

Addressing the Needs for Long Term Patients with HIV



Disclosures

- **The activity planners and speakers do not have any financial relationships with commercial entities to disclose.**
- **The speakers will not discuss any off-label use or investigational product during the program.**
- **This slide set has been peer-reviewed to ensure that there are no conflicts of interest represented in the presentation**

Objectives

- Describe demographic difference related to age, race, and gender.
- Summarize the relationship between comorbidities in patients with HIV and Oral Health
- Identify oral health conditions that are prevalent in long term patients with HIV.
- Differentiate special oral health instructions for long term patients with HIV.

HIV:

1.2 million people in the US are living with HIV

1 in 7 are not aware of their status and have not been diagnosed

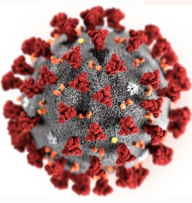


There are 40,00 new diagnoses of HIV per year

The latest estimates indicate that effective HIV prevention and treatment are not adequately reaching those who could most benefit from them, and certain groups such as men who have sex with men (MSM), transgender persons, African Americans, and Hispanic/Latinx individuals continue to be disproportionately affected. Additionally, the highest rates of new HIV infection continue to occur in the South.

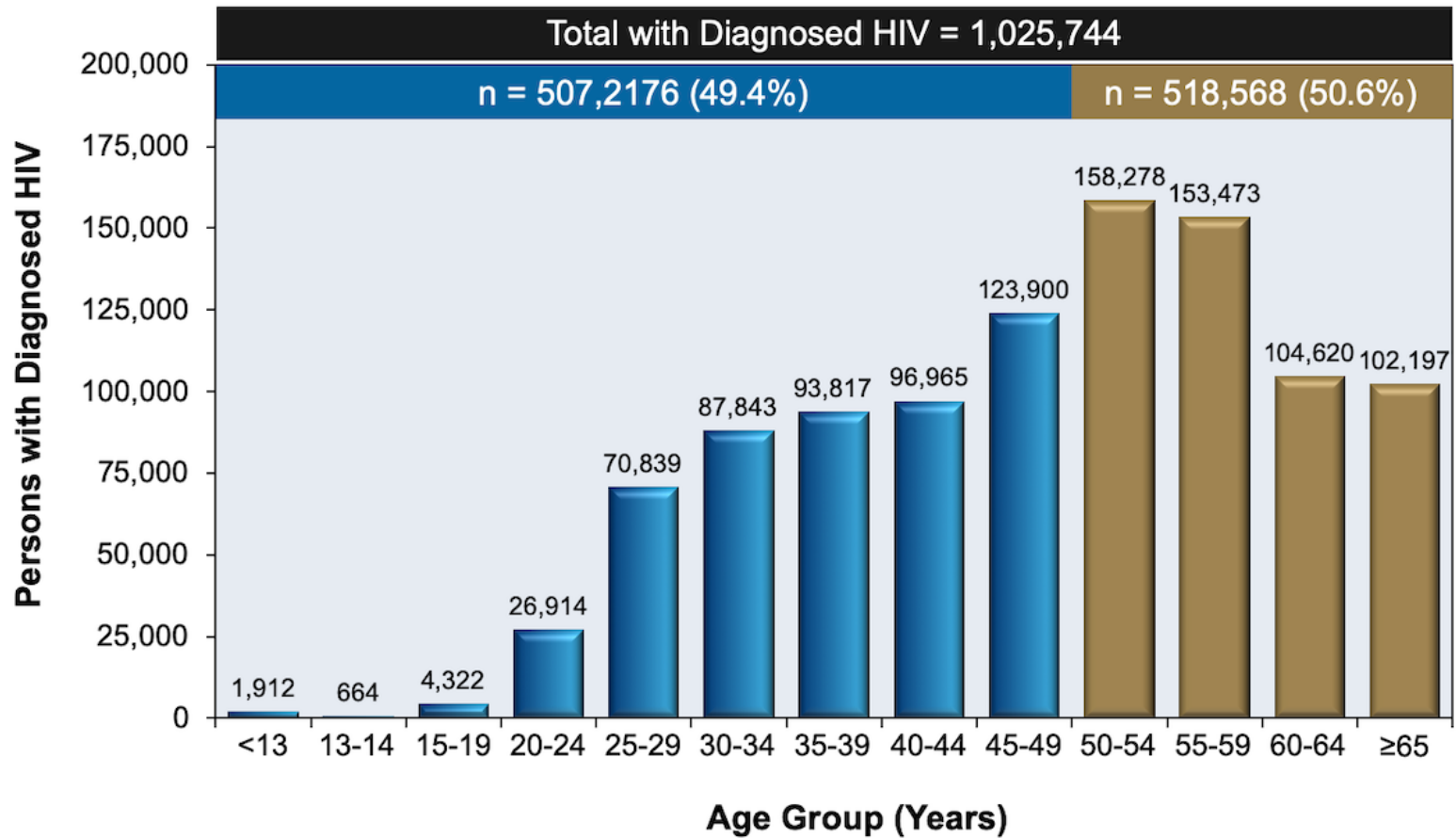
COVID-19:

29.7 million cases



550,000 deaths

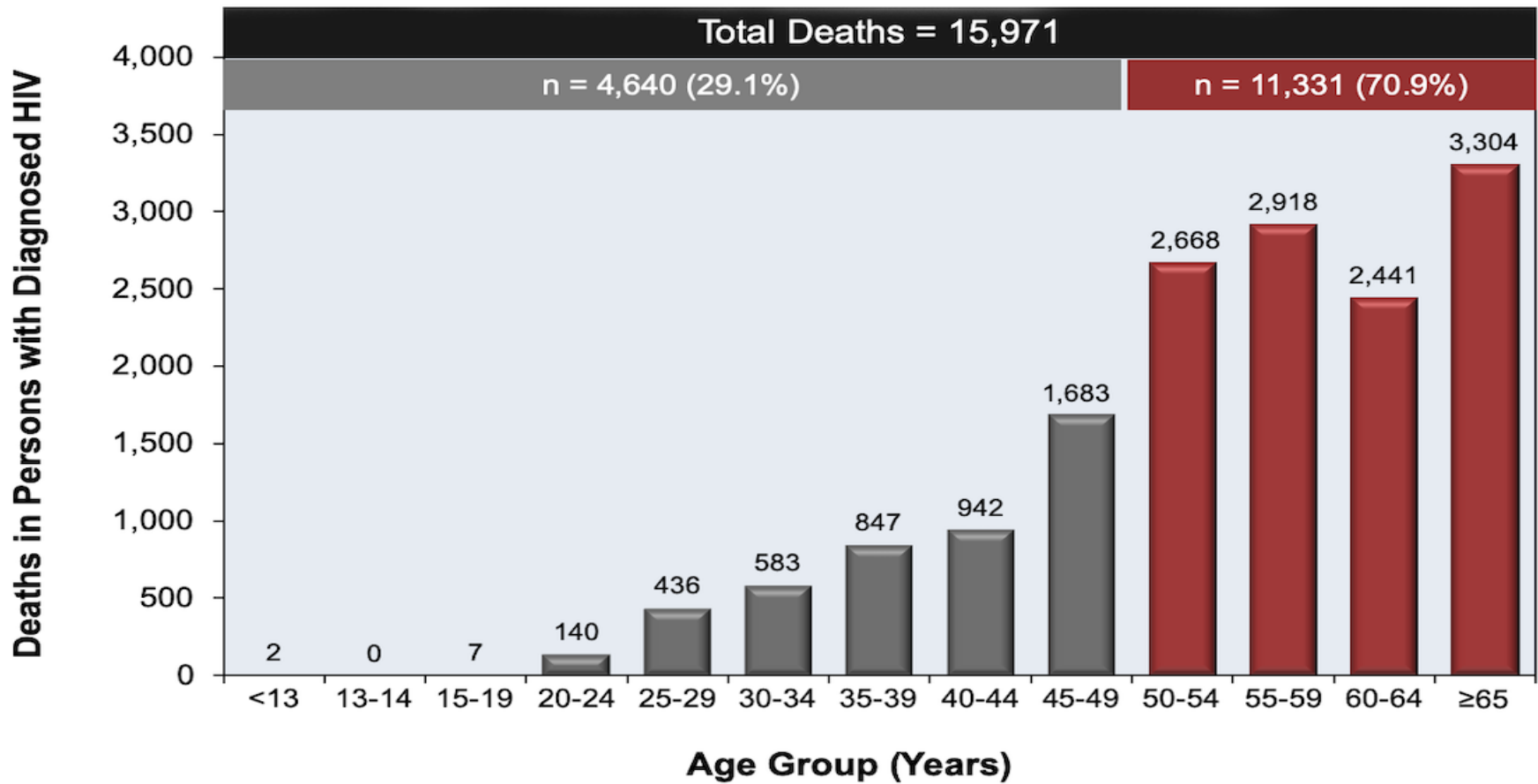
Changes in the HIV Landscape



Growing Older with HIV

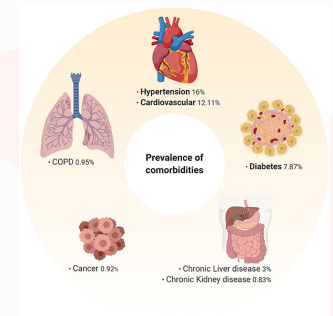


Death Rates



Comorbidities

- Cardiovascular
- Osteoporosis
- Renal Disease
- HAND (HIV Associated Neurological Disease)
- Obesity

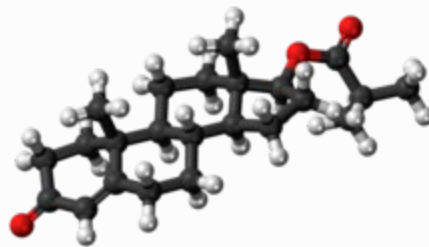




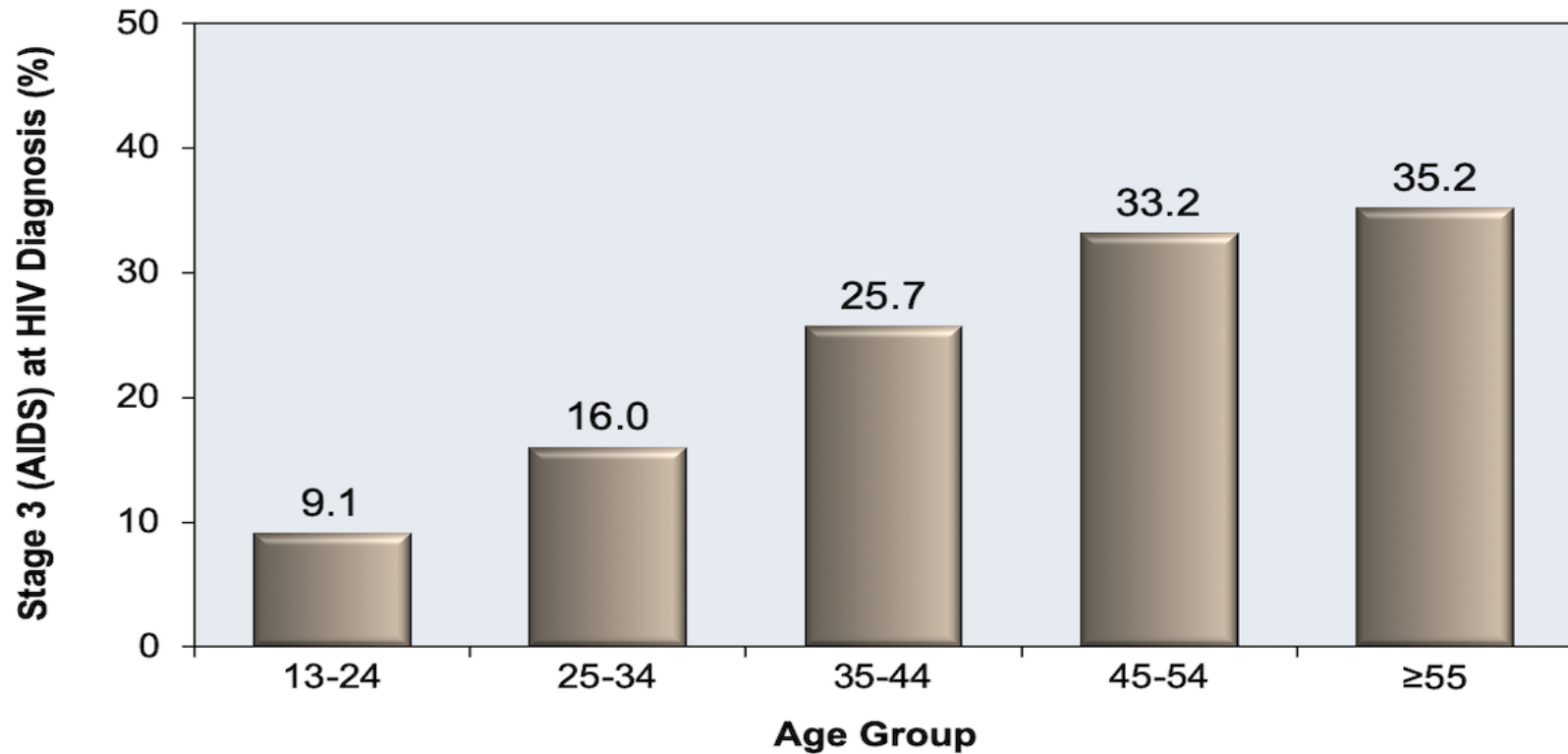
Fragility

1. Unintentional weight loss,
2. Self-reported exhaustion,
3. Low energy expenditure,
4. Slow gait speed, and
5. Weak grip strength

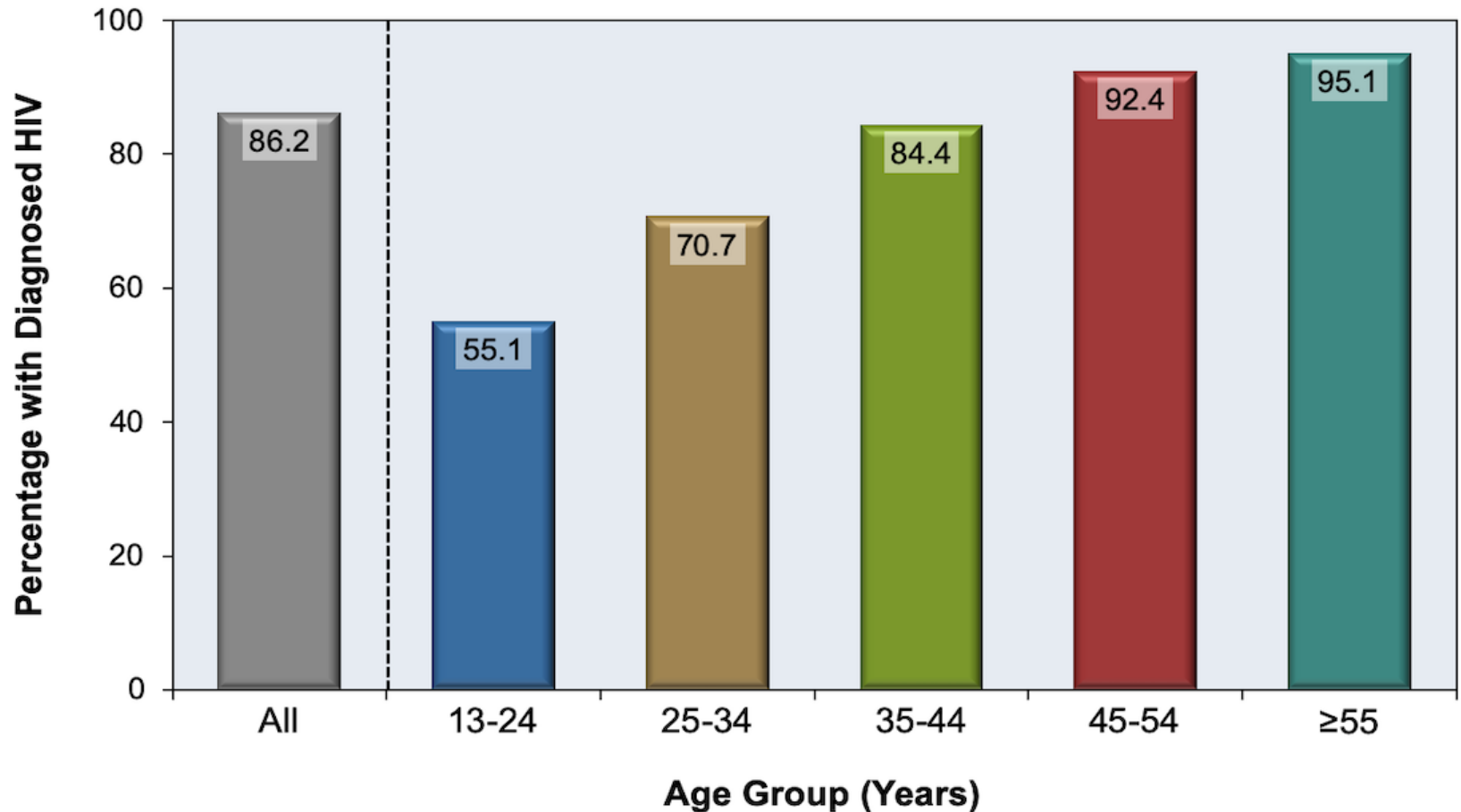
Testosterone Deficiency



HIV Diagnosis and Aging



The importance of Testing and Education





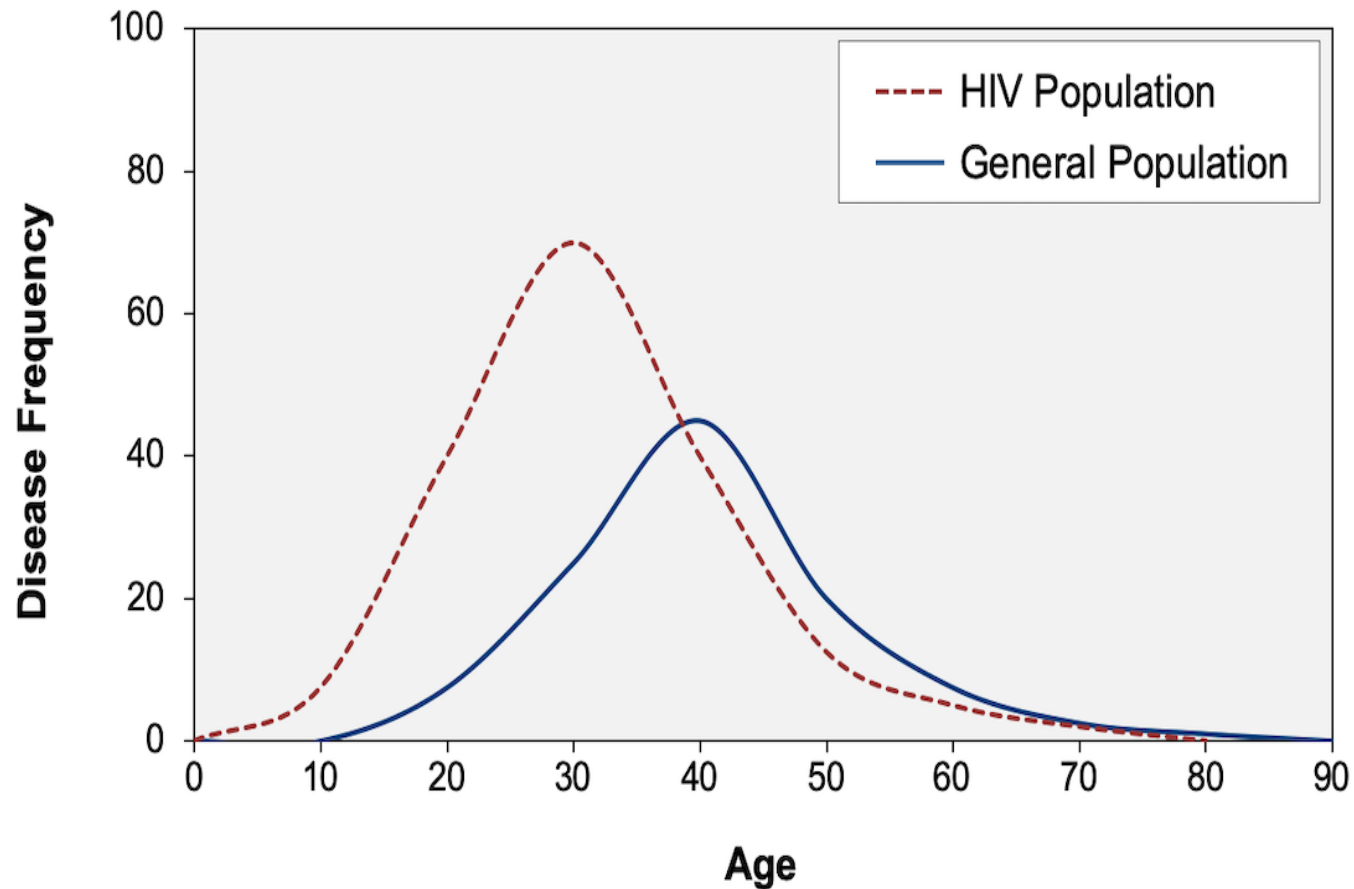
Does HIV Accelerate Aging

Does HIV make me age faster?”

or

“Am I going to die earlier because of HIV

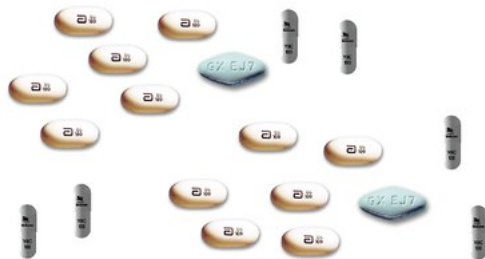
Does HIV Accelerate Aging



Selection of Antiretroviral Regimens in Older Persons

Antiretroviral therapy for HIV infection

In the 1990s



Up to 20 pills daily, taken at different intervals throughout the day

Today



As little as 1 pill per day, delivering multiple drugs

#35YearsOfAIDS

INITIATING ANTIRETROVIRAL THERAPY IN PERSONS OLDER THAN AGE 50

The Adult and Adolescent ARV Guidelines recommend initiating antiretroviral treatment in all persons with HIV, including persons 50 years of age and older, regardless of the CD4 cell count. There are multiple reasons to justify starting antiretroviral therapy in all persons with HIV who are older than 50 years of age:

1. Older persons with HIV have greater risk of developing non-AIDS complications than younger persons with HIV,
2. Older persons with HIV often have a blunted immunologic response to antiretroviral therapy,
3. Chronic HIV may cause accelerated development of comorbid conditions that are common in older persons,
4. Persons older than 50 years may have significant risk of HIV transmission due to unfavorable changes in mucosal surfaces and infrequent use of condoms (due to lack of concern for pregnancy).
5. Antiretroviral therapy substantially reduces mortality in older persons with HIV. The mortality benefit conferred by antiretroviral therapy was in large part due the prevention of cardiovascular, renal, and hepatic events (and not just due to the prevention of AIDS-related events), a finding particularly important with older persons.

COVID-19 and HIV

- Researchers are still learning about COVID-19 and how it affects people with HIV. Based on [limited data](#), scientists believe people with HIV who are on effective HIV treatment have the same risk for COVID-19 as people who do not have HIV.
- **Older adults** and **people of any age who have serious underlying medical conditions** might be at [increased risk](#) for severe illness. This includes people who have weakened immune systems. The risk for people with HIV getting very sick is greatest in people with a low CD4 cell count and people not on effective HIV treatment (antiretroviral therapy or ART).
- Read CDC's FAQs about [COVID-19 vaccines and people with HIV](#) and [steps people with HIV can take to prevent getting COVID-19 and transmitting it to others](#)

The Importance of Support Services

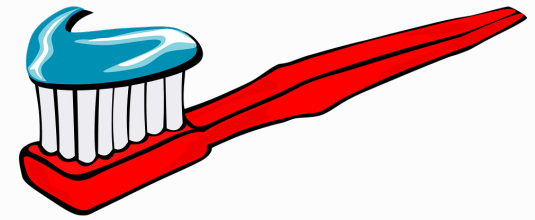




HIV and Oral Health

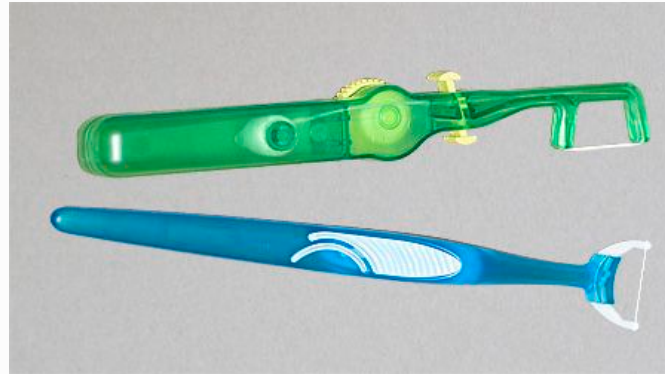
- People with human immunodeficiency virus (HIV), the virus that causes acquired immunodeficiency syndrome (AIDS), are at special risk for oral health problems.
- People with HIV/AIDS have an increased risk for oral health problems because HIV/AIDS weakens the immune system and makes it harder to fight off infection.
- The relationship between oral health and overall health is well established.

Basic Oral Health Care



Home Oral Care Recommendations to Reduce the Risk of Caries and Gum Disease Advise all patients to:

- Brush teeth twice a day with fluoride toothpaste
- Clean between teeth daily
- Eat a healthy diet that limits sugary beverages and snacks
- See a dentist regularly for prevention and treatment of oral disease
- For patients with increased risk of gum disease, consider mouth rinse or toothpaste with proven antimicrobial activity
- For patients with increased risk of caries, consider fluoridated mouth rinse
- For patients who struggle to clean between their teeth, consider what interdental cleaning tool might be best
- For patients seeking or needing improved plaque removal, consider a power toothbrush
- Discourage practice of do-it-yourself orthodontic treatment
- Recommend that patients drink fluoridated water
- Discuss tobacco cessation (smoking and smokeless tobacco)
- Recommend that patients avoid oral piercings



Summary Points

- Approximately 50% of all persons with HIV in the United States are 50 years of age or older.
- Current CDC guidelines recommend routine HIV screening for persons aged 13 through 64 years, but do not address HIV screening for persons 65 years of age and older.
- Persons who are older than 50 years of age tend to underestimate HIV risk acquisition.
- Older persons with HIV have higher rates of comorbid conditions than persons without HIV and many older persons with HIV have multimorbidity that requires taking many non-antiretroviral medications.

Summary Points

- The Adult and Adolescent ARV Guidelines recommend initiating antiretroviral therapy in all persons with HIV, including persons with HIV who are 50 years of age and older, regardless of CD4 cell count or HIV RNA level.
- Older adults with HIV have a less robust immune response to antiretroviral therapy than younger adults despite equally good, if not better, rates of virologic suppression.
- Many of the common age-related, non-AIDS conditions play a major role in the clinical management of older persons with HIV.
- Engage clients in oral health care services



thank you!