

# Projecto "Pela Sua Saúde" ("For your Health" Project)

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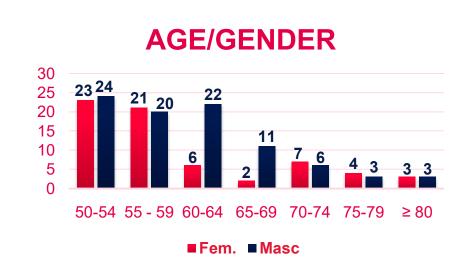
#### Introduction

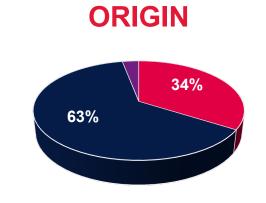
- Due to a lesser imunologic response, certain pathologies of aging, might appear earlier on, in people that live with HIV (from 50 years forward);
- Therefore, and namely in people with low health literacy, economically deprived and/or with low or non existing family support, it is required a closer accompaniment, to ensure the adherence and abidance in HIV and comorbidities treatments, allowing a better life quality.

## **Methods**

- Total of 123 persons infected with HIV and diagnosed with comorbidities, many of which with multipathologies.
- Residents in the county of Amadora and Sintra, 55 females and 68 males, with ages between 50 and 92 years old.
- Mostly migrants, of African origins, highlighting those from Guinea-Bissau (48%) and those from Cape Verde (43%).
- Unable to autonomously manage their pathologies, by motif of physical or mental dependency, economic dependency, absence or unavailability of family and/or that by the devaluation of their health situation.
- Control of the therapeutic was done by Directly Observed Therapy (DOT) or weekly organization of it. This decision was made acording to every person own situation, orientation wise, adherence capability, sociocultural and familiar context.
- The support in the trip to the hospital or other health facilities, and the escort and attendance to analysis and appointments and/or other exams, was just not a fundamental part, but also extremely determinant in acheiving the goals of this project: ensure the therapeutic adherence (HIV and others) and the compliance of appointments and analysis.
- The project lasted 1 year (2/4/2018 to 1/4/2019) and it was financed by ViiV Healthcare.

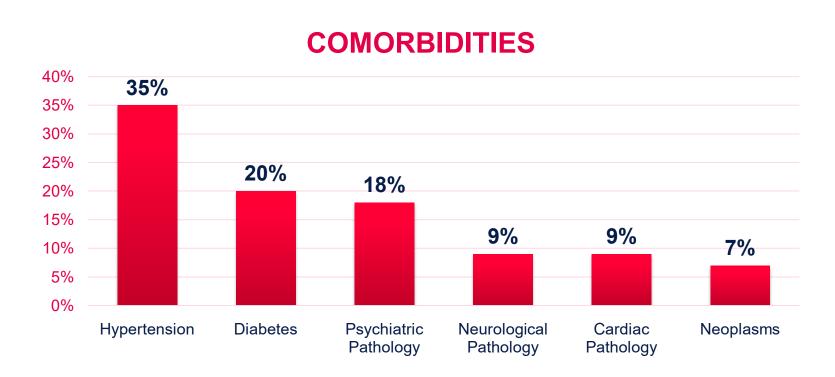
### **Graphic 1 and 2. Population Characterization**





#### ■ PORTUGAL ■ AFRICA ■ OTHERS

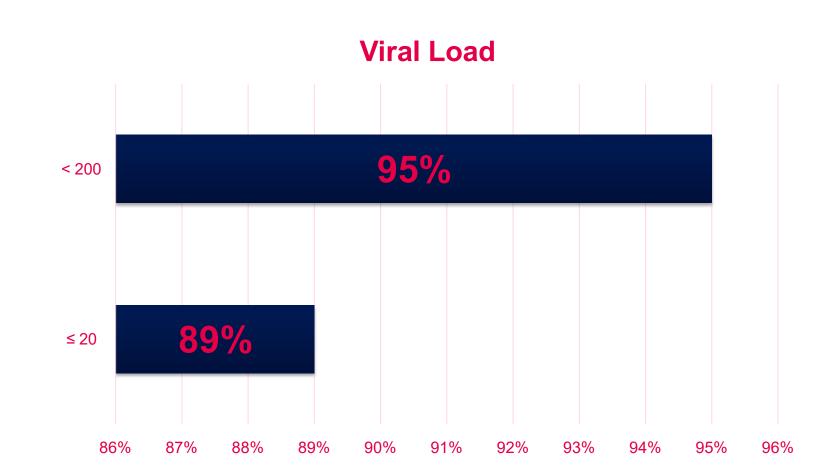
#### **Graphic 3. Population Characterization by Comorbidities**



#### Results

- The majority of the people (95%) reached and/or maintained a Viral Load (VL) under 200 copies, 89% with undetectable VL (≥ 20 copies).
- Also, 77% of people with high VL in the beginning of the project reached undetectable VL.
- Of the 6 persons with VL> 200 copies, only 2 had values above 1000.
- Of the total of 123 persons, 27 of them had DOT support, and the remaining 96 had their medication weekly organized and delivered at home.
- Regard to the apointments and exams: 88% were accompanied by us, and 66% had support to get to the hospital and other health facilities.
- Hypertension and diabetes were the comorbidities with higher prevalence, therefore were monitored regularly;
- People whith psychiatric and neurological pathologies were the ones that raised bigger concerns and care, due to the bigger dificulty on getting them to comply with the treatments, 3 of them did not have suppressed Viral load (2 over 600 copies and 1 with just a little over 200).

#### **Graphic 3. Results – Viral Load**



## **Discussion/ Conclusions**

- An exexhaustive work was made namely with the elderly and with the psychiatric and/or neurological patients, but the goals were achieved.
- The proximity work that was done with this persons, promotes the health literacy, prevents the aggravation of health condition and contributes to public health.
- It is extremely important to continue to provide this type of care to the population with the characteristics presented in this study, increasing proximity and health education methodologies, particularly regard to HIV.

Acknowledgments
ViiV Healthcare