Adolescents with HIV Transitioning to Adult Care

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Learning Objectives
Upon completion of this presentation, learners should be better able to:

• Summarize the global threat of HIV among adolescents
• Identify the challenges related to providing comprehensive medical care for adolescents with HIV
• Describe the challenges involved with transitioning adolescents living with HIV to adult care and strategies to overcome them
• Identify the challenges related to messaging U=U in the adolescent population and implication for patient care

Faculty and Planning Committee Disclosures
Please consult your program book or the conference App.

• I have no financial disclosures or conflict of interest

Off-Label Disclosure

There will be no off-label/investigational uses discussed in this presentation.
Adolescents Living with HIV is a Global Issue

- AIDS - #1 killer of adolescents (10-19) in Africa and #2 worldwide
- 2.1 million adolescents living with HIV worldwide
- Youth 15-24 are 37% incident infections: 380,000 new HIV infections yearly in youth (60% girls)
- Every hour, 26 new infections among youth 10-19

UNAIDS, 2017

HIV in the US

- 1.1 million people in US living with HIV
- In 2016, gay and bisexual men accounted for 82% of diagnoses among males aged 13 and older
- 13-34y: 64% of new diagnoses
- Racial disparities persist among 13-24 years old
  - African Americans: 54% (3,720)
  - Hispanic/Latino: 25% (1,751)
  - White: 15% (1,095)
- South had 52% of cases
- 1 in 7 (15%) adults are unaware of their infection
  - 52% of youth with HIV are unaware
- Average 2.7 years from infection to diagnosis

*U.S. Statistics / HIV.gov
*CDC Control and Prevention

ACTHIV 2019: A State-of-the-Science Conference for Frontline Health Professionals
Incidence of HIV Diagnoses among MSM Youth of Color

Men Who Have Sex With Men (MSM) accounted for 81% of youth newly diagnosed with HIV in 2016.

Of those, 79% were Young Men of Color, primarily in the South.


My mom doesn’t know I’m gay; don’t tell her I have AIDS.
#1. What percent of adolescents 13-24 yrs. are virally suppressed?

1. 50%
2. 37%
3. 27%
4. 48%
5. There is no accurate data for this age group

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CDC HIV Care Continuum  2017


Optimizing the Care Cascade: HIV Diagnosis and Linkage to Care

- Most HIV+ youth are asymptomatic
  - Need routine and targeted testing
    - Routine testing in pediatric and adolescent care clinics
    - Outreach-based (schools, communities, venues)
- Address consent and confidentiality with minors
  - Know the laws in your state
- Test all youth
  - Undisclosed sexual activity/abuse and perinatally infected
- Improve Referral and Engagement
  - Significant numbers of HIV+ youth are out of care
  - All testing sites should be centers for referral and engagement
  - Engage HIV negative and at-risk individuals into care

Optimizing the Care Cascade: Viral Suppression

- **Immediate treatment** – adherence can be difficult for children and adolescents
- **Medication dosing** – children and adolescents with HIV are still growing, dosing of medicine is based on weight or stage of development instead of age.
- **Psychological developmental issues**
  - Concrete and present-oriented thinking
  - Adverse events may seem intolerable
  - Meds rebellion as a form of independence
- **Mistrust providers** – trust misinformation from peers
- **Perinatally infected** – have unique needs
- **Viral suppression** – 13-24 is 27% and 25-34 is 37%

*CDC 2017*
I didn’t keep my appointments because I didn’t care. Now I love myself for the first time, I feel happy.
#2. Which of the following is NOT CORRECT about perinatally acquired HIV infection?

1. HIV-infected children may experience delayed puberty and adrenarche compared with similarly aged HIV negative children
2. A reported newly emerging group of congenitally infected children are first being diagnosed in adolescence.
3. The majority of perinatally infected adolescents enter healthcare as asymptomatic and with minimal immune dysfunction
4. Mental illness and substance abuse are important co-morbidities for adolescents regardless of mode of HIV acquisition
5. You can’t trick me, all the statements are correct.
Medical Problems of Perinatally Infected Youth

**Treatment**
- Lack of pediatric formulations and PK data (LADME)
- HIV drug resistance from serial mono therapy
- Poor adherence to antiretroviral therapy
- Adolescent independence vs lifelong treatment

**Complications Related to HIV or its Treatment**
- Central nervous system abnormalities
- Metabolic and cardiovascular disease
- Bone loss
- Renal disease
Challenges with LGBTQ Youth Living with HIV

- Same developmental tasks as all youth and most grow to be healthy adults
- Must develop healthy, integrated identity amidst negative stereotypes/prejudice, often without family support
- More susceptible to emotional distress, psychiatric morbidity, multiple disparities, stigma, abuse, violence, isolation, suicide
- Particular challenges of TG youth: childhood to adolescents
- Sexuality and healthy relationships

LGBTQ-Friendly and Knowledgeable Care

Welcoming environment
- Cohort youth to same day
- Signal you are happy to discuss gender & sexual identity
- Challenges of EMR: Gender and orientation
- Include LGBTQ imagery in materials
- Gender neutral bathrooms

Confidentiality
- Assure patients of confidentiality (EOB)
Transitioning
Youth aging into / out of adolescent care

- Facilitate transition from supportive to independent and responsibilities from parent/provider to patient
- Promote growth, self-expression and personal decision making
- Choose adult clinic with multidisciplinary services
- Traumatic for youth to leave trusted providers
- Uncomfortable in the presence of adult patients
- Consider phased transition (*Case Manager, *GYN)

What’s your plan for transitioning adolescents?
Adolescent Readiness to Transition Survey

- There is NO standardized assessment or “Transition Team” for transition readiness in adolescents with HIV
- Readiness is multifactorial and also depends on the age of diagnosis.
- We hold on to adolescents too long or not long enough
- Adolescents with HIV should receive medical care in an adolescent clinic or by a pediatrician / adolescent clinician within a multispecialty clinic (Specialty Team)
- ARTS
  - Assess adolescents during early and late adolescence
  - Screen for substance abuse, mental health concerns
  - LGBTQ, sexually active, birth control, reproductive desires
  - History of adherence challenges
Undetectable = Untransmittable

- U=U works for sustained “undetectables” adherent to ART and retained in care
- How big is this population?
  - NYC: Overall, 74% of all estimated PWH were virally suppressed in 2017 (2017, NY Annual Surveillance report)
- Youth less likely to sustain VLS
  - How do these estimates reflect U=U potential?
- Many vulnerable to being detectable
  - Uninsured individuals on the rise
  - Personal and structural instability
  - Newly infected linked to care
  - Youth
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