

ANALYSIS OF THE PROFILE OF PEOPLE LIVING WITH HIV AGED 50 AND OVER AND THEIR ANTIRETROVIRAL THERAPY TREATED IN A FEDERAL HOSPITAL IN THE MUNICIPALITY OF RIO DE JANEIRO

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Introduction

With the advent of antiretroviral therapy (ART) and its evolution over time, the survival of many people living with HIV (PLHIV) has increased, allowing them to age into older adulthood. In 2015, among the 36.7 million people living with HIV worldwide, approximately 5.8 million (15.8%) were 50 years or older (UNAIDS, 2016). As this population ages, the health issues related to aging and the chronic nature of the disease increase, with non-communicable chronic diseases becoming increasingly associated with morbidity and mortality in this group, altering mortality patterns [1,2,3] and morbidity rates. PLHIV on ART commonly experience multimorbidity (HASSE et al., 2011; WONG et al., 2018), which can affect quality of life, lead to polypharmacy, and heighten risk factors for frailty and mortality [4,1,5].

In this context, the Clinical Protocol and Therapeutic Guidelines for the Management of HIV Infection in Adults 2024 highlights the importance of addressing toxicity and the development of comorbidities in PLHIV on ART, emphasizing the need for lifestyle-oriented approaches, prevention, and management of non-communicable chronic conditions.

There is an increasing recognition within the national public health landscape of the pharmacist's role and the expansion of pharmaceutical care for these patients. Therefore, identifying the profile of antiretroviral pharmacotherapy dispensed in this unit for individuals aged 50 and older can contribute to guiding the pharmaceutical services and care provided to this group.

Material and Methods

This is a retrospective, descriptive study using longitudinal secondary data developed at the outpatient dispensing service of the Federal Hospital Cardoso Fontes, part of the Ministry of Health. This facility provides outpatient and emergency services of medium and high complexity and is located in the West Zone of Rio de Janeiro, RJ.

The data analyzed will relate to the dispensing of antiretroviral therapy (ART) for individuals aged 50 years or older who are registered in this unit for antiretroviral dispensing. The variables assessed will include age group, sex, race, education level, duration of registration in the system, and the ART regimens dispensed to these individuals. These secondary data are available in the Medication Logistics Control System (SICLOM), from which they will be extracted through reports generated by this platform. Data will be handled collectively and analyzed using Microsoft® Excel® 2010, with password protection to ensure the anonymity of participants and the non-identification of their personal information.

Subsequently, based on the obtained information, concepts, information, actions, and potential clinical strategies will be presented to support pharmaceutical care in the management of HIV in individuals aged 50 years or older, addressing their complexities. Relevant literature, including Clinical Protocols and Therapeutic Guidelines (PCDT), National/Brazilian Guidelines, Ministry of Health publications, and pertinent studies and research, will be reviewed, considering levels of scientific evidence.

The study population consists of people living with HIV/AIDS (PLWHA) aged 50 years or older who are on ART and registered in the aforementioned unit.

Results and Discussion

This study has been submitted to the research ethics committee (CEP) and is in the approval process with the CEP of the UDM institution, with the CAAE of 79617024.7.0000.5243. Thus, the data is still in the process of collection and analysis.

According to data from the unit in question, there are about 440 patients registered for the dispensing of ART at the unit, with approximately 55% aged 50 years or older. Therefore, it is estimated that the desired sample size will be 239 participants.

Conclusion

This work aims to identify the profile of elderly patients living with HIV registered at the UDM of a federal hospital in the municipality of Rio de Janeiro, as well as the profile of the therapy provided to them, in order to contribute to the care and management processes of the unit.

Acknowledgments

Brazil - Ministry of Health

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