HIV/AIDS at 30 years: Impact on Geriatric Population

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First case of HIV was detected – 30 years ago.

30 years have passed still no definite cure for this epidemic

HIV/AIDS morbidity and mortality is decreasing with the use of Highly Active Retroactive Therapy (HAART) and Anti Retroviral Therapy (ART)

Longer life expectancy of HIV patients due to new treatment that slowed down the destruction of immune system by HIV

Longevity of patients living with HIV-infections provides challenges for physicians treating aging HIV population due to the compounding effects of pre-existing co-morbidity conditions associated with normal aging.
The prevalence of HIV for people age > 50 years is expanding.

Introduction of HAART dropped HIV mortality rate from 40% (1980) to single digit.

Newly diagnosed HIV cases in age >50 is growing at 16.8%.

More and more HIV cases are in elderly of >65 year (geriatric)

Geriatric population are less likely to be routinely evaluated for HIV than the younger population groups
HIV/AIDS Conceptual Framework

STRUCTURAL FACTORS
- War and Militarization
- Demographic Change
- Structural violence and discrimination
- Legal Structure
- Policy Environment

SOCIAL FACTORS
- Social Capital
- Cultural Context
- Neighborhood Effect
  - Social Environment
  - Socio-economic factors
  - Residential segregation
  - Physical environment

INDIVIDUAL FACTORS
- Behaviors
  - Partner selection
  - Condom use
  - Sexual practices
  - Illicit drug use
- Individual characteristic
  - Gender
  - Race/ethnicity
  - Circumcision status
  - STI co-infection
  - Age
- Socio economy position
  - Income
  - Education
  - Occupation
- Social Networks
  - Network dynamics
  - Sexual networks
  - Illicit drug use networks

HIV Trend: Old vs Young

- HIV rate in age <50: % Decrease in most other categories

Rate of developing AIDS within 12 months:
- AIDS rate in age >50: 53%
- AIDS rate in age <50: 37%
Why the Rate of HIV Increase in Older Population?

- Geriatrics are engaging in sex more due to Social trends
- CDC recommendation for HIV screening in person 13-65 years
- Medical Practitioners following CDC guideline, but hesitant to discuss sexuality with older patients
- Older people are less likely than younger people to talk about their sex lives or drug use with their doctors
- Newly infected older persons are particularly susceptible to late/missed detection and poor treatment outcomes

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Individuals age >50 account for at least 10% of AIDS cases.

Little research is done to address AIDS in elderly.

Elderly are less likely to use a condom during sexual intercourse.

Elderly are less likely to participate in routine HIV testing.
New Cases of HIV in the US by Age at Diagnosis

- 13-29: 23%
- 30-39: 36%
- 40-49: 17%
- ≥50: 24%

Barriers to HIV Management

- Untreated Old patients progress to AIDS more rapidly than young patients due to differences in immunological response.
- Geriatrics are more susceptible to adverse effects of therapy.
- Geriatrics also have a great number of comorbid conditions and many, polypharmacy, which may complicate treatment of HIV.
In the U.S., more than 1 million people living with HIV, and about 600,000 people have died from AIDS or AIDS related illness.

Older patients with HIV are living longer due to advances in treatment.

This epidemic has an extraordinary burden on already troubled health sector due to co-morbidities.

Impact of cost lay on the shoulder of tax payers.

Often the poorest sectors of society are most vulnerable to the epidemic and for whom the consequences are most severe.
Individuals with HIV deal with the social stigma: discrimination, prejudice, negative attitudes, abuse, and maltreatment directed at people living with HIV/AIDS.

HIV does not only affect individuals, but the whole family. All members of the family may experience some physiological stress and problems that the individual feels.

The social cost associated with health care will be transfer to society through taxes.
U.S. Funding for HIV/AIDS in 2008: $15.6 Billion (compare in 1996: $300 Million)

In 2010, U.S. funding for HIV/AIDS dropped further 10% from 2009 ($7.6 Billion in 2009; $6.9 Billion in 2010)
Care for Geriatrics

- Early symptom of HIV is unspecific, early diagnosis is important
- Support post HIV diagnosis is critical to patient wellbeing.
- Developing supportive intervention plan with the individual
- Explore patients’ feelings and offer support
- Follow up to monitor progression of disease
- Provide medication
Prevention & Control

- HIV Global awareness: HIV testing and Education

- Health prevention and promotion is key: Risk reduction and safe sex practices

- Effective coping skill for elderly HIV patients
Conclusion

- Changing age profile of adults with HIV
- More older adults receiving diagnosis of HIV later in life
- Geriatric population cohort is vulnerable due to misconception
- Increase awareness for health practitioners to screen HIV in elderly
- HIV and aging present a challenge to health provider
- Ultimate goal: reduce HIV rate in geriatric


Thank You