

HIV and Aging



OBJECTIVES

At the end of this unit, participants will be able to:

- Identify and discuss special challenges among those aged 50 and older living with HIV regarding:
 - Clinical and physical health
 - Mental and emotional health
 - Substance use
 - Sexual health
 - Addressing challenges with clients
 - PrEP
 - Living well with HIV



INSTRUCTIONS

- Before the session begins, prepare three flip chart sheets for the group activity. Write one phrase on each sheet: clinical and physical health, mental and emotional health, and sexual health. Review slides and talking points.
- Welcome participants.
- Review the unit objectives.
- Review slides 3–6 about numbers of people with HIV over age 50.
- Facilitate group activity on the challenges people over 50 face in regard to clinical and physical health, mental and emotional health, and sexual health (slide 7).
- Review slides 9–12 to cover any issues not discussed by the groups.
- Review slide 13 on PrEP.
- Distribute handout case scenario and facilitate discussion.
- To close, review slides about how older adults can live well with HIV.
- Wrap up. Share final slide with suggested resources and references for helping people with HIV who are over 50 years.



Related C3 Roles

All

Related C3 Skills

All



Method(s) of Instruction

Presentation, group activity, case scenario



Estimated time

1.25 hours



Key Concepts

Sexism, stigma, transphobia, racism, homophobia, ageism, co-morbidities, polypharmacy, PrEP



Materials

- Computer with internet access and projector
- PowerPoint slides
- Flip chart
- Markers

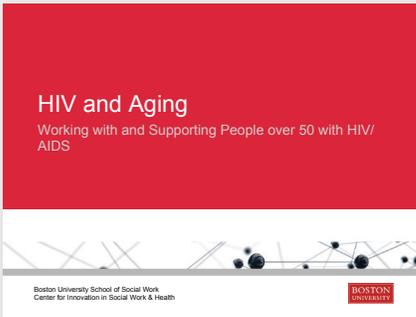
Handout

Case Scenario

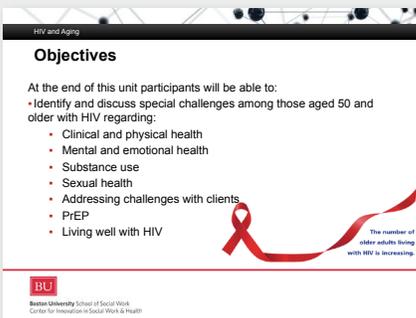


Resources

Website: <http://theconversation.com/living-and-aging-well-with-hiv-new-strategies-and-new-research-87485>



SLIDE 1



SLIDE 2

Review the objectives.

Introduce HIV and aging topic by acknowledging:

- Work remains to control the spread of HIV by identifying people with HIV who are undiagnosed.
- Development of HAART (i.e. cocktails using multiple drugs) has increased life expectancy of people with HIV.
- Annual numbers of HIV diagnosis declined by 5% between 2011 and 2015.



SLIDE 3

The next slides will focus on the numbers—the scope and impact of people over 50 with HIV.

Aging is a part of the natural course of life. However, HIV seems to accelerate the aging process. We're not sure if it is the virus itself or HIV treatment that influences the aging process, but we will discuss some of these special challenges.

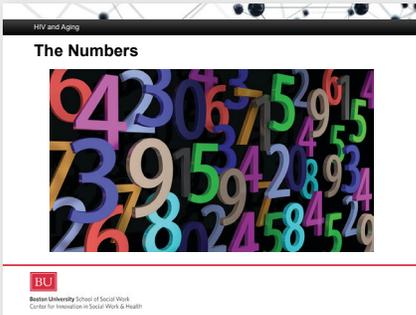
People aged 50 and older accounted for approximately:

- 17% (6,812) of the 39,782 new HIV diagnoses in 2016 in the United States. Though new HIV diagnoses are declining among people aged 50 and older, around 1 in 6 HIV diagnoses in 2016 were in this group.
- 35% of people aged 50 and older already had late stage infection (AIDS) when they received an HIV diagnosis 2016

The good news is that as a result of the development of highly active antiretroviral therapy starting in the 1990s and today, life expectancy for many people with HIV nears that of a person without HIV. The bad news is research increasingly shows that diseases that typically strike HIV negative people in their 60s and 70s are occurring in people with HIV in their 40s and 50s.

We have seen a decline of 5% in HIV diagnosis nationwide, but we still have special populations where we see increases in the number of infections.

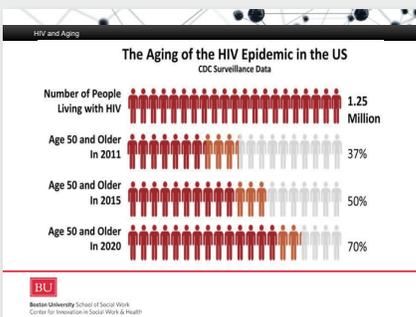
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SLIDE 3 (continued)

Growing older with HIV is uncharted territory. This is the first generation of people with HIV who are over 50.

The American Academy of HIV Medicine (AAHIVM), the American Geriatrics Society (AGS) and the AIDS Community Research Initiative of America (ACRIA) released the first clinical treatment strategies for managing older *HIV patients: The HIV and Aging Consensus Project: Recommended Treatment Strategies for Clinicians Managing Older Patients with HIV* in the fall of 2011.

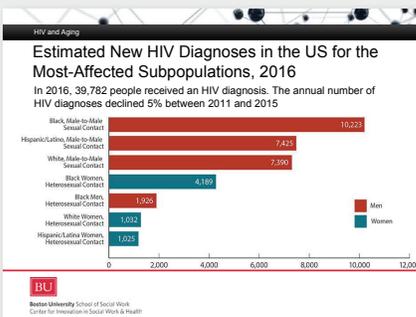


SLIDE 4

Review the chart.

People with HIV who are over 50 are a growing population. According to CDC surveillance data:

- Number of people with HIV is 1.25 million
- In 2011—37% were age 50 and older
- In 2015—50% were age 50 and older
- In 2020—70% are projected to be 50 and older



SLIDE 5

Point out the following on the chart:

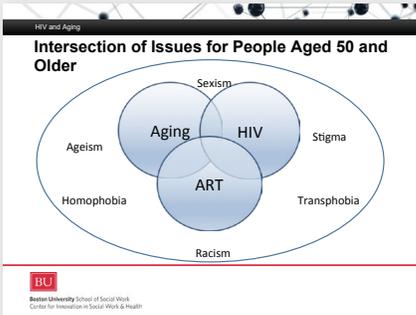
Disparities: The most impacted sub-populations are:

- Black men who have sex with men (MSM);
- White MSM; and
- Latino MSM; followed by
- Black, Latina, and white heterosexual cisgender women.
 - Among people aged 50 and over, Blacks/African Americans accounted for 43% of all new HIV diagnosis in 2015. Whites accounted for 36%, and Hispanics/Latinos accounted for 17%.
 - Among people aged 50 and older, 49% of new HIV diagnosis in 2015 were among gay and bisexual men, 15% were among heterosexual men, 23% were among heterosexual women, and 12% were among people who inject drugs.

It's important to note that this slide only shows subpopulations that represent more than 2% of all HIV diagnoses, so smaller, but still heavily impacted communities are not reflected.

Let's take a closer look at some of these disparities. In 2016:

- African Americans represented 12% of the population, but accounted for 44% (17,528) of HIV diagnoses. African Americans have the highest rate of HIV diagnoses compared to other races and ethnicities.
- Hispanics/Latinos represented 18% of the population, but accounted for 25% (9,766) of HIV diagnoses.



SLIDE 6

Older people with HIV have to grapple with aging, HIV, and the effects of anti-retroviral therapy (ART), all within the context of stigma and societal oppression which may include racism, homophobia, transphobia, sexism, and ageism.

HIV and Aging

Activity: Special Challenges

HIV among those aged 50 and older:

1. Clinical and physical health
2. Mental and emotional health
3. Sexual health

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SLIDE 7

Group activity: special challenges

Break participants into 3 groups and assign each group one of the 3 topics listed below. If there are fewer than 10 participants then conduct activity as a large group. Have the group(s) discuss what challenges people with HIV who are 50 or older may encounter with respect to the topic. Assign a recorder to write on the flip chart and a recorder to share with the larger group. Allow the groups 5 minutes to discuss before reporting back to the larger group.

1. Clinical and physical health
2. Mental and emotional health
3. Sexuality and sexual health

After the group discussion, the facilitator will close out the activity by reviewing any issues not covered by participants by reviewing the next slide.

HIV and Aging

Clinical and Physical Health

- HIV inflammation
- Long-term effects of antiretroviral medication
- Polypharmacy
- Co-morbidities

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SLIDE 8

Make sure to cover the following points, or emphasize them during the group discussion:

- HIV treatments have decreased the likelihood of AIDS-defining illnesses among people aging with HIV.
- HIV-associated non-AIDS conditions are more common in individuals with long-standing HIV infection. These conditions include cardiovascular disease, lung disease, certain cancers, HIV-Associated Neurocognitive Disorders (HAND), and liver disease (including hepatitis B and hepatitis C), among others.
- In addition, HIV appears to increase the risk for several age-associated diseases, as well as to cause chronic inflammation throughout the body. Chronic inflammation is associated with a number of health conditions, including cardiovascular disease, lymphoma, and type 2 diabetes.

HIV and Aging

Polypharmacy

Polypharmacy, the use of multiple medications, is common.

People with HIV are living longer with improved antiretroviral therapies. As patients age, other health conditions become more common such as:

- Heart Disease
- High Cholesterol
- High Blood Pressure
- Diabetes
- Osteoporosis
- Kidney Disease
- Non-AIDS Related Cancer

Drug-drug interactions effects may decrease the effectiveness of HIV medications or increase medication toxicity.

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HIV and Aging

Mental and Emotional Health

- Studies have found high rates of depression among older people with HIV
- Social isolation is an important issue:
 - Older people may face isolation due to illness or loss of family and friends.
 - Stigma from HIV infection and aging.
 - Negative stereotypes of aging, including viewing older people as:
 - Needy
 - Senile and less useful than younger people
 - Stigma can lead to increased symptoms and decreased quality of life
 - Social isolation has been linked to a decrease in health and quality of life

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HIV and Aging

Substance Use

- Rates for substance use are higher in older individuals with HIV than among same-age peers who are HIV negative.
- Increases in depression have been linked with increased use of substances, including alcohol, marijuana, cocaine, opioids, and benzodiazepines.
- Interactions can occur between prescription medications and illicit substances. These interactions may make it difficult for individuals to adhere to their prescribed medications and could greatly reduce quality of life.

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SLIDE 9

Polypharmacy—the use of multiple medications—is common. We talked about polypharmacy when we discussed drug to drug interactions and drug to condition interactions.

The number of medications prescribed for conditions such as heart disease, high cholesterol, and diabetes predicts the number of drug interactions.

- Drug-drug interaction—a reaction between two (or more) drugs.
- Drug-condition interaction—a reaction that occurs when taking a drug while having an existing medical condition.

People with HIV are living longer than ever before with improved antiretroviral therapies, so as patients age, other health conditions become more common.

SLIDE 10

Review the slide making sure to emphasize the following points:

- People need human connection in order to survive. As people grow older, a chipping away of connections and social life can lead to isolation from family and community.
- An increased burden of symptoms, such as fatigue, pain, and depression, are perhaps worse in women with HIV. This can negatively influence everything from daily functioning, to employment, to quality of life.
- HIV and dementia can be particularly challenging.

SLIDE 11

Review the slide.

Note that veterans are particularly at risk. Homelessness and substance use are huge challenges for the veteran population. This group of people may not be seen as at risk because of stereotypes associated with being older.

HIV and Aging

Sexuality and Sexual Health

- Older individuals are sexually active, but there are lower rates of HIV testing among adults 50 and older.
- Post-menopausal women are at risk of HIV and STI infection due to increased risk of vaginal tearing during intercourse.
- Older adults generally have lower rates of condom use. Women who are not concerned about pregnancy may not use condoms.
- Older adults who are divorced or who have lost a partner due to death may be unaware of HIV risks.

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SLIDE 12

Review the slide.

Older Americans are more likely than younger Americans to be diagnosed with HIV infection late in the course of their disease, meaning they start treatment late, and have more damage to their immune systems.

Older people are sexually active, including those with HIV, and may have the same HIV risk factors as younger people, including a lack of knowledge about HIV prevention, as well as having multiple sex partners.

Older people also face some unique issues:

- Many widowed and divorced people are dating again. They may be less aware of their risks for HIV than younger people, believing HIV is not an issue for older people. Thus, they may be less likely to protect themselves.
- Women who no longer worry about becoming pregnant may be less likely to use a condom and to practice safer sex. Age-related thinning and dryness of vaginal tissue may raise older women's risk for HIV infection.
- Although they visit their doctors more frequently, older people are less likely than younger people to discuss their sexual habits or drug use with their doctors. And doctors are less likely to ask their older patients about these issues.

HIV and Aging

PrEP for Older Adults

- Condom use declines with age; used by less than 10% of those over age 50.
- 15 to 20% of older adults with HIV engage in high-risk (unprotected) sex.
- In multiple studies, older adults with HIV report that their partners are often not capable of using a condom, due to the inability to sustain an erection.
- Many older women with HIV report that they and their male partners do not perceive the need to use a condom because they are post-menopausal.

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SLIDE 13

Review the slide.

Although older adults often have sexual relations more with age-matched peers, several studies have shown that there is a significant amount of high-risk behavior occurring between younger and older individuals. For the older adult with HIV who is having sex with a younger person, the opportunity to encourage the use of PrEP is evident.

Older adults with HIV, with the support of providers, can be effective advocates for the use of PrEP among their seronegative, at-risk sexual partners, be they casual, short-term, or long-term. Many of these at-risk partners are also among those least likely to be routinely tested for HIV. The use of PrEP together with "treatment as prevention" and other prevention interventions (condoms and behavioral interventions) is considered to be an important path toward ending the AIDS epidemic.

HIV and Aging

Case Scenario: Ms. Mavis Jones

Mavis is a 63-year-old African American female. She is pre-diabetic, postmenopausal, and has high blood pressure. She's a member of the Lively Steppers Dance group that meet at the Elks Club three days a week, and participates in dances on weekends. She's very social, smokes a pack of cigarettes a day, and has 3 to 5 cocktails a week. Mavis was diagnosed with AIDS when her long-term partner Stan died of lymphoma three years ago. Mavis began treatment and has been adherent to her ART. She has not disclosed to family or friends because of the stigmatizing language they have expressed about people with AIDS.

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HIV and Aging

Living Well: Older Adults with HIV

While these health challenges mentioned may seem discouraging, people with HIV are now living long-enough, healthy-enough lives to experience the same types of conditions as the general population.

- There is no magic bullet for aging well, no matter your health status.
- Evidence suggests some promising, nonpharmacological strategies that can help adults.
 - Physical activity – increasing the amount, intensity, and frequency
 - Improves cardiovascular health
 - Reduces symptoms of fatigue
 - Improves cognitive functioning
 - Improves chronic health conditions including hypertension, diabetes, and depression

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SLIDE 14

Activity: Case scenario

Ask a participant to read the scenario. Ask participants to reflect and then answer the following questions:

Ask, “What are the challenges that Mavis must face to improve her health?”

- Preventing diabetes
- High blood pressure
- Smoking
- Feels stigmatized

Ask, “What are some options, education, and screenings you could possibly discuss with her to address these challenges and improve her quality of life?”

- Diabetes class—diet and high blood pressure
- Exercise—weigh bearing
- Smoking cessation

Ask, “What are things Mavis is doing that are affirming that you could point out?”

- Dance group—aerobic exercise
- Social support outreach

Ask, “Do you have other concerns or questions you would want to discuss with Mavis?”

Ask: “How can you as a CHW help Mavis stay healthy?”

- Check in with her by phone or visits to see if she is seeing her doctors about managing not only HIV but diabetes and high blood pressure. She may be seeing more than one doctor so it is important for her to keep all her medical appointments. If your agency allows you to accompany her to appointments ask her if there is any thing you can do to help her with appointments and if she would like go to appointments with her.
- Discuss options about cutting back the number of cigarettes she smokes.
- Talk with her about who she might feel comfortable disclosing her status and if you can help her manage the process. Since she describes herself as social, ask her if she would like to connect with other people who are HIV positive.

SLIDE 15

Close by summarizing: Growing older with HIV is uncharted territory. This generation is the first to live longer and healthier lives. People with HIV are now living long-enough, healthy-enough lives to experience the same conditions related to aging as the general population. Living well with HIV is very similar to living with other chronic illnesses, or just “living well.”

There is no magic bullet for aging well, no matter your health status, however exercise can improve lean body mass, decrease fat, stress, fatigue, and depression, and improve strength, endurance, and cardiovascular fitness. It may also help the immune system work better. Accessible exercises can include walking, water aerobics, etc.

HIV and Aging

Live Well: Older Adults with HIV

- Eating a nutritious, balanced diet can improve chronic health conditions.
- Limiting alcohol consumption is important for aging well.
- Positive social interactions can improve HIV treatment adherence.
- Paid employment can be beneficial; research also finds that volunteerism, activism, and being involved in a spiritual community can be a source of helpful interactions.
- "You Are Only as Old as You Feel" – a positive attitude toward one's age can have a positive effect on one's health.

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SLIDE 16

Review the slide.

Other health strategies that can help are eating nutritious meals, having positive social interaction, a positive attitude, and employment or volunteer work. Being involved in one's community can be a source of good health. Artistic expression can be beneficial as well.

HIV and Aging

Resources and References

1. Living and aging well with HIV: New strategies and new research, The Conversation - <https://theconversation.com/living-and-aging-well-with-hiv-new-strategies-and-new-research-37485>
2. Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention: <https://www.cdc.gov/nchhstp/default.htm>
3. AIDS Info <https://aidsinfo.nih.gov/understanding-hiv-aids/fact-sheets/2580/hiv-and-older-adults>
4. The Well Project <https://www.thewellproject.org/hiv-information/aging-and-hivWellness>
5. Diverse Elders Coalition, Eight Policy Recommendations for Improving the Health and of Older Adults with HIV, 2014, <https://www.diverseelders.org/resource/eight-policy-recommendations-for-improving-the-health-wellness-of-older-adults-with-hiv/>

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SLIDE 17

Share resources and references for helping people with HIV who are over 50.

Case Scenario

Ms. Mavis Jones

Mavis is a 63-year-old African American female. She is pre-diabetic, postmenopausal, and has high blood pressure. She's a member of the Lively Steppers Dance group that meet at the Elks Club three days a week, and participates in dances on weekends. She's very social, smokes a pack of cigarettes a day, and has 3 to 5 cocktails a week. Mavis was diagnosed with AIDS when her long-term partner Stan died of lymphoma three years ago. Mavis began treatment and has been adherent to her ART. She has not disclosed to family or friends because of the stigmatizing language they have expressed about people with AIDS.

Acknowledgments

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