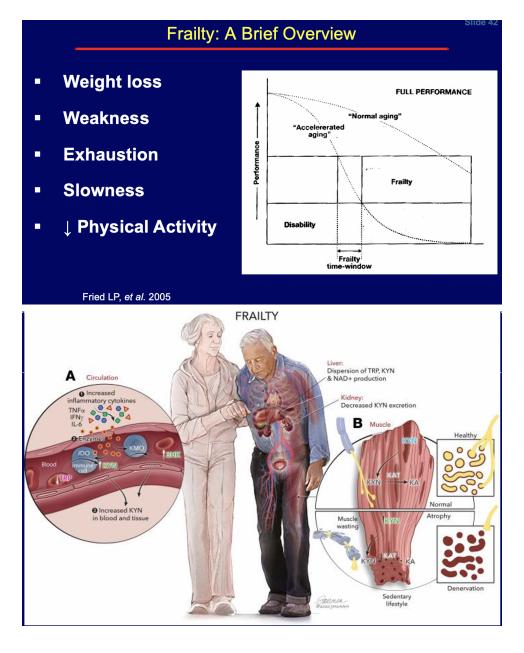
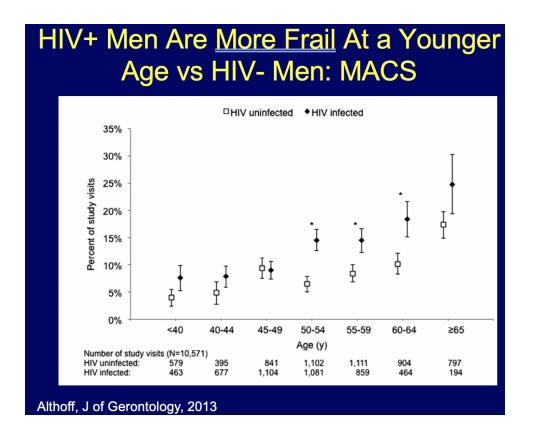
#### **Risk factors for Frailty in PLWH**

I would add low nadir CD4, history of IDU-heroin or cocaine use, muscle eating (sarcopenia) as possible contributors. Jules

slides from NATAP webinar talk on Frailty by Kristine Erlandson.

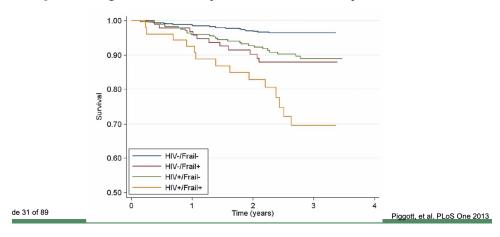


In MACS Cohort HIV+ MSM >65 had 25% frailty vs 15% for HIV-negative.

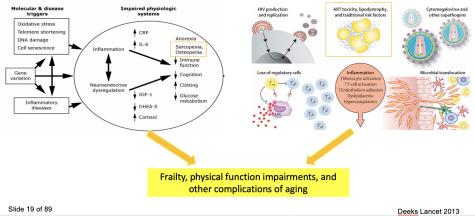


Westbrook, JCI, 2022

# Frailty is Associated with Lower Survival, Especially in PWH (ALIVE Cohort)



## What Factors Contribute to Frailty/Physical Function Impairment in HIV?



## Does Lipodystrophy (or similar fat changes) Contribute to Frailty

- Higher waist-to-hip ratio (marker of lipoatrophy of hip muscles, lipodystrophy abdomen) was associated with frailty
- Higher body mass index, greater fat mass, and trunk fat with lipodystrophy associated with frailty among older women with HIV
- Higher waist circumference associated frailty among older men with HIV

Kooij, AIDS 2016; Shah JAGS 2012; Hawkins AIDS 2018

#### Do These Factors Contribute to Frailty in HIV?

- HAILO Cohort, n ~ 1000, age 45 and older, >90% undetectable VL
- Frailty:
  - Age
  - Education
  - Insurance
  - Obesity
  - Lower physical activity
  - Initial randomized NNRTI
  - Smoking
  - Neurocognitive impairment

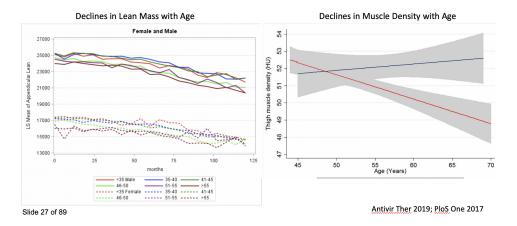
Modifiable risk factors:
Smoking, weight, and physical activity

ART may play a role

NOT comorbidity driven

Excellent review in Brothers, TD, et al JID 2014 Frlandson, JID 2017

### Muscle Changes in HIV with Aging



# What do we know about ART on skeletal muscle mass & function?

- ART initiation typically associated with lean body mass gain (estimate of muscle mass) "return to health"
- Follow-up scans 7 years later found that after the initial ~ 3 years, lean body mass declined with ART (A5318)
- Re-read CT scans for area and density of the trunk (back/abdominal muscles)
  - The total muscle area increased, but not the 'lean' part of the muscle
  - Significant decreases in muscle density (ie, ↑↑ fat)
  - Gains in lean mass with initial ART may represent an increase in lower quality, fat-infiltrated muscle with ART

McComsey Clin Infect Dis 2016; Grant, et al. under review; Yaresheski, J Gerontol Biol Sci 2011

### What Happens to Muscle with Age?

- Decline in muscle quantity (mass) and quality (function) begins
   age 30-40
- Decline in function (such as strength) happens before a muscle mass decline
- Loss of both function and mass = sarcopenia, which is a strong predictor of increased morbidity and mortality
- Aging is also associated with increased fat within the muscle

## Frailty or Physical Function Impairment may Predict Falls in Middle-Aged/Older Adults with or at Risk for HIV

Recurrent falls in ~ 30-40%

#### Falls associated with

- Difficulty with balance
- Exhaustion (from frailty)
- Weight loss (from frailty)
- Diabetes
- Medications:
  - Antidepressants
  - Opioids
  - Didanosine
  - Sleeping pills

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#### Falls in MACS Associated with:

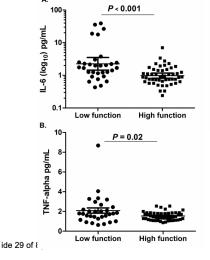
- Time to stand
- Pre-frailty (but not frailty)
- · Confidence with balance

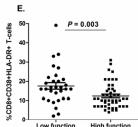
#### Falls in WIHS Associated with:

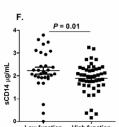
- Frailty
- Exhaustion (from frailty)
- · Weight loss

Erlandson JAIDS 2012; Erlandson JAIDS 2019; Sharma Antivir Ther 2019

### **Inflammation and Immune Activation**







 Markers of inflammation and immune activation were significantly greater among frail vs non-frail participants

Erlandson KM, et al JID 2013