To prevent or delay disability, the following assessments are particularly important for older adults with HIV/AIDS:

- Total HIV and non-HIV disease burden and functional status
- Medication adherence, side effects, drug-drug interactions, need for dose adjustments
- Alcohol and substance use, including prescription drugs
- Mental and cognitive status
- Social support

**Screening Tools:**

- **Medication List and Adherence Verification:**
  - **Criteria for medication list:** including over-the-counter drugs, supplements, and complementary and alternative medications.
  - **Verify current pharmacy and check prescription pattern and fill dates:**
  - **Ask patients to bring medication to visits, compare with medication list, and perform pill counts:**
  - **Cross-reference information with home health agency or other caregivers:**
  - **Use of customized pill cards, pill boxes (for those who can fill them on their own), home delivery, prepackaging of medication, ‘easy-open’ containers:**
  - **Ensure that instructions on medication dosing are appropriately conveyed:**

**Screening Tools:**

- **Vision screen:**
  - **Blood panel:**

**TREATMENT TOOLS:**

- **Polypharmacy:** significantly increases the chance of serious drug-drug interactions, toxicity, and poor adherence.

**RECOMMENDATIONS:**

- **Polypharmacy** significantly increases the chance of serious drug-drug interactions, toxicity, and poor adherence.

**Screening Tools:**

- **Pain, range of motion, gait:**
  - **Activities of daily living:**
    - **Assess:**
    - **New symptoms and diagnoses:**
    - **Disease progression since last visit:**
    - **Screening Tools:**
      - **Pain, range of motion, gait:**
      - **Impaired vision:**
        - **Medication List and Adherence Verification:**
          - **Criteria for medication list:** including over-the-counter drugs, supplements, and complementary and alternative medications.
          - **Verify current pharmacy and check prescription pattern and fill dates:**
          - **Ask patients to bring medication to visits, compare with medication list, and perform pill counts:**
          - **Cross-reference information with home health agency or other caregivers:**
          - **Use of customized pill cards, pill boxes (for those who can fill them on their own), home delivery, prepackaging of medication, ‘easy-open’ containers:**
          - **Ensure that instructions on medication dosing are appropriately conveyed:**
Questions to Identify Depression (PHQ-2)

Over the past 2 weeks, how often have you been bothered by any of the following:

1. Feeling down, depressed, or hopeless:
   - 0 = Not at all
   - 1 = Several days
   - 2 = More than half the days
   - 3 = Nearly every day

2. Little interest or pleasure in doing things:
   - 0 = Not at all
   - 1 = Several days
   - 2 = More than half the days
   - 3 = Nearly every day

3. Difficulty falling or staying asleep, or awaking too soon:
   - 0 = Not at all
   - 1 = Several days
   - 2 = More than half the days
   - 3 = Nearly every day

4. Feeling tired, less able to do your daily activities:
   - 0 = Not at all
   - 1 = Several days
   - 2 = More than half the days
   - 3 = Nearly every day

5. Suicide thoughts:
   - 0 = Not at all
   - 1 = Several days
   - 2 = More than half the days
   - 3 = Nearly every day

For more qualified guidance for primary care clinicians, visit www.hivguidelines.org.