Reviewer’s report

Title: Advancing Research and Practice in HIV and Rehabilitation: A Framework of Research Priorities in HIV, Disability and Rehabilitation

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Reviewer: Stephen Karpiak

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Major Comp. Revisions

This paper defines the state of the HIV epidemic in well-resourced countries including Canada which is the origin of this paper.

The authors define/describe the issues/challenges which the enlarging aging HIV populations confront. Using a sample from a conference on HIV, qualitative data from a group of stakeholders was used to gather information that was employed to define a framework by which “rehabilitation” can optimally be used in order to achieve the best aging process for the HIV infected populations of older adults.

The scope of the effort is large which results in a manuscript that is at once far too broad in its statement of background and the definition of an operationalized framework. Too often it lacks needed detail.

Comments:

1. The paper is far too long and many sections are repetitions of prior concepts. It needs to be shortened and focused substantially.

2. There is no context for this effort. No data – epidemiology – is used to describe the present status of the epidemic in Canada. In the US 70-80% of older adults with HIV are Medicaid dependent. Returning to work would jeopardize their health coverage and benefits. What about in Canada?

3. “Rehabilitation” MUST BE DEFINED and DESCRIBED

4. Efforts to “rehabilitate” the HIV infected older adult with multimorbidity is again stated without context. Have these long-term survivors been previously “rehabilitated” when they were younger? What percent work? What is/was their work history? And given the challenges of multimorbidity what success with “rehabilitation” can be expected?

5. The authors often blur purpose – Page 11 – line 204: “The Framework includes...”. After reading this section it seems that it includes all things and invokes concepts such as “knowledge translation”. The authors state they want to inform clinical practice, yet in the next paragraph (Line 210) they state that clinical practice informs the research. There is a need for CLARITY.

6. The authors are remiss to not allude to the extensive research priorities of NIH regards HIV and Aging that were generated by a diverse Working Group.
7. The authors need to explain how efforts to rehabilitate will be effective. Aren’t these older adults with HIV exhibiting the syndrome of Frailty? Can the syndrome be reversed? Is the goal to sustain functionality and independence?

8. The three primary themes and the 6 research priorities are logical elements/conclusions. But rehabilitation interventions (which really must be defined in some way – even if reliant on past experiences) seem to become the absolute focus of the framework defined by this effort. The authors have made this the apriori variable that will drive all other research efforts. Quite simply – what the authors mean by rehabilitation needs to be far better defined and described.

9. On page 12 Line 224 the authors categorize – physical, cognitive and mental health as separate domains. Are they?

10. The challenges are considerable for those living with multimorbidity. Episodic illnesses are not HIV specific - in fact are not most illnesses episodic? Why the emphasis on them? Examples are needed.

11. Page 13 – line 254: again this is an example of the lack of care in being specific – what is the difference between concurrent health conditions and multimorbidity?

12. The authors rightly acknowledge that the arc of aging with HIV is complicated. But in fact Geriatrics and Gerontology have an extraordinary knowledge base/experience that can be used to address these complexities. That should be the starting point as one creates a model. There is an attempt to do this on page 17 line 340.

13. At no point do the authors acknowledge that this effort is motivated by the fact that most HIV infected people have received care that emphasizes CD4 and Viral Load as the primary health care outcomes. The need to move from this siloed fragmented care model to one that is highly integrated is the impetus behind this paper’s effort. As the authors state health outcomes are now changing for the HIV infected population. This issue has now been engaged globally as UNAIDS lists NCDs (non-communicable diseases) as an added burden for the HIV aging populations worldwide.

14. Page 18 Line 360. Contextual Factors. The language here is at best confusing and not focused. Which of these factors are structural and which are amenable to change in the short term?

15. Page 21 Line 413 – exercise care when using terms like “successful aging” or “positive aging” – they are not the same descriptors (Butler’s definition of successful aging would never fit the HIV aging populations). What is “negative aging”? Again the language is too often imprecise in this paper.

16. The one figure is not helpful – it needs to be rethought and recast.

17. Was IRB approval needed?

Level of interest: An article of importance in its field
Quality of written English: Needs some language corrections before being published

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
'I declare that I have no competing interests'
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