Adolescence and HIV: Whatever or What-about-me?

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Adolescents
- Think they know everything
- Are irrational
- Are socially immature
- Are irresponsible and unreliable
- Don't understand where we're coming from

Adults
- Think they know everything
- Are bossy and overbearing
- Think we're immature
- Have never had sex or got drunk
- Don’t understand where we’re coming from

Issues affecting HIV-infected teenagers
- Long term HIV
- Long term ART
- Adherence
- Disclosure
- Risk-taking
- Psychosocial issues
1. Long term complications of HIV

The issue

- Poor access to ART
  - Effects of HIV at critical times in development
    - Neurological
    - Poor growth, delayed puberty
- Good access to ART
  - Complications of low grade HIV replication
    - Cardiovascular, bone, renal

How to address it

- Cure!
- Improved access to ART for all
- Monitoring for complications
  - Lipids, urine albumin, bone mineral density
  - Retention in follow up
- Management of complications
  - Lifestyle management
  - Drug management


2. Long term complications of ART

The issue

- Lipodystrophy and dyslipidaemia
- Insulin resistance and diabetes
- Bone disease
- Mitochondrial toxicity – lactic acidosis, cardiomyopathy, neuropathy, pancreatitis

How to address it

- Monitor for side effects
  - Lipids, fasting glucose, lactate, urine albumin, bone minerals
  - Start with newer drugs
    - Eg tenovir > AZT > d4T
  - Switch to newer drugs
    - Eg raltegravir


2. Long term complications of ART

The biggest issue

… not taking ART
- Replicating virus
- Development of mutations
- Permanent class resistance

3. Adherence (or lack thereof)

The issue

- Every chronic disease in adolescence
  - Can’t see long term benefit
  - Want to be the same as their peers
  - Other things become more important
  - Stigma of being seen
- Side effects, esp affecting appearance and body image
3. Adherence (or lack thereof)
How to address it
• Understand what is important to them
  • Change ART to minimise side effects
  • Drug breaks – PENTA 11, BREATHER2
  • Peers
• Make it easy – one tablet once daily
  • Atripla, eplivera – weigh against robustness
• Use of technology/social media
• Use of incentives

4. Disclosure
The issue
• Parental fear of consequences
  • Emotional, blame
  • May tell others – discrimination
• Risks of not disclosing
  • Decreased adherence/increased transmission
  • Decreased retention in follow up1
  • Harms psychological development

4. Disclosure
How to address it
• Process versus event
• Start early – aim to disclose by 12 years
• Age/stage/cognitive understanding/ART
• Support families eg MDT
• Documentation
• Repeat and check understanding

5. Risk taking
The issue
• Sex, alcohol, drugs – normal adolescence
• Born with an STI
  • Risk of transmission1
  • Disclosure issues2
  • Legal issues
• Alcohol and drugs heighten all risks
• IVDU and HCV co-infection

5. Risk taking
How to address it
• Talk about risks as with any adolescent
  • No parents
  • Ideally sexual health worker
• Support them to have safe sex
• Support them to disclose when necessary
• Understand the legal implications but don’t scare them

6. Psychosocial issues
6. Psychosocial issues

- Desire for independence
- Heightened emotions
- Difficulties linking in health care
- Sexual identity
- Puberty
- Difficulty retaining health care
- Privacy
- Disclosure
- Feelings of isolation
- Physical changes
- Complexities of transition
- Mental health issues
- Body image
- Risk-taking
- HIV

How to address it

- Listen to the teenager
- Multidisciplinary team
  - psychologist, sexual health worker
- Social networking
  - Social media, websites eg. HYPNet, game apps
- Peer groups
- Role-model buddies
- Camps

Whatever or what-about-me?

- Listen
- Respect
- Individualise
- Change expectations