Geriatrician Survey

The aging of people with HIV is a fact and it is estimated that it will increase due to the increase in life expectancy thanks to antiretroviral treatment. Older people with HIV have special characteristics that are important to consider. The aim of this study is to assess the knowledge and involvement of geriatricians in the management of older adults with HIV and HIV specialists' attitude towards a joint approach. To do this, we need to know the vision, training, and possible involvement of geriatricians as experts in the approach to the older adults.

Participation in the survey is entirely voluntary and not participating in it will not entail any detriment to you. In a second phase, publication of the survey results may be considered for the purpose of disseminating knowledge in this field and generating interest in improving health care for older people with HIV. Your voluntary participation in this survey constitutes your tacit consent to publication. Thank you very much for your participation

What country are you from?

- Canada
- Italy
- Mexico
- Spain

These first 4 questions are intended to highlight some of the peculiarities of older people with HIV that are important to be aware of.

1. At what age is a person with HIV considered "older"?

- 50 years old
- 65 years old
- 75 years old

2. Why do you think a person with HIV is considered "older" at that age?

- Because it is the retirement age
- Because of a higher prevalence of comorbidities at this age.
- Because of a lower and slower immunological recovery after ART at this age, and a higher prevalence of age-related comorbidities and geriatric syndromes.

3. What percentage of the total number of people living with HIV in the world is "older?"

- 10% of the total number of people living with HIV
- Between 20% and 30%
- More than 50%

4. In an older person with HIV on antiretroviral therapy with good virologic control, what has more impact on their survival: HIV status or frailty?

- HIV
- Frailty
- I don't know

The following 3 questions aim to know the weight that people with HIV have currently in the clinical practice of geriatricians.

5. How many patients with HIV have you had professional contact with (inpatient, outpatient, emergency department...) in the last year?

- One or none
- Between 2-10
- More than 10

6. When was the last time you asked an older adult for an HIV test?

- This month
- In the last 6-12 months
- I don't remember

7. Do you feel confident evaluating patients with HIV?
- I feel confident
- I do not feel confident

The following questions are aimed at knowing the vision of geriatricians regarding the approach in clinical practice of older people with HIV considering their peculiarities

8. What do you think should be the criteria for referring a person with HIV to a geriatrician's office for a comprehensive geriatric assessment?

- Age. Patients over 65 years of age should be referred
- Age. Patients over 75 years of age should be referred
- Age. Patients over 85 years of age should be referred
- The presence of frailty and/or geriatric syndrome.
- None

9. Do you think that geriatricians should collaborate in the multidisciplinary approach to older people with HIV?

- Yes, in all cases
- Yes, in selected cases
-I do not think it is necessary

10. Do you think it is necessary to consider a change in the model of care for older people with HIV?

- Yes, I think it should be multidisciplinary (different specialists involved) and organized differently.
- No, I think it is not necessary
- I do not see it feasible in my hospital or in the current system.

11. Do you think geriatricians have the necessary training to make recommendations for HIV care?

- Yes, there is no need for specific training.

- No, and therefore we should not assess them
- No, we would need to know the particularities of older people with HIV.

12. Would you like to have the educational program on contemporary HIV management?

- Yes, I would
- No, I am not interested in this field.
- I don't see it as useful because I don't need it in my usual clinical practice.