Educating physiotherapy students on HIV and rehabilitation: An investment for the future

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Abstract

At present, thanks to advances in medicine, the life expectancy of people living with HIV continues to rise. However, as these patients begin to live longer, they are more likely to suffer complex health-related challenges of the infection, associated physical and physiological co-morbidities and potential adverse effects of treatment. The amount of education physiotherapy students receive on HIV and rehabilitation remains to be minimal. This editorial presents an interesting overview of this condition in relation to how future physiotherapists are going play a key role in the management of patients with HIV.

Keywords: HIV; Infectious disease; Physiotherapy Education; Rehabilitation

HIV within physiotherapy practice

HIV (Human Immunodeficiency Virus) is a prominent feature modern society. Presently, an estimated 36.7 million people live with HIV globally, with 103,800 of those in the UK (PHE, 2020) and current projections indicate by 2028 more than half of those living with the condition within the UK will be over 50 (NAT, 2016; Brown, 2018). The relevance of this to the future practice of the physiotherapist is crucial as there is strong indications within the literature showing that, as these patients begin to live longer, they are more likely to suffer complex health-related challenges of the infection, associated physical and physiological co-morbidities and potential adverse effects of treatment (Brien et al., 2014; Simonik et al., 2016). However, little research has been done on the implications of HIV rehabilitation training within the university setting and the associated benefits to future care of these patients within a multi-disciplinary approach, in addition to the key transferable skills within other chronic conditions.

HIV does not have the level of distinction compared to the big five conditions named within the NHS England strategy for sustainable long term condition services (cancer, diabetes, dementia, learning disabilities and mental health) (NAT, 2016). However, managing HIV should be considered a priority within this strategy as there is so much emphasis concerning prevention and early intervention, to diminish the probability of the progression of
serious long term conditions within the current literature (NAT, 2016; BHIVA, 2019). It could be purported that future strategic planning regarding this unique long-term condition would benefit from a review as this may have serious future implications financially, as well as at an individual point of contact level (NAT, 2016; BHIVA, 2019, Brown, 2018).

Moreover, HIV is within a unique category of chronic long term conditions. Care for HIV patients has been considered to have championed the patient centred approach to health care so widely embraced within the NHS however, complications arise due to the absence of knowledge within the general population, and the influence of stigmatisation on HIV positive individuals (NAT, 2016). Much of the emphasis towards treatment and effective long term care for these patients has deviated away from the responsibilities once held by the primary care physician, with a more holistic approach being sought after in terms of self-management, treatment-literacy and education, in addition to more regional level of peer support (NAT, 2016).

Financial constraints, alongside stigmatisation, continue provide an effective barrier to streamlined service – service user interaction however, current projections show promising developments within this area. As stated, emphasis is shifting to a more regional support network, with many CCG’s (County Commissioning Groups) gaining more devolved autonomy over financial distribution (PHE, 2020), owing to more targeted interventions at an early stage in the disease’ progression. This is a financially viable strategy that is more uniquely tailored to the demand of specific localities. However, many patients continue to show avoidance behaviours towards attending primary care physicians due to an over-emphasis on HIV diagnosis, rather than patient outcomes (NAT, 2016). Taking the above into account, an auspicious example of this shift in HIV management can be seen from the Living Well CIC ‘Positive Self-Management Programme’ (PSMP) (Well, 2019) which has provided a base for the introduction of the Expert Patients Programme (EPP) (NAT, 2016). Both of these schemes aim to provide pathways between HIV and generic health, raise awareness amongst the general public and provide a platform for discussion regarding medication, management of emotion, exercise and wellbeing, thus helping to break the cycle of stigma and discrimination and help to normalise the lexis surrounding HIV management (NAT, 2016).

Looking at the above, in combination with the current literature surrounding HIV management, it is clear that the need for widespread MDT influence into the management of these chronic-condition patients is growing, with physiotherapy showing tremendous potential to assist these patients both at a point of first contact post diagnosis, but also throughout the disease progression. This is evidenced by key developments such as the HIV Disability Questionnaire (HDQ) and the Episodic Disability Framework (EDF) used by physiotherapists which tracks the episodic nature of disability of HIV positive patients, taking into account six domains ranging from physical disability to impact on everyday life, giving constant feedback to the clinician whilst building a relationship with the patient (Bruce et al., 2017).

However, education within the university setting surrounding the management of HIV is non-existent. This is troubling when it is now known that physiotherapy has a positive impact on the progression of many of the physical and emotional problems, and quality of life, experienced by those suffering from the disease (O’Brien et al., 2020). Furthermore, currently research is well underway to explore the impact of disability experienced by HIV positive patients within in the UK which may highlight future impacts on healthcare provision (O’Brien et al., 2020; Brown, 2018).

**Take Home Messages**

- The introduction of HIV education and management to the curriculum for future physiotherapists will benefit future healthcare for, not only these patients, but those suffering from a range of chronic conditions.
Notes On Contributors

Mr Iain Lyndon BSc; Physiotherapy Student; Teesside University. Iain has an interest in infectious diseases. His previous degree explored the social stigmatisation influenced by the media in relation to HIV. His other research includes HIV education for healthcare students and the importance of physiotherapeutic interventions for patients with HIV.

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Jenny has a wealth of experience working in the clinical and academic sector. Jenny's research interests surround psychological education within physiotherapy training, goal setting practices and therapeutic alliance within ACL rehabilitation.

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Bibliography/References

BHIVA (2019) BHIVA guidelines for the routine investigation and monitoring of adult HIV-1-positive individuals. Available at: https://www.bhiva.org/file/DqZbRxfzYt1Lg/Monitoring-Guidelines.pdf (Accessed: 20/2/2020).

Brien, K. K., Solomon, P. and Bayoumi, A. M. (2014) 'Measuring disability experienced by adults living with HIV: assessing construct validity of the HIV Disability Questionnaire using confirmatory factor analysis', BMJ Open, 4(8), pp. e005456. https://doi.org/10.1136/bmjopen-2014-005456

Brown, D. (2018) Clinical update; HIV and growing older. Available at: https://www.csp.org.uk/frontline/article/clinical-update-hiv-growing-older (Accessed: 20/3/2020).

Bruce, R. D., Merlin, J., Lum, P. J., Ahmed, E., et al. (2017) '2017 HIVMA of IDSA Clinical Practice Guideline for the Management of Chronic Pain in Patients Living With HIV', Clin Infect Dis, 65(10), pp. e1-e37. https://doi.org/10.1093/cid/cix636

NAT (2016) HIV in the future NHS: What next for people living with HIV in England? London: National Aids Trust. Available at: https://www.nat.org.uk/sites/default/files/HIV_futureNHS_Dec16.pdf (Accessed: 3/4/2020).

O'Brien, K. K., Brown, D. A., Corbett, C., Flanagan, N., et al. (2020) 'AIDSImpact special issue – broadening the lens: recommendations from rehabilitation in chronic disease to advance healthy ageing with HIV', AIDS Care, 32(sup2), pp. 65-73. https://doi.org/10.1080/09540121.2020.1739203

PHE (2020) HIV in the UK: towards zero HIV transmissions by 2030, 2019 report.

Simonik, A., Vader, K., Ellis, D., Kesbian, D., et al. (2016) 'Are you ready? Exploring readiness to engage in exercise among people living with HIV and multimorbidity in Toronto, Canada: a qualitative study', BMJ Open, 6(3), pp. e010029. https://doi.org/10.1136/bmjopen-2015-010029

Well, L. (2019) Self-Management. London: Living Well International CIC. Available at:
Appendices

None.

 Declarations

*The author has declared that there are no conflicts of interest.*

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