“The Graying of HIV”
A Growing Population and a Chronic Disease

Dorcas Baker, RN, BSN, ACRN, MA
Johns Hopkins AETC
Site Director
June 9, 2014
The aging face of HIV/AIDS is attributed to two factors:

• Due to advanced treatment, people are living longer with HIV

• Older people are being newly diagnosed
Objectives

• To describe the changing epidemic of HIV in adults over fifty years of age

• Define the impact of HIV on aging

• To identify unique co-morbidities that makes treatment and management more complex

• To understand the importance of targeted prevention and HIV screening
Global Aging of HIV epidemic

- Worldwide, an estimated 3.6 million people aged 50 years and older are living with HIV.
- In 2012 there were an estimated 2.9 million people aged 50 years and older living with HIV in low and middle-income countries.
- In high-income countries, approximately 30% of all adults living with HIV are aged 50 years and older.
- The proportion of older adults has increased in all regions in varying rates since 2007. The largest increase seen in Western and Central Europe and North America.
The estimated percentage of persons living with diagnosed HIV infection who were aged 50 years or older increased 14.3% from 28.6% in 2007 to 32.7% in 2009.

Note: The term *diagnosis of HIV infection* refers to a diagnosis of HIV infection regardless of the stage of disease.
Diagnoses of HIV Infection among Adults Aged 50 Years and Older in the United States and Dependent Areas, 2007–2010
REPORT FORMAT

This report presents data tables that are organized into 4 sections:

1. Diagnoses of HIV infection among adults aged 50 years and older (Tables 1a–5)
2. Adults aged 50 years and older living with diagnosed HIV infection (Tables 6a–11)
3. Deaths of adults aged 50 years and older with diagnosed HIV infection (Tables 12a–14b)
4. Stage 3 (AIDS) classification at the time of HIV diagnosis among adults aged 50 years and older (Tables 15a–16b)
## HIV Cases by Age at Diagnosis, Diagnoses during 2010 as Reported by Name through 12/31/2011

<table>
<thead>
<tr>
<th>AGE AT HIV DIAGNOSIS</th>
<th>Population</th>
<th>No.</th>
<th>% of Total</th>
<th>Rate</th>
<th>First CD4 Test Result</th>
<th>% Linked to Care</th>
<th>% Late Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>No. with Test</td>
<td>% with Test</td>
<td>Median Count</td>
</tr>
<tr>
<td>&lt;5 (Pediatric)</td>
<td></td>
<td>364,488</td>
<td>1</td>
<td>0.1%</td>
<td>0.3</td>
<td>***</td>
<td>***</td>
</tr>
<tr>
<td>5-12 (Pediatric)</td>
<td></td>
<td>592,849</td>
<td>3</td>
<td>0.2%</td>
<td>0.5</td>
<td>***</td>
<td>***</td>
</tr>
<tr>
<td>13-19</td>
<td></td>
<td>559,289</td>
<td>69</td>
<td>4.8%</td>
<td>12.3</td>
<td>46</td>
<td>66.7%</td>
</tr>
<tr>
<td>20-29</td>
<td></td>
<td>787,246</td>
<td>392</td>
<td>27.3%</td>
<td>49.8</td>
<td>285</td>
<td>72.7%</td>
</tr>
<tr>
<td>30-39</td>
<td></td>
<td>745,903</td>
<td>305</td>
<td>21.3%</td>
<td>40.9</td>
<td>232</td>
<td>76.1%</td>
</tr>
<tr>
<td>40-49</td>
<td></td>
<td>879,748</td>
<td>369</td>
<td>25.7%</td>
<td>41.9</td>
<td>246</td>
<td>66.7%</td>
</tr>
<tr>
<td>50-59</td>
<td></td>
<td>818,608</td>
<td>239</td>
<td>16.7%</td>
<td>29.2</td>
<td>174</td>
<td>72.8%</td>
</tr>
<tr>
<td>60+</td>
<td></td>
<td>1,025,421</td>
<td>56</td>
<td>3.9%</td>
<td>5.5</td>
<td>43</td>
<td>76.8%</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>5,773,552</td>
<td>1,434</td>
<td>100.0%</td>
<td>24.8</td>
<td>1,027</td>
<td>71.6%</td>
</tr>
</tbody>
</table>

Maryland Center for HIV Surveillance, Epidemiology, and Evaluation Prevention and Health Promotion Administration
## Trends by Age

### Reported Adult/Adolescent HIV Diagnoses

<table>
<thead>
<tr>
<th>YEAR OF HIV DIAGNOSIS</th>
<th>No.</th>
<th>% Age 13-19</th>
<th>% Age 20-29</th>
<th>% Age 30-39</th>
<th>% Age 40-49</th>
<th>% Age 50-59</th>
<th>% Age 60+</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;1985</td>
<td>311</td>
<td>6.1%</td>
<td>39.5%</td>
<td>31.2%</td>
<td>16.1%</td>
<td>5.8%</td>
<td>1.3%</td>
</tr>
<tr>
<td>1985</td>
<td>639</td>
<td>4.2%</td>
<td>39.1%</td>
<td>38.3%</td>
<td>11.7%</td>
<td>3.6%</td>
<td>3.0%</td>
</tr>
<tr>
<td>1986</td>
<td>861</td>
<td>3.1%</td>
<td>37.9%</td>
<td>38.7%</td>
<td>13.6%</td>
<td>4.5%</td>
<td>2.2%</td>
</tr>
<tr>
<td>1987</td>
<td>1,189</td>
<td>2.4%</td>
<td>34.4%</td>
<td>42.2%</td>
<td>13.9%</td>
<td>4.8%</td>
<td>2.3%</td>
</tr>
<tr>
<td>1988</td>
<td>1,605</td>
<td>1.1%</td>
<td>31.5%</td>
<td>45.4%</td>
<td>15.5%</td>
<td>4.5%</td>
<td>1.9%</td>
</tr>
<tr>
<td>1989</td>
<td>2,105</td>
<td>1.9%</td>
<td>29.5%</td>
<td>46.1%</td>
<td>16.9%</td>
<td>4.2%</td>
<td>1.5%</td>
</tr>
<tr>
<td>1990</td>
<td>2,186</td>
<td>1.6%</td>
<td>28.2%</td>
<td>44.5%</td>
<td>18.5%</td>
<td>5.0%</td>
<td>2.2%</td>
</tr>
<tr>
<td>1991</td>
<td>2,530</td>
<td>1.5%</td>
<td>27.2%</td>
<td>44.5%</td>
<td>20.8%</td>
<td>4.3%</td>
<td>1.7%</td>
</tr>
<tr>
<td>1992</td>
<td>2,389</td>
<td>1.7%</td>
<td>23.8%</td>
<td>46.1%</td>
<td>21.5%</td>
<td>5.0%</td>
<td>1.9%</td>
</tr>
<tr>
<td>1993</td>
<td>2,132</td>
<td>1.2%</td>
<td>21.0%</td>
<td>48.1%</td>
<td>22.0%</td>
<td>5.9%</td>
<td>1.8%</td>
</tr>
<tr>
<td>1994</td>
<td>1,971</td>
<td>1.0%</td>
<td>20.6%</td>
<td>45.7%</td>
<td>24.7%</td>
<td>6.2%</td>
<td>1.7%</td>
</tr>
<tr>
<td>1995</td>
<td>1,987</td>
<td>1.6%</td>
<td>18.1%</td>
<td>44.0%</td>
<td>27.1%</td>
<td>6.5%</td>
<td>2.7%</td>
</tr>
<tr>
<td>1996</td>
<td>1,831</td>
<td>1.4%</td>
<td>16.7%</td>
<td>44.3%</td>
<td>27.7%</td>
<td>7.3%</td>
<td>2.6%</td>
</tr>
<tr>
<td>1997</td>
<td>1,865</td>
<td>1.3%</td>
<td>16.7%</td>
<td>42.8%</td>
<td>28.3%</td>
<td>7.2%</td>
<td>3.6%</td>
</tr>
<tr>
<td>1998</td>
<td>1,812</td>
<td>1.9%</td>
<td>16.4%</td>
<td>40.6%</td>
<td>29.3%</td>
<td>9.1%</td>
<td>2.7%</td>
</tr>
<tr>
<td>1999</td>
<td>1,778</td>
<td>1.6%</td>
<td>14.3%</td>
<td>40.9%</td>
<td>30.3%</td>
<td>9.7%</td>
<td>3.1%</td>
</tr>
<tr>
<td>2000</td>
<td>1,712</td>
<td>2.3%</td>
<td>13.7%</td>
<td>38.3%</td>
<td>31.0%</td>
<td>10.6%</td>
<td>4.0%</td>
</tr>
<tr>
<td>2001</td>
<td>1,846</td>
<td>1.7%</td>
<td>14.7%</td>
<td>36.1%</td>
<td>32.4%</td>
<td>11.4%</td>
<td>3.7%</td>
</tr>
<tr>
<td>2002</td>
<td>1,995</td>
<td>2.8%</td>
<td>15.2%</td>
<td>33.8%</td>
<td>32.4%</td>
<td>11.9%</td>
<td>3.9%</td>
</tr>
<tr>
<td>2003</td>
<td>1,968</td>
<td>2.4%</td>
<td>15.4%</td>
<td>33.6%</td>
<td>31.1%</td>
<td>13.2%</td>
<td>4.3%</td>
</tr>
<tr>
<td>2004</td>
<td>2,026</td>
<td>2.6%</td>
<td>16.9%</td>
<td>30.0%</td>
<td>33.9%</td>
<td>12.6%</td>
<td>4.0%</td>
</tr>
<tr>
<td>2005</td>
<td>2,073</td>
<td>2.6%</td>
<td>18.1%</td>
<td>26.0%</td>
<td>35.6%</td>
<td>14.4%</td>
<td>3.4%</td>
</tr>
<tr>
<td>2006</td>
<td>2,088</td>
<td>3.1%</td>
<td>20.3%</td>
<td>25.2%</td>
<td>32.1%</td>
<td>14.4%</td>
<td>4.9%</td>
</tr>
<tr>
<td>2007</td>
<td>2,299</td>
<td>4.6%</td>
<td>21.0%</td>
<td>23.4%</td>
<td>30.0%</td>
<td>16.4%</td>
<td>4.7%</td>
</tr>
<tr>
<td>2008</td>
<td>2,186</td>
<td>3.8%</td>
<td>23.9%</td>
<td>22.3%</td>
<td>27.1%</td>
<td>15.6%</td>
<td>7.2%</td>
</tr>
<tr>
<td>2009</td>
<td>1,575</td>
<td>4.6%</td>
<td>24.1%</td>
<td>24.3%</td>
<td>27.9%</td>
<td>14.9%</td>
<td>4.3%</td>
</tr>
<tr>
<td>2010</td>
<td>1,430</td>
<td>4.8%</td>
<td>27.4%</td>
<td>21.3%</td>
<td>25.8%</td>
<td>16.7%</td>
<td>3.9%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>48,389</td>
<td>2.4%</td>
<td>21.7%</td>
<td>37.2%</td>
<td>26.1%</td>
<td>9.4%</td>
<td>3.2%</td>
</tr>
</tbody>
</table>
Population and Living HIV Cases by Age, Central Region

Population on 4/1/10, Cases on 12/31/10 in Maryland Central Region reported through 12/31/11
• “By 2015, an estimated 50% of people living with HIV/AIDS [in the US] will be over 50 years of age.”

What is an Older Adult?

• Someone over 65?
• Someone over 60?
• Someone over 50?
• Someone over 45?

*CDC uses age 50 as a classification for many diseases
Aging of America

• The number of Americans age 55 and older will almost double between now and 2030 – from 60 million today (21 percent of the total US population) to 107.6 million (31 percent of the population) – as Baby Boomers reach retirement age.
The Myths

• Older adults are not sexually active

• Older adults are not at risk for sexually transmitted diseases

• Older adults do not use drugs
Sexual Activity Among Older Americans

Before the 1960’s

- Talking about sex was taboo
- Pregnancy out of wedlock was shameful
- Little birth control existed
- Homosexuality was taboo
Sexual Health Needs of Aging Adults

• Usually have been in long-term monogamous relationships
• May have poor understanding of HIV transmission
• Very few discuss sexual activity with care providers
• Few older Americans use condoms
The Issues

• The first baby boomers reached age 65 in 2011
• This group of adults are mobile, healthier, vibrant, dating, using Viagra or Cialis
• This group may not see themselves at risk for HIV
Transmission Risks

• The same risks as younger persons:
  – Unprotected sex
  – Drugs (crack and cocaine)
  – Alcohol abuse
  – Lack of knowledge
Substance Abuse Among Older Adults

Alcohol was the dominant problem for most older adults admitted into drug treatment programs in 2005 but less so for baby boomers, who make up a majority of the older addicts.

ADULTS 50 AND OLDER ADMITTED INTO DRUG TREATMENT

<table>
<thead>
<tr>
<th>Ages</th>
<th>50 to 54</th>
<th>55 to 59</th>
<th>60 to 64</th>
<th>65 and older</th>
</tr>
</thead>
<tbody>
<tr>
<td>58%</td>
<td>25</td>
<td>10</td>
<td>7</td>
<td></td>
</tr>
</tbody>
</table>

PRIMARY SUBSTANCE OF ABUSE

<table>
<thead>
<tr>
<th>Ages 50 to 54</th>
<th>Alcohol</th>
<th>Opiates</th>
<th>Cocaine</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>55%</td>
<td>22</td>
<td>13</td>
<td>10</td>
<td>10</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ages 55 to 59</th>
<th>Alcohol</th>
<th>Opiates</th>
<th>Cocaine</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>62</td>
<td>19</td>
<td>10</td>
<td>9</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ages 60 to 64</th>
<th>Alcohol</th>
<th>Opiates</th>
<th>Cocaine</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>71</td>
<td>14</td>
<td>7</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ages 65 to 69</th>
<th>Alcohol</th>
<th>Opiates</th>
<th>Cocaine</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>76</td>
<td>11</td>
<td>5</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ages 70 and older</th>
<th>Alcohol</th>
<th>Opiates</th>
<th>Cocaine</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>76</td>
<td>9</td>
<td>4</td>
<td>11</td>
<td></td>
</tr>
</tbody>
</table>

Source: Substance Abuse and Mental Health Services Administration
Normal Aging Process

- Loss of muscle mass
- Bone loss
- Weight loss
- Memory loss
- Decreased kidney, brain and heart function
- Deteriorating immune system
Impact of HIV on Aging

- T-Cell recovery may not be as robust as with younger persons.

- Age-related co-morbidities may obscure or mimic HIV-related symptoms such as weight loss and SOB.

- Delayed diagnosis due to misdiagnosis:
  - Bacterial Pneumonia or PCP?
  - Arthritis or Avascular Necrosis?
  - Alzheimer’s or AIDS Dementia?
  - Poor Circulation or Neuropathy

- Older adults are twice as likely to receive a late diagnosis.
Delayed Presentation

• AIDS defining illness at presentation
  - PCP
• Failure to consider a diagnosis of HIV in older persons contributes to later disease presentation and initiation of ART
• Implications for effective HIV screening and management
  – Routine testing early
Premature Aging

- New research: “Immunosenescence”: aging of the Immune System
- Untreated HIV infection may be associated with high levels of persistent inflammation
- HIV may accelerate the aging process
- chronic illnesses such as heart disease, bone fractures, hepatic and renal disorders may occur at rates greater than expected for age
Immunologically, Being HIV + = 70 Years Old

<table>
<thead>
<tr>
<th>Outcome measure</th>
<th>Age &gt;70 years, HIV-uninfected</th>
<th>Untreated HIV infection</th>
<th>Long-term (5–10 years) treated HIV infection&lt;sup&gt;a&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low CD4/CD8 ratio</td>
<td>Yes</td>
<td>Yes</td>
<td>Unknown</td>
</tr>
<tr>
<td>Low naive/memory ratio</td>
<td>Yes</td>
<td>Yes</td>
<td>Possible</td>
</tr>
<tr>
<td>Low T cell proliferative potential</td>
<td>Yes</td>
<td>Yes</td>
<td>Possible (low CD4 nadir)</td>
</tr>
<tr>
<td>Expanded CMV-specific CD8 cells</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Expanded CD28&lt;sup&gt;-&lt;/sup&gt;CD8&lt;sup&gt;+&lt;/sup&gt; T cells</td>
<td>Yes</td>
<td>Yes</td>
<td>Unknown</td>
</tr>
<tr>
<td>Expanded CD57&lt;sup&gt;+&lt;/sup&gt; T cells</td>
<td>Yes</td>
<td>Yes</td>
<td>Unknown</td>
</tr>
<tr>
<td>Reduced T cell repertoire</td>
<td>Yes</td>
<td>Yes</td>
<td>Possible</td>
</tr>
<tr>
<td>Increased IL-6</td>
<td>Yes</td>
<td>Yes</td>
<td>Possible</td>
</tr>
<tr>
<td>Increased T cell activation</td>
<td>Unclear</td>
<td>Yes</td>
<td>Possible</td>
</tr>
<tr>
<td>Reduced thymus function</td>
<td>Yes</td>
<td>Yes</td>
<td>Unknown</td>
</tr>
<tr>
<td>Low IL-2, high IFN-γ (CD8&lt;sup&gt;+&lt;/sup&gt; T cells)</td>
<td>Yes</td>
<td>Yes</td>
<td>Unknown</td>
</tr>
<tr>
<td>Reduced response to vaccines</td>
<td>Yes</td>
<td>Yes</td>
<td>Possible (CD4 nadir)</td>
</tr>
<tr>
<td>Reduced T cell telomere lengths</td>
<td>Yes</td>
<td>Yes (CD8)</td>
<td>Controversial</td>
</tr>
</tbody>
</table>
Potential Comorbidities Among Older Patients With HIV

- Cardiovascular disease
- Metabolic disorders
  - Diabetes
  - Dyslipidemias
- Neurocognitive abnormalities (dementia)
- Depression (mental health)
- Liver and renal problems
- Bone disorders
  - Osteopenia
  - Osteoporosis
- Malignancies (non-AIDS related)
Psychological Issues

• Many older infected adults are caregivers for HIV infected children or grandchildren

• Disclosure may burden family

• Older adults face a double stigma: ageism and a sexually transmitted disease

• Depression
Treatment Issues in Older HIV Patients

- Older people may have age-related losses of kidney and/or liver function which may change metabolism of drugs
- Increase risk of CVD disease
- Drug-drug interactions
  - PI’s and erectile dysfunction drugs i.e. Viagra (Sildenafil) and Cialis
- Toxicities significant Dyslipidemia
Aging and Polypharmacy

- 50% of those > 65 years of age receive an average of > 5 medications
- 60% of clinic visits end with a written prescription
- Benefit vs. harm
  - Combination therapies
- Subspecialties, comorbid diseases
  - HIV, GI, Renal, Cardiology, Rheumatology, Endocrinology, Oncology, etc.
  - Inadequate training in geriatrics
Polypharmacy in the Making

• Drug reactions in the elderly often produce effects that simulate the conventional image of growing old:

  - unsteadiness
  - dizziness
  - confusion
  - nervousness
  - fatigue
  - insomnia
  - drowsiness
  - falls
  - depression
  - incontinence
  - malaise
• Discontinuing unnecessary medications is one of the most important aspects of decreasing polypharmacy

Drugs without indications should be stopped!
Common Drugs Used by Older Patients

- Statins
- Antiarrhythmic agents
- Medications that inhibit gastric acidity
- Anticonvulsants
- Warfarin
- Antidepressants
- Erectile dysfunction agents
Clinical Outcomes in Older Patients Treated with ART

- Adherence
- Virologic Suppression
- Immunologic Response
- Mortality
Adherence:
Some Things Do Get Better with Age

Hinkin AIDS 2004
Percent with VL Suppression Across Time by Age

Althoff  AIDS 2010
Mean Increase in CD4 by Age 2yrs After ART

- 18-<30 years
- 30-<40 years
- 40-<50 years
- 50-<60 years
- ≥60 years

Months since ART initiation:
- 6 months
- 12 months
- 18 months
- 24 months

Althoff K IEDEA Feb 2010
HIV Outcomes: What We Know Already

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Adherence</td>
<td>Older &gt; Younger</td>
</tr>
<tr>
<td>HIV-1 RNA suppression</td>
<td>Older &gt; Younger, doesn’t vary by class</td>
</tr>
<tr>
<td>CD4 response</td>
<td>Younger &gt; Older</td>
</tr>
<tr>
<td>Mortality</td>
<td>Older &gt; Younger, usually due to non HIV causes</td>
</tr>
</tbody>
</table>
The HIV and Aging Consensus Project

Recommended Treatment Strategies for Clinicians Managing Older Patients with HIV

Sponsored by
American Academy of HIV Medicine
American Geriatrics Society
AIDS Community Research Initiative of America

Release Dec 2011

Recommended Treatment Strategies for Older Adults

- The HIV and Aging Consensus Project: Recommended Treatment Strategies for Clinicians Managing Older Patients with HIV (released Nov. 2011)

- Panel of experts in the field of HIV and Geriatrics developed guidelines to provide best practice guidance for HIV practitioners and other health care providers who treat, diagnose and refer older patients with HIV

- 2 year project of AAHIVM, ACRIA, and AGS
Recommended Treatment Strategies by Category

- Screening, Monitoring and Initiating ART in HIV and Aging
- Cardiovascular Risk Reduction, Diabetes
- Monitoring Renal Function/Hypertension
- Drug-Drug Interactions and Polypharmacy
- Viral Hepatitis Screening in HIV and Aging
- Cancer Screening in HIV and Aging
- COPD
- Immunizations
Effective antiretroviral therapy (ART) has prolonged the lifespan of people living with HIV. Non-HIV/AIDS-related conditions now account for most morbidity and mortality among older people with HIV infection. Although ART reduces the effects of HIV disease and chronic inflammation, it does not restore normal immunologic function. The literature describes an aging HIV-infected population (between 50-65 years of age) with high rates of comorbid conditions compared with their non-HIV-infected counterparts. Medical care may be further complicated by neurocognitive decline and high rates of depression, alcohol and substance use, and social isolation. The goals of caring for older people with HIV infection are to minimize illness and frailty, optimize health and well-being, and prolong life.
Contributors to the Guidelines

Posted November 2013

HIV and Aging

The HIV Consumer Advisory Committee (CAC) has reviewed this quick reference card.

The following is a list of principal contributors and peer reviewers for the content on the card.

HIV in Older Adults: A Quick Reference Guide for HIV Primary Care Clinicians

Principal Contributors: L Jeannine Bookhardt-Murray, MD, Harlem United Community AIDS Center, New York; Sonja O Noring, MA, New York State Department of Health AIDS Institute, New York; Cheryl A Smith, MD, New York State Department of Health AIDS Institute, New York

Peer Reviewers: Aviva H Cantor, RPA-C, Harlem United Community AIDS Center, New York; Barbara H Chaffee, MD, MPH, United Health Services, Binghamton; Robert S Klein, MD, Mount Sinai School of Medicine, New York; Joseph P McGowan, MD, FACP, North Shore University Hospital, Manhasset; David A Wohl, MD, The University of North Carolina, Chapel Hill
Routine Screenings

- Annual pap smears
- STI (syphilis, gonorrhea, chlamydia)
- Breast and prostate cancer
- Colon cancer
Routine Screening Continued

• Osteoporosis screening and prevention
  – Perform weight bearing exercises regularly
  – Calcium and vitamin D
  – Annual DEXA (dual energy x-ray absorptiometry)

• Cardiovascular risk

• Depression
The Problem

• Don’t ask Don’t Tell

• HIV testing not routine for older adults

• HIV is the last possible consideration
Testing in Seniors

• Educate seniors on how to ask for test

• Educate HCP on how to ask seniors
http://www.whitehouse.gov/blog/2010/11/01/highlighting-hiv-issues-among-older-americans

http://magazine.jhsph.edu/2011/fall/online_extras/videos/living_with_HIV/
Prevention

• Strategic plans to educate seniors are needed
  • Go way seniors gather

• Marketing and media need to give the “face of HIV” gray hair via brochures and advertisement

• Awareness campaigns
  • “National HIV/AIDS Aging Awareness Day”
    • September 18, 2014
HIV: Know the RISKS.

Get the FACTS.

HIV/AIDS and Older Americans
Targeted Education and Prevention Strategies

Stephen Karpiak PhD
AIDS Community Research Initiative of America
ACRIA Center on HIV and Aging
and New York University College of Nursing
Research on Older Adults with HIV

Stephen E. Karpiak, PhD
Mark Brennan, PhD
Principal Investigators
ACRIA
ROAH is Comprehensive

Demographics

Sexual Behavior

Social Networks

Psychological Well-Being

Distress – Depression

HIV Status/Health

Religiousness & Spirituality

Loneliness Among Older Adults

HIV Stigma and Disclosure
ACRIA Center on HIV and Aging

GOALS: Education and Training Programs

Target

- older adults and HIV services providers

Partner

- with organizations serving older adults

Support

- networking and collaboration among HIV service providers and organizations serving older adults

Improve

- HIV knowledge and change attitudes and beliefs among those serving older adults
Prevention Challenges

- Older persons face discrimination and stigma for HIV diagnosis and ageism which leads to reluctance to seek services
- Stigma in older adults leads to isolation
- Integrating sexual health and HIV prevention into broad health programs
Prevention Plan

• Develop and implement a prevention plan that will target seniors
• Must be age appropriate and culturally sensitive
• Utilize peer advocates in educational trainings
• Educate providers
• Collaboration between agencies
• Integrate HIV and sexual health into programs for older adults
• Advocate for routine testing to be offered
Training Guides with DVD

HIV In Older Adults: Engaged

mayores y más sabios: los muchos rostros del VIH

older and wiser: many faces of HIV
• High rates of comorbidities in older patients
  – Which ones and to what extent are they due to age, HIV, and ART?

• Difficult to co-manage comorbidities and HIV together,
  – What’s the best timing of treating HIV and comorbid disease?
  – Managing multimorbidity and drug-drug interactions

• Need to develop accurate treatment recommendations in older patients
Resources

- CD4 Count At Presentation for HIV Care in the US: The Journal of Medicine; October 2011; vol.4; issue 2 pg. 23-28

- HIV Infection, Inflammation, Immunosenescence, and Aging; Annual Review of Medicine 2011.62.20

- ACRIA Update; Interplay of Aging and HIV; vol16 no.2 spring 2007

- National Institute On Aging
  www.nia.nih.gov/health/agepages/aids.htm

- Sexual Behaviors, Condom Use, and Sexual Health of Americans over 50: Implications for Sexual health Promotion for Older Adults, J Sex Med 2010;7(supl 5): 315-329
Resources

- HIV Infection and Older Americans; the Public Health Perspective; Am J Public Health. 2012; 102(8): 1516 – 1526
Resources

Videos/DVD’s:

• HIV and Older Adults: Johns Hopkins University, March 2009
  – Contact JHU Local Performance Site 443-287-4779
• HIV/AIDS and Older Americans; produced by the National Minority AIDS Council Sept. 2001
  Seniors at Risk: Sex, Drugs and HIV; 2005; 28 min. DVD or VHS; order on-line at www.urbansolutionsinc.org
• HIV and Older Adults: Age is No Barrier; New York State Department of Health/AIDS Institute; May 2003
• AIDS is Ageless: HIV Over Fifty; AIDS Project Hartford; June 2001
Resources

Books:

• *AIDS in an Aging Society: What We Need to Know*; Riley, Ory & Zablotsky 1989
• *HIV & AIDS and Older People*; Kaufmann 1995
• *HIV/AIDS and the Older Adult*; Nokes 1996
• *Aging with HIV: Psychological, Social, and Health Issues*; Nichols, et al. 2002
• *HIV/AIDS and Older Adults: Challenges for Individuals, Families, and Communities*; Emlet 2004
• *Midlife and Older Adults and HIV: Implications for Social Services Research, Practice, and Policy*; Poindexter & Keigher 2004
• *HIV and Aging*; Lee, Sharon, Informa Healthcare; 2008
Websites

- www.aoa.gov
- www.acria.org
- www.hivguidelines.org
- http://www.gmhc.org
- www.hivoverfifty.org
- www.hivwisdom.org
- www.Safersexforseniors.org
- http://sageusa.org/index.cfm
- National Institute On Aging
  www.nia.nih.gov/health/agepages/aids.htm
- HIV/AIDS and the Elderly (Nurses Learning Network)
  www.nurselearning.com/syllabus.cfm?CourseKey=2092
- www.50plusmag.com follow links to Feb 2006 article
Thank you

443-287-4779
dbaker4@jhmi.edu

Save the Date
March 11, 2015
The Graying of HIV Conference
Sheppard Pratt
8:00am – 4:00pm