



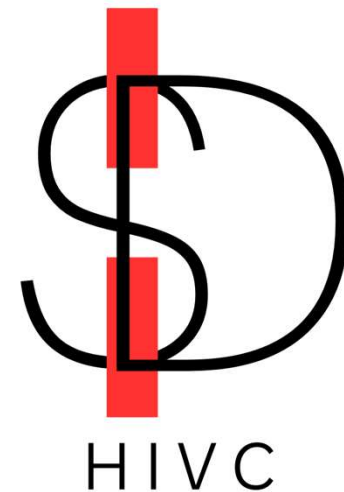
Frailty

Different for people living with HIV?

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Introduction

- Growing population of older adults living with HIV
- Increase in life expectancy due to ART
- Importance of recognizing age-related conditions such as frailty

What is Frailty?

- Definition: A clinical syndrome characterized by decreased reserve and resistance to stressors
- Associated with adverse outcomes: falls, hospitalization, mortality
- Distinct from aging alone

Why it Matters in HIV

- HIV accelerates aging and immune senescence
- Higher prevalence of frailty in HIV-positive individuals
- Polypharmacy, comorbidities, and chronic inflammation contribute

Key Risk Factors

- - Long-term antiretroviral therapy
- - Low CD4 count nadir
- - History of AIDS-defining illness
- - Socioeconomic disparities
- - Mental health and substance use disorders

Memory and Cognition Screening Guidelines

- DHHS: Regular screening for HAND
- IDSA/HIVMA: Annual screening for frailty in HIV+ individuals aged 50+

Screening Tools for Memory and Cognition

- - Montreal Cognitive Assessment (MoCA)
- - International HIV Dementia Scale (IHDS)
- Limitations: Brief tools may miss milder HAND
- Comprehensive neuropsychological testing is gold standard

Mood Screening

- DHHS: Referral for mental health services
- AAHIVM: Mental health considerations in aging HIV care
- Tools: PHQ-9, Beck Depression Inventory
- Follow-up: Positive screens require diagnostic evaluation

Screening Tools for Frailty

- - Fried Frailty Phenotype (FFP)
- - Frailty Index (FI)
- - Clinical Frailty Scale (CFS)
- - Gait Speed or Timed Up and Go (TUG) test

Frailty Interventions

- Non-pharmacologic measures: exercise, nutritional support
- Improve functional status and reduce age-related health risks

Special Considerations in HIV

- Need for tools validated in HIV populations
- Cognitive and functional assessments
- Cultural and psychosocial factors impact evaluation

Integration into Clinical Practice

- Annual frailty screening for HIV+ individuals >50
- Use of multidisciplinary teams
- EMR alerts/reminders
- Referral pathways for intervention

Management After Identification

- - Exercise and physical therapy
- - Nutritional support
- - Medication review and de-prescribing
- - Cognitive screening and mental healthcare
- - Social support and case management

Challenges and Barriers

- - Time constraints in clinic
- - Lack of training
- - Reluctance to discuss aging
- - Limited resources in some settings

Future Directions

- - Research on HIV-specific frailty tools
- - Training for HIV providers
- - Integration into HIV care guidelines
- - Use of digital tools and telehealth

Summary

- Frailty is common and clinically significant in older HIV-positive adults
- Early detection can guide targeted interventions
- Routine screening is feasible and beneficial