Implementing Research into Practice
HIV Rehabilitation Services

Chelsea and Westminster Hospital
NHS Foundation Trust

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RHIVA
REHABILITATION IN HIV ASSOCIATION
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Contents

- HIV Rehabilitation services at Chelsea and Westminster
- HIV specific group Rehabilitation Programme
- The evidence being implemented into practice
- Patient experiences
HIV Rehabilitation Services

Chelsea and Westminster

Inpatient

Joint Therapy Team

Specialist Physiotherapist
Specialist Occupational Therapist
Senior Physiotherapist

Outpatient

Specialist HIV Outpatient Physiotherapy

1:1 clinic Kobler day Care
Kobler Rehabilitation Class
Hydrotherapy

Largest HIV Unit
In Europe

7,615
Outpatients
What is the Kobler Rehabilitation Class

- Supervised Group Exercise Class
  (Physiotherapy Led and assessed prior to attendance)

- Twice weekly (Tues/Fri) for 10 weeks

- For people living with HIV

- Aimed at people with impairments or limitations that restrict participation in regular physical activity

- HIV specific “Self-Management Programme”

- Outpatients and Inpatients

Started September 2012
Self-Management Programme

Fatigue Management
Pain Management
Stress and Relaxation
Continuing Physical Activity
General Nutrition and Healthy Diet
Living with HIV – Q&A
Goal setting
Confidence and Self-Management
Community Services and Support
Smoking Cessation

Occupational Therapist
Palliative Care Consultant
Occupational Therapist
Physiotherapist
Dietician
Advanced Nurse Practitioners
Psychologist
Psychologist
Charities Positively UK & Patient Forum
Nursing staff

Multi-Disciplinary Team

Standard 9:
Self-management

People living with HIV should be enabled to maximise self-management of their physical and mental health, their social and economic well-being, and to optimise peer-support opportunities.
Putting the Evidence into Practice

**Evidence**

- Aerobic exercise interventions for adults living with HIV/AIDS (Review)
  - O'Brien K, Nixon S, Tynan AM, Glazier R

- Progressive resistive exercise interventions for adults living with HIV/AIDS (Review)
  - O'Brien K, Nixon S, Glazier R, Tynan AM

- Filippa et al: Supervised exercise for people with HIV
  - Self efficacy in people with human immunodeficiency virus: A randomised controlled trial
  - Soula Fillipas¹, Leonie B Oldmeadow¹, Michael J Bailey¹ and Catherine L Cherry¹,²,³
  - ¹Prince of Wales Hospital, Sydney, Australia

- HIV Patient Characteristics that Affect Adherence to Exercise Programmes: An Observational Study
  - Andrea Petroczi¹,², Kim Hawkins³, Gareth Jones³ and Declan P. Naughton³

**Practice**

- Supervised group exercise
- Cardiovascular 60-80% HR-Max
- Resistance training 70% 1RM
- Flexibility and Balance
- Outcome measures
- Self recording

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Putting the Evidence into Practice

Adherence

Evidence

HIV Patient Characteristics that Affect Adherence to Exercise Programmes: An Observational Study
Andrea Petróczii, Kim Hawkins, Gareth Jones and Declan P. Naughton

Understanding how adherence goals promote adherence behaviours: a repeated measure observational study with HIV seropositive patients
Gareth Jones, Kim Hawkins, Rebecca Mullin, Tamás Népüsi, Declan P. Naughton, Paschal Sheeran and Andrea Petróczii

Practice

1:1 Clinic pre-screen
GAS Goal setting
Psychology input
Continued access to set goals
Patient Advocates
Breaking barriers - bring services to the patients (continuing physical activity session SMP)

Men 39%    Women 29%

Percentage of adults reaching government physical activity recommendations 2008

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Putting the Evidence into Practice

Self-Management

Evidence

Participation, Roles, and the Dynamics of Change in a Group-Delivered Self-Management Course for People Living With HIV

Anne Kennedy
Anne Rogers
Michele Crossley

- Performance attainment
- Empowerment
- self-management Vs increased patient responsibility
- safe-haven free from stigma
- collective wisdom derived from shared experience
- experiential learning

Collective defined need and host support may be more important than content/structure

Practice

- Semi-structured group sessions
- Clearly defined links with host services
- Multidisciplinary approach with Voluntary sector involvement
- Sign-posting
- Patient advocates
- Client driven service improvements

Standard 9: Self-management

People living with HIV should be enabled to maximise self-management of their physical and mental health, their social and economic well-being, and to optimise peer-support opportunities.
Putting the Evidence into Practice

Episodic Disability

**Evidence**

Outpatient Physiotherapy
(Harding et al, 2012)
poor physical function Vs well-being

**Practice**

Wide source of referrals

1:1 Vs Group

Drop-In service

Patient Advocates

Peer support via group

MDT and Voluntary sector
Conclusion

- Chelsea and Westminster is the Largest HIV Unit in Europe

- Providing specialist inpatient and outpatient rehabilitation services

- Outpatient services are implementing evidence into practice and developing services with innovative strategies in collaboration with service users