

# **HIV/AIDS AND AGING**

## **A Call for Planning and Leadership**

# FORUM AGENDA

- National Research Review
- TGA Data on Aging
- National Approaches to HIV and Aging
- Discussion: What does HIV and Aging look like in the Denver TGA
- Brainstorming: How do we become proactive to address the future of HIV/AIDS and Aging in the Denver

# NATIONALLY

- About half of the older people with AIDS have been infected for one year or less
- 29% of those with AIDS are 50+
- 15% of new HIV and AIDS diagnoses are 50+
- HIV infection rates are higher among 50+ minorities
  - 12 times higher in African Americans
  - 5 time higher in Hispanics

# WHY OLDER PEOPLE ARE GETTING INFECTED

- Testing not focused on older people
- HIV prevention is not targeted at older people
- Lack awareness of risk factors
- Newly single and have ignored HIV prevention messages
- No training in safer sex activities

# WHY OLDER PEOPLE ARE GETTING INFECTED

- Drug use accounts for more than 16% of new HIV infections of people over 50
- Viagra and other drugs increase rates of sexual activity and sexually transmitted diseases among older people.

# ISSUES WITH DIAGNOSIS AND AGING

- Physicians often overlook HIV infection in older people. Early symptoms of HIV disease appear as signs of normal aging.
- Stigma of having HIV/AIDS is worse for older people. Resulting in hiding their infection from family and friends.

# HIV, AGING AND HEALTH

## Physical and Mental Health Issues Facing the Aging Population

# HIV AND PHYSICAL HEALTH

- Aging more quickly
- Increased occurrence of non-HIV co-morbidities
- CD4 counts don't recover as quickly
- Immune activation to fight HIV wears system down
- Sleep apnea and disorders caused by HIV drugs
- Decrease in bone density and dental health issues

# HIV AND THE BRAIN

- 15-20 years older than those without HIV
- Less creatine (organic acid that occurs naturally and helps to supply energy to muscles) released
  - Lowering energy level
  - Elevated triglycerides
  - Increased chance of diabetes

# HIV AND INFLAMMATION

- Increased inflammation (complex biological response of tissues to harmful stimuli) due to HIV infection leads to:
  - Cognitive impairment
  - Diabetes
  - Heart disease
  - Kidney disease
  - Liver disease

# HIV AND CANCER

- Higher incidents among 50+
  - Anal
  - Hodgkin lymphoma
  - Head and neck
  - Kidney
  - Lung
  - Skin

# MENTAL HEALTH

- 50% of those living with HIV over 60 experience cognitive impairment
- Dementia
- Survival guilt
- High rates of depression
- Loneliness

# QUALITY OF LIFE ISSUES

- Lack of long-term financial planning and resources
- Isolation and mobility
- Transportation
- Independent living, long term care and housing

# AGING IN THE DENVER TGA (45+)

- 35.8% of TGA Population
- 26.6% of new HIV/AIDS Cases
- 45.1% of RW service users
  - Primary Care 43.7%
  - Medical CM 43.7%
  - Mental Health 47.8%
  - Substance Abuse 44.1%
  - Dental 54.6%

# SYSTEM ISSUES

Preparing for the Future That is Upon Us

# SYSTEM ISSUES AND HIV AND AGING

- Healthy lifestyles need to be a central focus of HIV care
- Need to exercise the brain
- Need for financial coaching and retirement counseling

# ROAH (RESEARCH ON OLDER ADULTS WITH HIV) STUDY IN NYC AND HEALTH CARE

- Conduct public education outreach campaigns to reduce and end HIV stigma, including homophobia and ageism, in healthcare, including mental healthcare services, and social care agencies that provide services to older adults.
- Reexamine and modify the HIV Standards of Care to include routine assessments for the myriad co-morbid illnesses that are common among aging adults.
- Tailor and target HIV prevention messages to older adults.

# ROAH AND THE SYSTEM

- ASO staff should work with Area Agencies on Aging to assess the needs of older adults with HIV, evaluate whether those needs are being met by community-based services.
  - In-service training on issues involving aging and HIV, conducted by ASOs
  - Developing effective outreach strategies, including marketing strategies targeting older HIV-positive adults.
  - Developing collaborations between senior centers and CBOs/ASOs already providing services to older adults with HIV.
  - Better outreach coordination by ASOs and senior centers to HIV-positive older adults to join in the socialization activities in senior centers.
- Training for home healthcare staff on the needs of older HIV-positive people, including education aimed at eliminating stigma or other forms of prejudice.

# THE REALITY ON THE GROUND

What are you seeing in Denver  
with HIV and Aging?

# SYSTEM CHANGES

How do we need to prepare and respond  
to the changing demographics of  
HIV/AIDS?

# REFERENCES

- [Speaking Out for a Group Once Unheard-Of: Aging with AIDS, New York Times, Karen Barrow \(2008\)](#)
- [AIDS Patients Face Downside of Living Longer, New York Times, Jane Gross](#)
- [HIV/AIDS Among Persons Aged 50 and Older, CDC \(2008\)](#)
- [Poz Magazine](#)
- [www.thebody.com](#)
- [www.aidsinfonet.org](#)