1st GERIATRIC HIV MEDICINE SUMMIT

future challenges in the HIV management of elderly

Research, clinical aspects, tools and management proposals for aging well

Scientific Programme

Rome, February 5–6, 2018
Grand Hotel Palatino

Deadline for abstract January 14, 2018

www.geriatricsummit2018.com

Chairs
Antonella Cingolani, Rome
Giovanni Guaraldi, Modena
Simone Marcotullio, Rome

Con il patrocinio di

AnlAIDS
agedo
ARCIGAY
ARCOBALENO AIDS
ASA
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C.I.C.A.
CICS
COORDINAMENTO NAZIONALE COMUNITÀ DI ACCOPPIAMENTO

Gay Center
Insieme
Legion
Mariamieli
Nadir
NPS
Plus

COORDINAMENTO ITALIANO DELLE CASE ALLOGGI PER PERSONE CON HIV/AIDS
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Cristina Mussini, University Hospital of Modena and Reggio Emilia, Modena
Filippo von Schloesser, Nadir Onlus, Rome
Maria Caterina Silveri, Catholic University, Milan
Alan Winston, Imperial College London (UK)
Giuseppe Zuccalà, Catholic University, Rome
Rational

Antiretroviral therapy has enabled people to live long lives with HIV. Modelling now suggests near normal longevity, especially for those who did not acquire HIV via injection drug use and who have restored or maintained CD4 counts. In particular, recent models from the Netherlands predict that > 70% of HIV-infected patients will be 50 years of age or older by 2030 and 28% of people living with HIV (PLWH) will have at least three age-related comorbidities.

In light of this changing epidemiology, HIV providers must recognize and manage this new picture of the disease. In fact, in addition to multiple comorbidities (multimorbidity), the aging HIV population is at risk for geriatric syndromes, such as frailty, falls, delirium, and functional impairment. Moreover, the specificities of ARV principles in HIV elderly population have to be considered.

Geriatric principles can help meet this new challenge, as preservation of function and optimization of social and psychological health are relevant to the care of aging HIV adults, even those who are not yet old. Nonetheless, the field is still in its infancy. Although other subspecialties have started to explore the role of geriatricians, little is known about their role in HIV care, and very few HIV clinics have incorporated geriatricians.

This workshop introduces:
1. Life expectancy’ versus ‘healthy life expectancy’: how to compress disability to advanced age
2. Operationalization of age as a health condition in clinical setting
3. Ageing Cohorts and HIV cohort: can they intersect?
4. Neurocognitive conditions in HIV and other disorders
5. Healthy aging and integrated care for older people:
   • Clinical and research perspectives
   • Examples of communication technology instruments for the patients’ follow-up
6. Italian Guidelines for HIV elderly populations: main ARV principles according to available data
7. Exploring Models of comprehensive geriatric assessment and management in HIV

Through the contribution of leading national and international experts, this event will offer reflections on this new matter, training HIV physicians, geriatricians, young doctors (both infectious disease and geriatricians), people belonging to patient advocacy groups in order to inspire future teams that are able to work together in view of creating a national network on the subject. The conference, therefore, is directed to specialists (infectious disease specialists, internists, geriatricians) and members of patient advocacy groups.
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<th>Time</th>
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<td>Registration</td>
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<td>12.00-12.30</td>
<td>Welcome and Reasons of the Workshop</td>
<td>A. Cingolani, G. Guaraldi, S. Marcotullio</td>
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<td>12.30-12.45</td>
<td>The older population in Italy: estimates and projections of an ageing nation</td>
<td>A. Cherubini</td>
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<td>12.45-13.00</td>
<td>A geriatric HIV model for 2030</td>
<td>D. De Francesco</td>
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<td>13.00-13.15</td>
<td>What centenarians taught us: from the Lab to the clinic</td>
<td>A. Cossarizza</td>
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<td>13.15-13.45</td>
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<td>14.30-16.05</td>
<td>2nd SESSION – Operationalization of age as a health condition in clinical setting</td>
<td>Chairs: M. Galli, F. von Schloesser</td>
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<td>14.30-14.45</td>
<td>The construct of Frailty and of Intrinsic Capacity in public health and clinical perspective</td>
<td>M. Cesari</td>
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<td>14.45-15.00</td>
<td>Which clinical measures should we use for clinical decision making in people aging with HIV?</td>
<td>G. Guaraldi</td>
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<td>15.00-15.15</td>
<td>The community comprehensive geriatric assessment: clinical assessment or public health intervention?</td>
<td>F. Landi</td>
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15.15-15.30  How to translate the HIV know-how of PROs in HIV geriatric medicine
15.30-16.05  Discussion
16.05-16.20  Coffee Break

16.20-17.30  3rd SESSION – Ageing cohorts and HIV cohort: can they intersect?
Chairs: A. Castagna, E. Girardi

16.20-16.35  The ICONA Foundation Cohort
A. d’Arminio Monforte
16.35-16.50  The POPPY Cohort
A. Winston
16.50-17.05  The GEPPO Cohort
A. Calcagno
17.05-17.30  Discussion

17.30-18.30  Wrap-up and discussion
A. Cingolani, G. Guaraldi, S. Marcotullio

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09.00-09.45  4th SESSION – Neurocognitive conditions in HIV and other disorders
Chairs: M. Andreoni, P. Cinque

09.00-09.15  The burden of neurocognitive impairment in older HIV people and role of cART
A. Antinori
09.15-09.30  Primary and secondary cognitive impairment: implications for infectious diseases
M.C. Silveri
09.30-09.45  Discussion
09.45-11.15  5th SESSION – Healthy aging and integrated care for older people:
            Chairs: C. Mussi, G. Zuccalà

1. Clinical and research perspectives

09.45-10.00  SPRINTT Study  E. Marzetti
10.00-10.15  INCHIANTI project  S. Bandinelli
10.15-10.30  Discussion

2. Examples of communication technology instruments for the patients’ follow-up

10.30-10.45  My Smart Age With HIV  A. Malagoli
10.45-11.00  SmartAPP Study  M. Bonato
11.00-11.15  Discussion

11.15-11.30  Coffee Break

11.30-12.45  6th SESSION – Antiretroviral therapy prescribing principles in the elderly
            Chairs: A. Lazzarin, S. Marcotullio

11.30-11.45  General prescribing in the elderly: iatrogenic triad and cART  C. Marzolini
11.45-12.00  TAF vs tenofovir-sparing  A. Di Biagio
12.00-12.30  Booster vs non booster, STR vs dual  S. Bonora
12.30-12.45  Discussion

12.45-13.45  Lunch

13.45-15.45  7th SESSION – Selected Oral Communications from Call for Abstract
            Chairs: M. Cesari, A. Cherubini, G.M. Corbelli, G. Di Perri, G. Guaraldi

15.45-16.15  Conclusions  A. Cingolani, G. Guaraldi, S. Marcotullio
General Information

Conference Venue
Grand Hotel Palatino
Via Cavour, 213 - 00184 Rome
www.hotelpalatino.com

CME Accreditation
The Summit has been accredited to the Italian Ministry of Health - Id Number 150-210908 - for 11 CME Credits, for the following professionals:
Medical Doctor - Infectious and Tropical Diseases; Hygiene, Epidemiology and Public Health; Microbiology and Virology; Allergology and Clinical Immunology; Internal Medicine; Gastroenterology; Geriatricians; Psychiatry; Pharmacology and clinical toxicology.
Biologist.
Psychologist – Psychotherapy; Psychology

Obtaining credits
Participants
To obtain credits, registered participants are required to:
• wear the identification badge during working sessions
• provide their signature and write entrance/exit times before and after attending working sessions
• complete assessment and satisfaction questionnaires.
Speakers
Speakers will be given 1 credit for each half-hour of consecutive teaching.
Speakers and moderators can receive credits as Participants.

Attendance Tracking
The attendance of participants will be tracked by asking them to put their signature at the start/end of each day, and to complete the assessment and satisfaction questionnaire.

CME Certificates
Credits will be given only if a participant attends 90% of the teaching event and provides correct answers to at least 75% of the questions included in the final assessment questionnaire. Participants are also required to provide their signature for attendance tracking purposes and to complete the satisfaction questionnaire. Accreditation will be documented by the Provider in CME certificates that will be sent to participants.

Official languages
Italian and English. No simultaneous translation provided.

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