

Older Adults & HIV

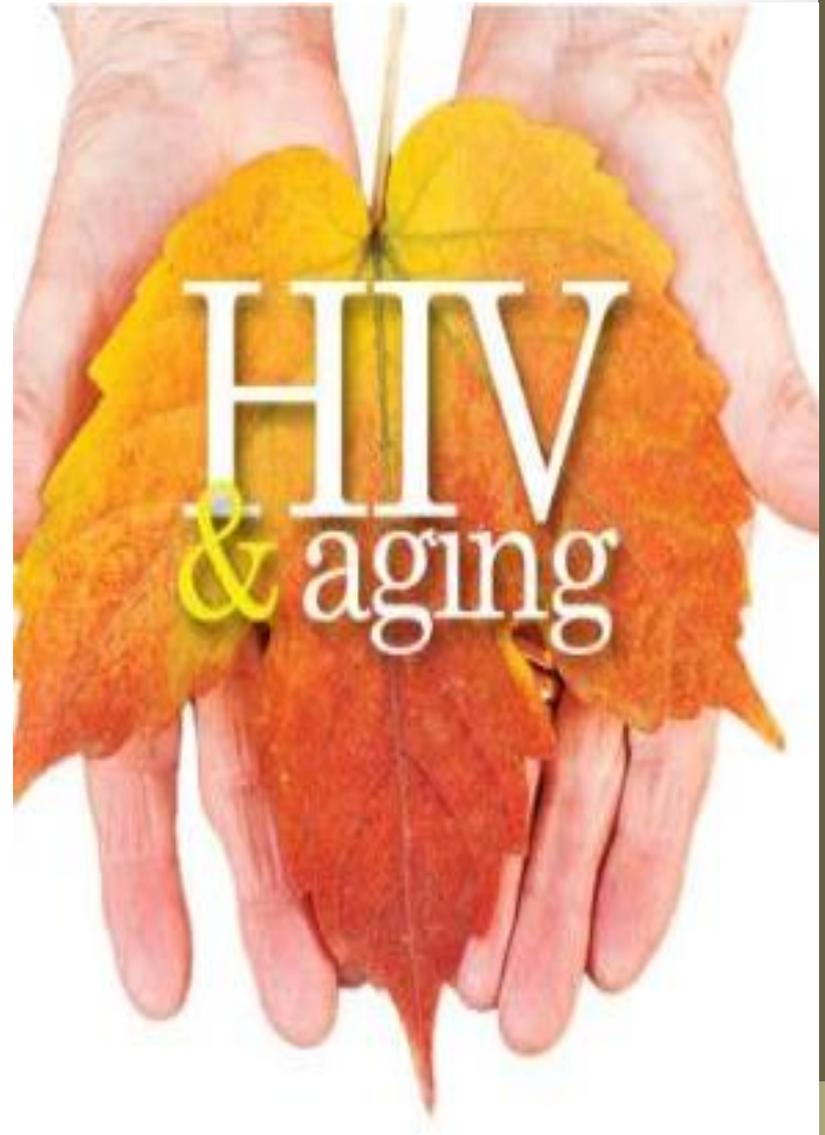
Joseph Lunievicz, BA

Deputy Executive Director for Programs

ACRIA

Topics:

- Why are we seeing so many older adults with HIV now?
- What special challenges do older adults with HIV face
 - What can be done to address these challenges?



ACRIA

“ACRIA envisions a world where all people with HIV receive the treatment care, and support they need to lead healthy, productive lives and where new transmissions of the virus have been eliminated.”

website: <http://www.acria.org>

- New York City (Midtown Manhattan)
- Formerly: AIDS Community Research Initiative of America
- Founded 1991
- Research + Education + Advocacy
- HIV & Aging (ROAH + ROAH 2.0)
- Local Capacity Building & Technical Assistance
- National Capacity Building & Technical Assistance
- Member of *HIV & Older Adults Coalition of NYS*

Six Key Facts about Older Adults and HIV in New York State:

- 50% of all people living with HIV in New York State are age 50 and older.
- One in five (19%) new HIV diagnoses occur in older adults 50+ in NYS.
- One-third of older adults who test positive for HIV receive a concurrent AIDS diagnosis, indicating a significant failure to test and treat this population early in the course of HIV infection.
- The older you are the less likely you are to have been tested, even once, for HIV.
- Over 80% of older adult HIV infections occur through sex.
- Primary care providers rarely discuss sexual health with older adults, and miss a critical opportunity to test and treat for HIV and other STIs.

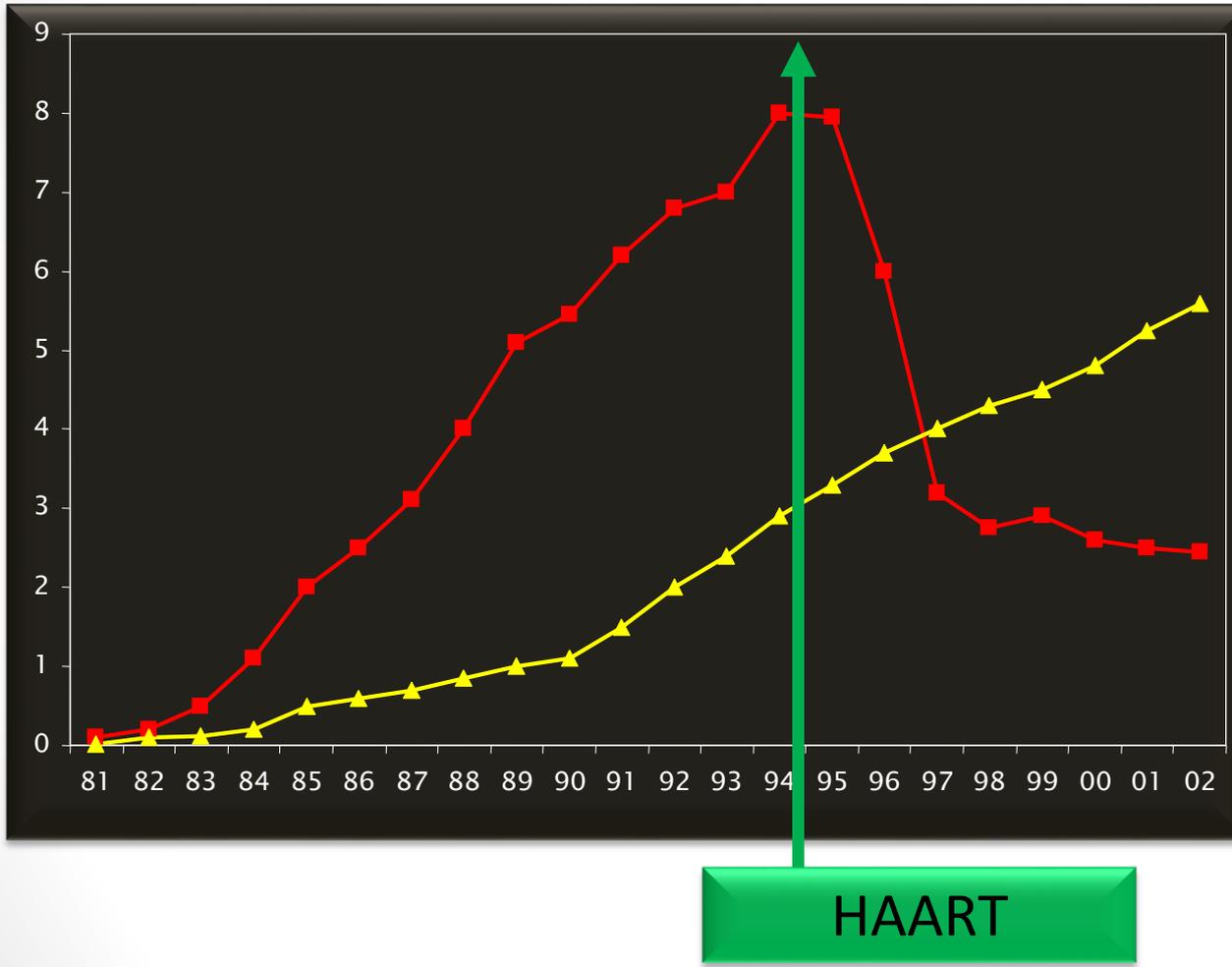
Why are so many people with HIV older adults?

- Because people diagnosed with HIV years or even decades ago are now able to survive, thanks to improvements in ARV since 1996.¹
- Because there continue to be new HIV infections amongst older adults. (About 1 in 6 new HIV diagnoses are in adults 50+.)²

¹ United States Senate Special Committee on Aging. HIV over Fifty: Exploring the New Threat. [Web cast]. May 12, 2005. Available at http://aging.senate.gov/hearing_detail.cfm?id=270655&.

² CDC. [Diagnoses of HIV infection in the United States and dependant areas, 2013](http://www.cdc.gov/hiv/group/age/olderamericans/index.html). *HIV Surveillance Report* 2015; vol.25. <http://www.cdc.gov/hiv/group/age/olderamericans/index.html>

Impact of HAART




Mortality
(x 1000)


PLWHA
(x 10,000)

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HAART

The HIV Population is Aging!

The Aging of the HIV Epidemic in the United States

CDC Surveillance Data



New HIV Cases

- USA 40,000 new cases
 - 6,700 were 50+ (1 out of 6)
 - 80% sexual transmission
 - 25% women
 - 80% people of color
- Disproportionate groups
 - MSM especially AA & Latino
 - Transgender and gender non-conforming
 - Women of color
 - IDUs
 - Sero-discordant couples

Sexual Health

- Sexual activity and health are associated with **health status** & contribute to **Quality of Life**
- “...a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.” (*WHO, 2006a*)

Sexual Activity

- Sexual activity decreases with age
 - Driven by partner availability & health status
 - 57-64 – 73% sexually active
 - 65-74 – 53% sexually active
 - 75-85 – 26% sexually active
 - Older women lower than men at all ages
- Most frequent sexual problem for men erectile dysfunction 37%
- Women's problems include
 - Low desire 43%
 - Reduced vaginal lubrication 39%
 - Inability to climax 34%

Older Women at Higher Risk

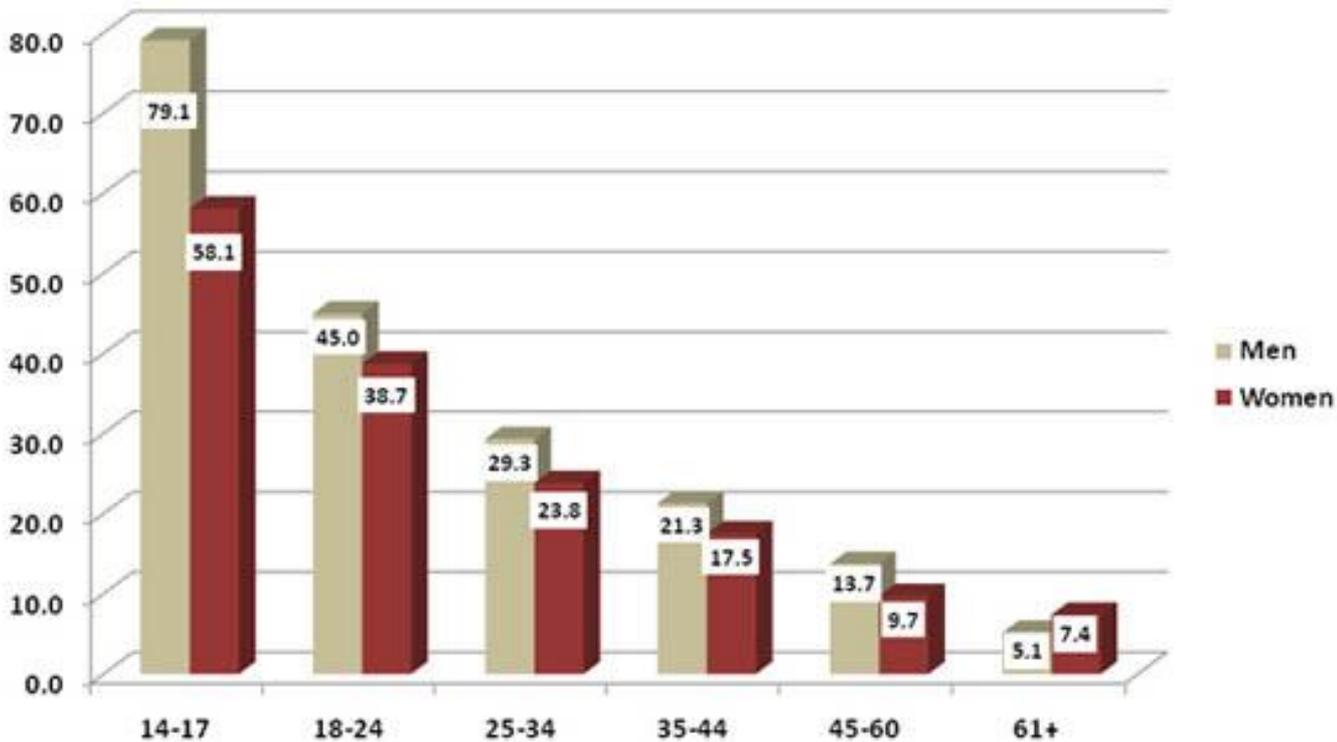


After menopause, a natural thinning of the vaginal walls occurs in many women and lubrication reduces -- causing an increased risk of tearing during intercourse which makes older women more susceptible to HIV infection.

Condom Use Rates by Age & Gender

(% of past ten vaginal intercourse acts that included condom use)

(N = 3457)



National Survey of Sexual Health & Behavior, Indiana University, 2010

Clinical care providers

- 38% of men and 22% of women were found to have discussed sex with a physician since the age of 50 years
- By not engaging the older adult, medical care providers have been reinforcing the myth that older adults do not have sex and are not sexual beings
 - Don't bring up sexual activity and don't do sexual histories
 - Physicians prefer patient bring it up
 - inadequate knowledge of older adult sexuality issues
 - “insufficient” medical training
 - Belief that topic is too offensive
 - Minimize the issue of STI risk including HIV
- Result with HIV?
 - Concurrent HIV/AIDS diagnosis - 33% in NYS for 50+

Risky Sexual Behavior

- ROAH 1000 – 50% reported sexual activity in last 2-3 months
- 30-40% engaged in unprotected vaginal intercourse
 - Poor knowledge about transmission

Safer Practices

- Male and Female Condoms
- TASP Treatment as Prevention if HIV +
 - An undetectable viral load in the blood significantly reduces the chance of HIV transmission
- PrEP Pre exposure prophylaxis if HIV -
 - Truvada Anti-HIV drug taken 1x/day every day significantly reduces the chance of HIV transmission

Older people are generally...

Less Likely...

- To be knowledgeable about their own risk for HIV infection than younger people.
- To use appropriate precautions
- To receive screening & early intervention

More Likely...

- To experience a rapid course of illness & co morbidities.
- To be stigmatized & lack social support
- To experience significant caregiver burden
- To experience a delayed diagnosis



Lunievicz/HIV & Aging

Challenges of Aging with HIV

“Mentally I don’t feel like I’m aging. I’m a gay man and I think most gay men don’t really like um, think that they’re getting older, but I am getting older because I have a lot of health issues going on...”



Average Number of Comorbidities

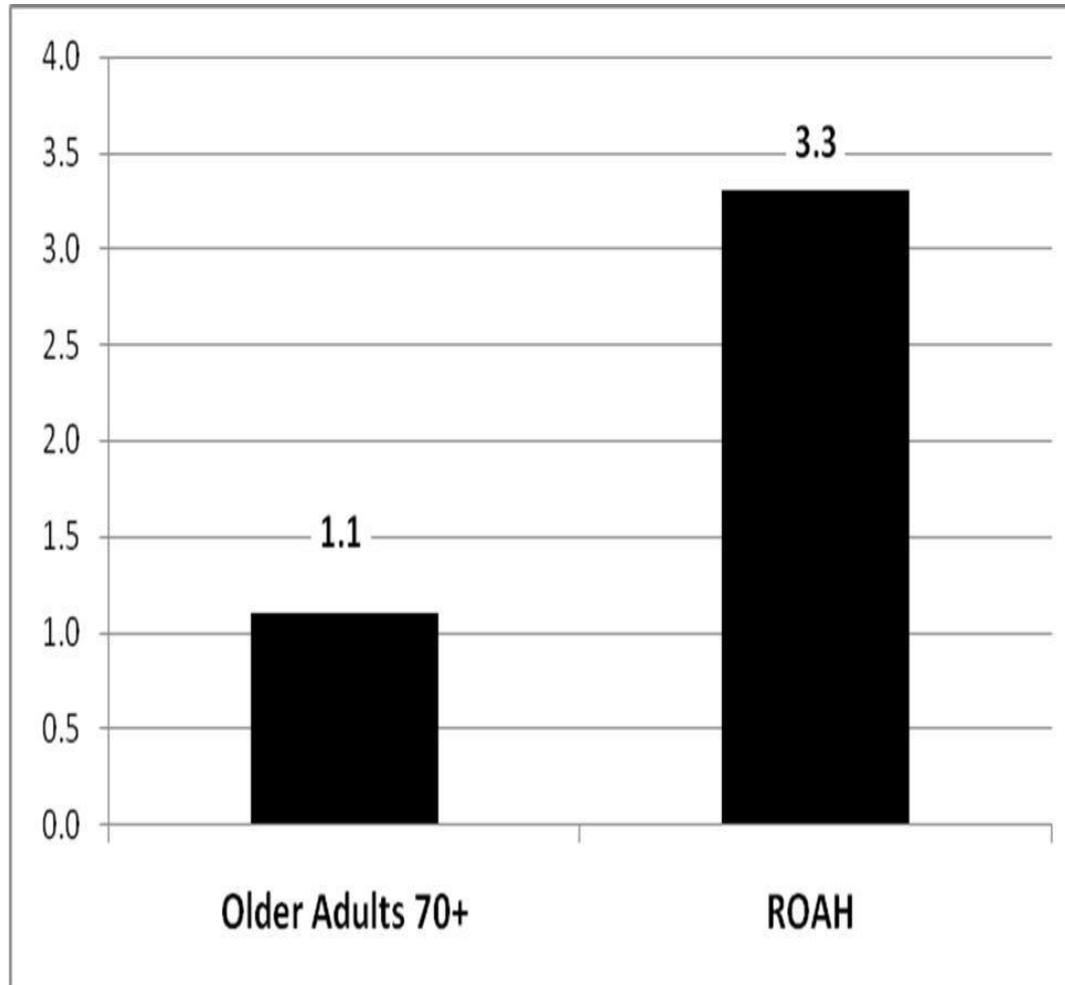
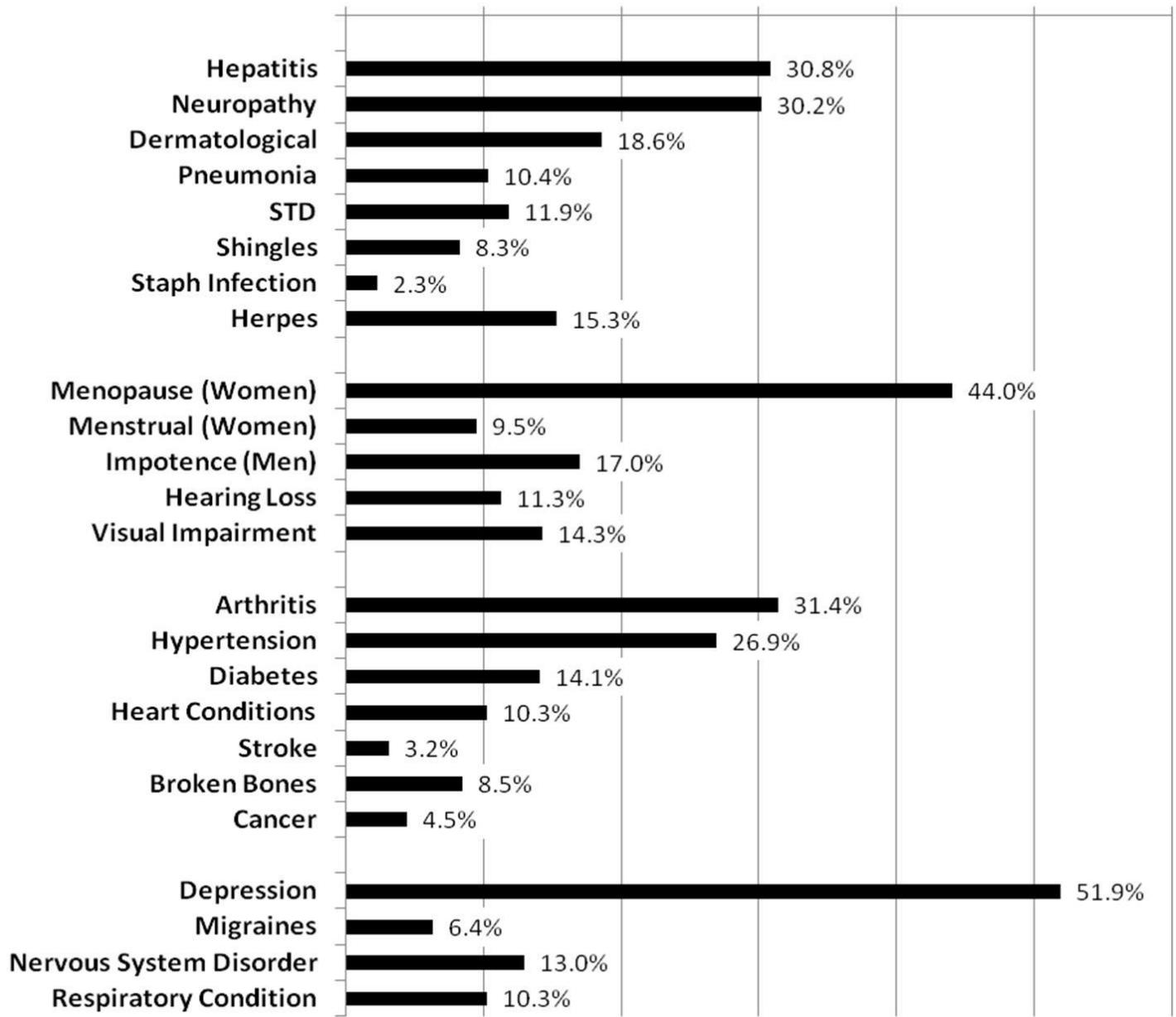


Figure 2 Comparison of Average Number of Comorbidities Reported by ROAH Respondents and Community-dwelling Older Adults

0.0% 10.0% 20.0% 30.0% 40.0% 50.0% 60.0%



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Figure 1: Prevalence of HIV-related, Age-related, Chronic, and Other Comorbidities in Older Adults with HIV

Mental Health



“I am coming from severe depression since I've been about 14 years old and I'm 59 now ..., I've got two talk therapists and a psychiatrist and I got a hell of a lot of issues I'm working on, but I'm determined to get better with them and I ain't gonna give up.”

According to the American Medical Association:

- An estimated two-thirds of older people are unable to understand the information given to them about their prescription medications. (2007)

<http://www.ama-assn.org/ama1/pub/upload/mm/367/healthlitclinicians.pdf>



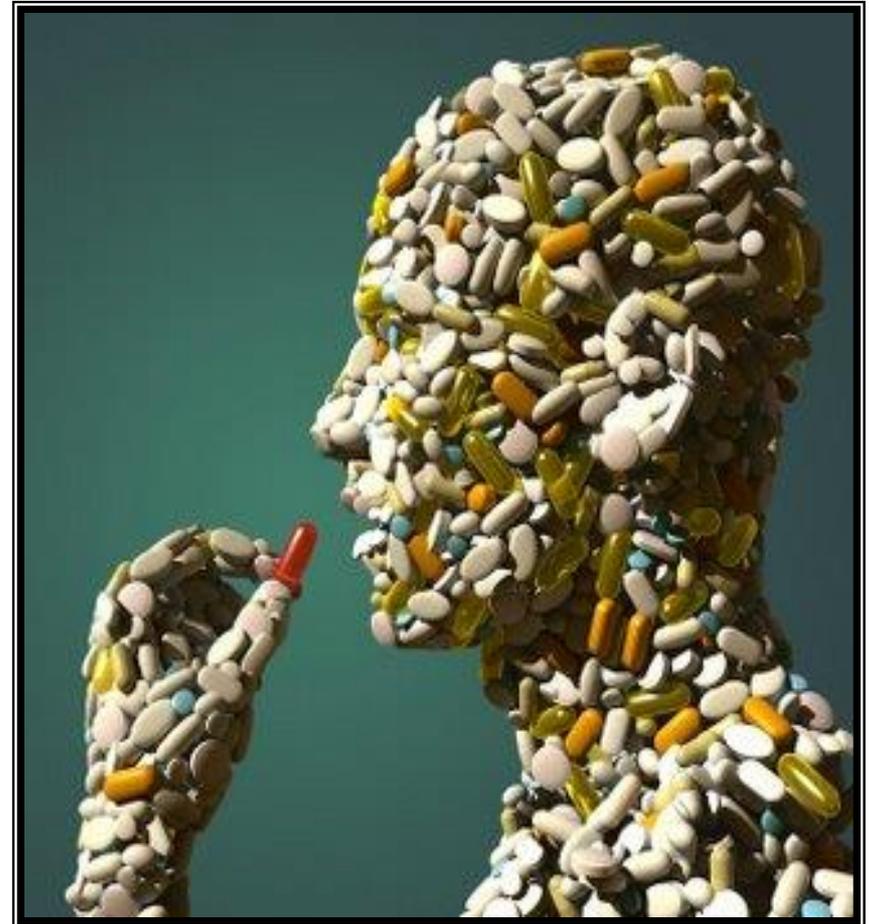
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Most Medicare beneficiaries (90%) take prescription medications, and as many as 55% are non-adherent.

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Poly-pharmacy & Older Adults

- The term **poly-pharmacy** generally refers to the use of multiple medications by a patient.
- The term is used when a patient uses too many forms of medication; more drugs are prescribed than clinically warranted or even when all prescribed medications are clinically indicated but there are too many pills to take (**pill burden**).



Social Isolation

“What I do is I go to work, deal with my clients, come home. Hit the gym, take a shower. Smoke me two or three blunts, open a bottle of red wine, drink the whole motherf****r before I go to bed. Take a sleeping pill, get up and do it again because the reality of it all is I live alone. It’s just me and my cat.”



Why treating depression among PLWHA is important

- ◉ Can suppress **immune responses** (e.g., Tiemeier, van Tuijl, Hofman, Kiliaan, & Breteler, 2003)
- ◉ Is associated with an **increased inflammatory response** (Kiecolt-Glaser & Glaser, 2002)
- ◉ Contributes to **cognitive impairment** caused by normal aging in HIV-infected adults (Gibbie et al., 2006) :
 - Decrements in functional ability (Instrumental Activities of Daily Living)
 - **Difficulty with adherence to HAART and other treatments**

Social Supports (Informal) in Later Life

- Social networks are crucial to both physical and mental well-being for people of all ages, especially as one grows older and encounters the challenges of managing multiple chronic illnesses (Cantor & Brennan, 2000)
- If the informal caregiving provided by family, friends, and neighbors were replaced by formal caregivers (i.e., paid), the cost would exceed \$450 billion annually (AARP, 2009)
- Thus, social networks are a **critical** health care resource

Social Networks & Functionality

- ◉ The presence of a social network does not guarantee that caregiving and support will be available in times of need
- ◉ The more germane question is the *functionality* of the members of the network. Namely, people in the social network who are in regular enough contact to be reasonably expected to provide assistance if needed
- ◉ A functional support is defined as someone who is seen at least monthly or talked to at least weekly by phone (Cantor & Brennan, 1993; Cantor, Brennan & Shippy, 2004)

Older PLWHA Use Many Services

- ◉ If we consider only the subset of 15 non-HIV related services examined in Cantor and Brennan's (1993; 2000) work on service utilization among older adults Older PLWHA use 3.6 services on average, compared with 1.0 services among community-dwelling older adults 65 and older ($t[1888] = 21.16, p < .001$)
- ◉ This high volume of service use is a function of:
 - greater service needs
 - a high level of comorbid health challenges
 - a lack of informal social resources

Brennan, M., Seidel, L., London, A. S., Cahill, S. E., & Karpiak, S. E. (in press). **Service utilization among older adults with HIV: The joint association of sexual identity and gender.** *Journal of Homosexuality.*

Ageism and Program Gaps



“I went to the thing called ... I forget the name of it, ... it was like a group of young, young people, 21 years old, you know, 24, 25 years old. I was like ... as soon as I got there it’s “Oh we got a grandpa.” When they called me grandpa I said that’s it, done. I won’t be back.”

ROAH Major Findings: HIV Management

Older adults are managing HIV, but...

- Drug interactions are largely unknown
 - Managing other chronic diseases is the challenge
1. Service utilization and need for specific, age-related services must be addressed
 2. Stigma is powerful, affecting health status & is significantly related to Social Isolation, Depression, and Loneliness
 3. Social Networks are critical for successful aging: The social support systems for older adults may be inadequate
 4. **HIV/AIDS agencies cannot take the place of existing services for older adults: Partnerships must occur!**

Quality of Life

- For the older person living with HIV/AIDS, who is experiencing a longer life span due to HAART therapy, the quality of that extended life becomes paramount.



What does healthy aging mean?

Healthy Aging is the development and maintenance of optimal mental, social and physical well-being and function in older adults.

This is most likely to be achieved when communities are safe, promote health and well-being, and use health services and community programs to prevent or minimize disease.

Resources

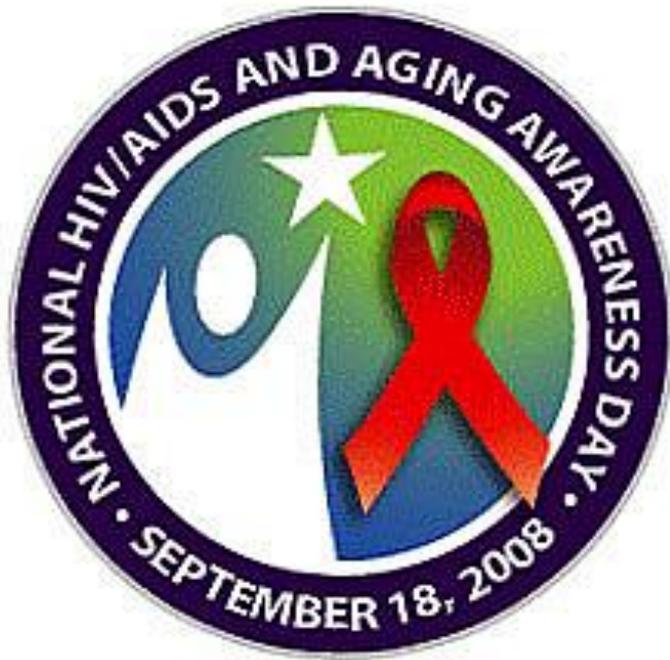
- Staying Healthy with HIV as you age – ACRIA Booklet
- Ageisnotacondom.org – consumer or provider toolkit
- HIV-Age.org

Joseph Lunievicz
Deputy Executive Director for Programs
jlunievicz@acria.org
212-924-3934x111

Booklet Aimed at HIV+ Older Adults



National HIV/AIDS & Aging Awareness Day (2008)



At the US Conference on AIDS in 2008, the AIDS Institute based in Tampa, Florida announced “National HIV/AIDS & Aging Awareness Day” as September 18th.

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