Promoting rehabilitation for people living with HIV

Liz Stevens and Will Chegwidden report on a number of initiatives for OTs working in the field of HIV/AIDS

In 2010, the Rehabilitation in HIV Association (RHIVA) was formed by members of the COT Specialist Section – HIV/AIDS, Oncology and Palliative Care’s (COTSS-HOPC) HIV special interest group, along with physiotherapy (PT) and speech and language therapy (SLT) colleagues.

As part of RHIVA’s aim to promote OT and rehabilitation to the wider HIV clinical community, the group put together a promotional stand at the British HIV Association (BHIVA) national conference, in Birmingham last year, which is attended by around 800 medical, nursing, allied health and community leaders in HIV.

The conference gave the group not only the opportunity to promote the benefits of rehabilitation for people living with HIV to a range of health and social care professionals across the UK, but also a chance to reach out to HIV services that do not have dedicated specialist HIV OTs, PTs or SLTs.

Group members were able to meet medical and nursing staff from a number of clinics across the UK and give them information about RHIVA to take back to the therapists that work in their setting.

The number of people living with HIV in the UK increases year on year as new HIV infections continue, but mortality rates remain low. RHIVA, through its COTSS-HOPC members, is keen to support OTs who are working with service users living with HIV in community rehabilitation teams, acute medical wards, vocational rehabilitation services and elsewhere.

New national standards

The British HIV Association (BHIVA) Standards of care for people living with HIV (2013) was launched on 29 November 2012.

This important update of the 2007 standards include considerably expanded recommendations for rehabilitation and, in particular, OT, giving recognition of the growing numbers of people living with HIV in the UK requiring rehabilitation and therapy services. RHIVA was one of 15 co-badged organisations that authored the standards.

The standards lay out the minimum standards a person living with HIV can expect in England and Wales from health, social care and other providers and have been updated with the changing commissioning landscape in mind.

The RHIVA executive committee worked closely with the authoring teams to ensure that therapies and rehabilitation were represented throughout the standards, which now include new recommendations in the following areas: that HIV inpatient services include access to dietetic, PT, OT and SLT services, including assessment and provision of inpatient rehabilitation; that in community settings, where appropriate, there is referral to and interventions from OTs, PTs and SLTs...[to] facilitate aspects of self-management; specific recommendations around the assessment and rehabilitation of people living with HIV related cognitive impairment; and a recognition of the importance of appropriate mental health and social supports.

The standards also, for the first time, lay out minimum competencies for therapists working in different specialist and non-specialist settings with people living with HIV.

It recommends that in specialist settings that OTs have access to senior-level skills in neurological practice and in particular neurocognitive assessment and treatment, and be able to evidence continuous professional development activity related specifically to HIV.

The RHIVA executive committee is currently working on developing more detailed, specific standards for people living with HIV for rehabilitation professionals.

International HIV rehabilitation research initiatives

The Canada-UK HIV Rehabilitation Research Collaborative (CUHRRC) was set up in 2009, to foster international research within the field of HIV and rehabilitation. The HIV populations in Canada and the UK share many similar challenges and CUHRRC has been a vehicle to drive a number of research projects in this evolving area of practice.

In July 2012, RHIVA hosted a one-day symposium at North Manchester Hospital, where a CUHRRC founding member, Dr Kelly O’Brien, a clinical assistant professor from the University of Toronto, presented on a range of initiatives, including the development of the HIV disability questionnaire and the episodic disabilities framework.

Dr O’Brien also presented the comprehensive online manual e-module for evidence informed HIV rehabilitation, which many CUHRRC members contributed to (http://bit.ly/14BfjH).

Delegates heard about a range of exciting UK-based projects, including from OT Liz Stevens, who presented an update on research in developing neurocognitive norms at Birmingham Heartlands Hospital, and from PT Rebecca Mullins from Guys and St Thomas’, who presented on the relationship of medication adherence and exercise adherence in an outpatient exercise group.

Dr O’Brien and colleagues from CUHRRC have obtained funding from the Canadian Institute for Health Research for a two-day symposium in Toronto in 2013, with a range of invited speakers and participants from a number of different countries.

Topics include HIV in the older adult, outcome measures in HIV rehabilitation and HIV and neurocognitive rehabilitation.

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