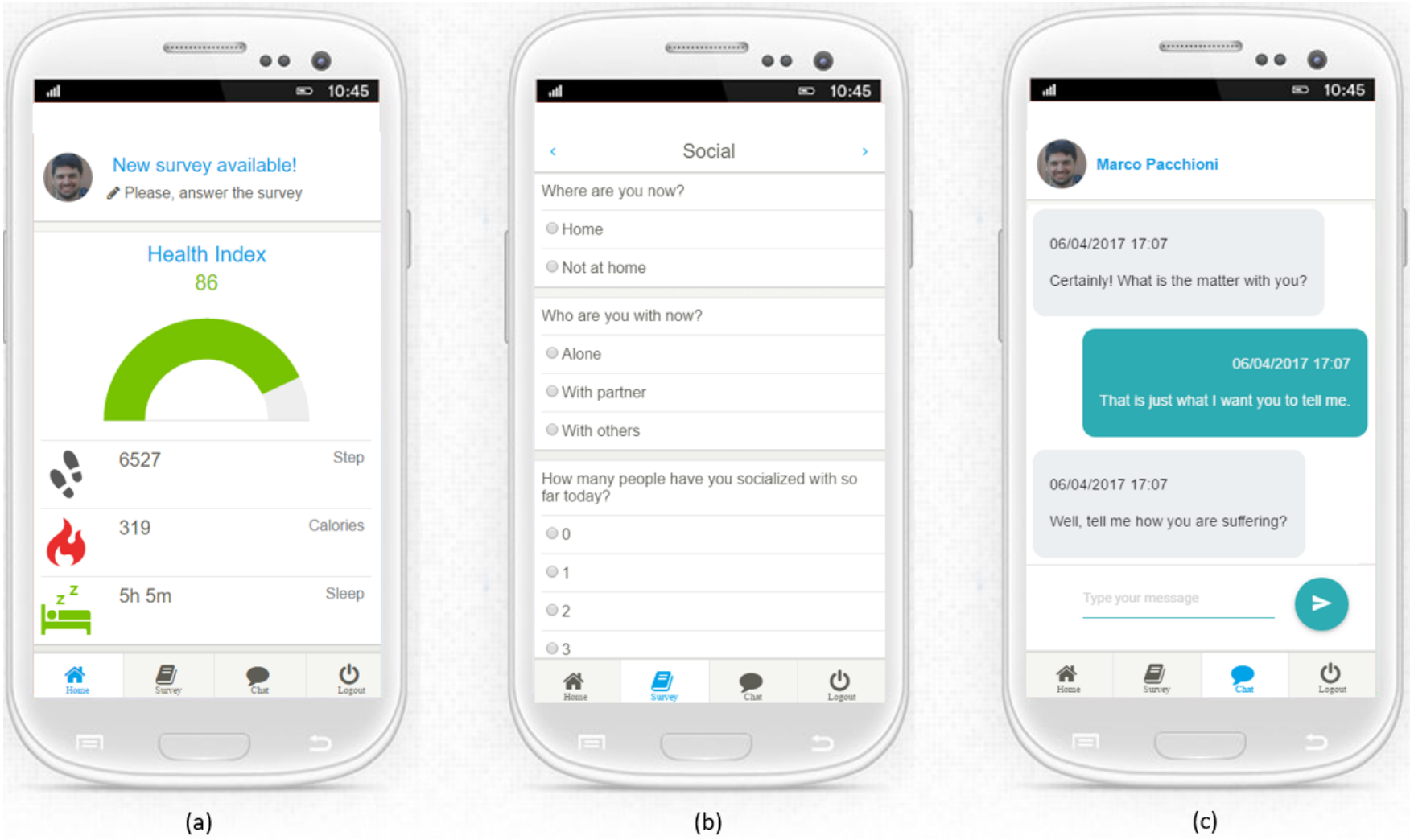


Ecological Momentary Assessment (EMA)

EMA domains : physical activity, smoke, mood, stress level, social relationships, eating behaviours, and sleep quality

22 items/ week

MySAwH App


10:45
New survey available!
Please, answer the survey
Health Index
86
6527
Step
319
Calories
5h 5m
Sleep
Home
Survey
Chat
Logout
(a)
10:45
Social
Where are you now?
Home
Not at home
Who are you with now?
Alone
With partner
With others
How many people have you socialized with so far today?
0
1
2
3
Home
Survey
Chat
Logout
(b)
10:45
Marco Pacchioni
06/04/2017 17:07
Certainly! What is the matter with you?
06/04/2017 17:07
That is just what I want you to tell me.
06/04/2017 17:07
Well, tell me how you are suffering?
Type your message
Home
Survey
Chat
Logout
(c)

Real John data

VivoFit2
Garmin

Take home message

1. HIV is a chronic condition which implies a reshape the health system and in the community support
2. Total Patient Care is a a patient centered approach which implies a multidimensional assessment of patients needs
3. TPC contribute to the 90-90-90 target but goes beyond it
4. Patient and healthcare team are partner of the multidimensional assessment which define new health outcomes

Conceptual slide - based on Expert Opinion of the presenter