

HIV & AGING

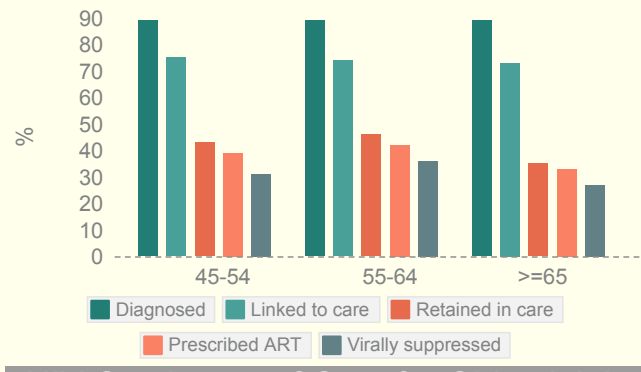
Reducing new HIV infections in older adults in the U.S. with

PREVENTION

&

ASSESSMENT

TREATMENT



HIV Continuum of Care for Older Adults

Approximately

3/4

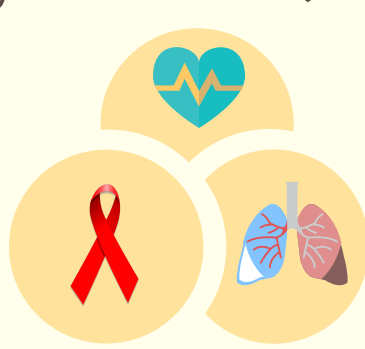
PLWH >65 are NOT virally suppressed ¹

Why do new HIV infections continue to occur in older adults? ^{2,3}



- Sexually active older adults may not consider themselves at risk of HIV infection
- Healthcare providers may not consider testing for STIs or discussing sexual health with older adult patients
- Psychosocial factors may prevent older adults from seeking care and disclosing their HIV status
- Most HIV prevention campaigns and substance abuse programs do not target this population

What makes treating older people living with HIV (PLWH) so unique? ^{2,3}



PLWH may develop chronic diseases associated with aging earlier in life, resulting in the development of multiple comorbid conditions, such as cancer, heart disease, diabetes, bone disease, etc.



Older PLWH are at risk for polypharmacy, increasing the risk of drug-drug interactions and adverse events which can negatively affect cognitive function and quality of life.



Illustration by Kibbitzer

PLWH age 5-10 years ahead of non-HIV infected persons; aging accelerates HIV disease progression.

Strategies for reducing new HIV infections in older adults

PREVENTION

Increase Awareness & Get the Word Out! ^{4,5}

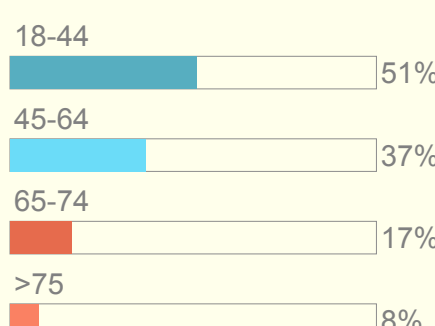
HIV services, education programs & messages for older adults should:

- target at-risk older adults and their care providers
- not be confined to healthcare facilities. Consider settings that attract older adults (adult community centers, retirement communities, nursing homes, health fairs, etc.)
- involve older adults as peer educators
- incorporate generational concerns and images of older adults in the design

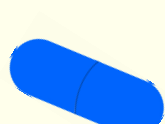
Increase HIV Testing ⁶



Older adults have the lowest HIV testing rates compared to other age groups. Only about 1/4 adults >65 have ever had an HIV test.

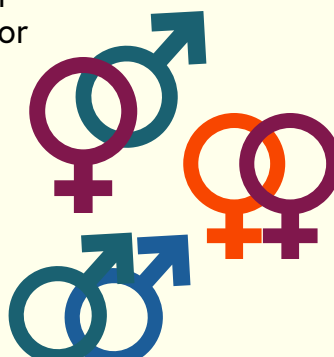


PrEP ^{7,8}



Pre-exposure prophylaxis (PrEP) is effective for prevention of HIV transmission - particularly for people who engage in risky behavior - and should be considered as an HIV prevention strategy in older adults because

- older adults have sex
- some older adults engage in risky behavior



ASSESSMENT

Take a detailed sexual history ^{8,9}

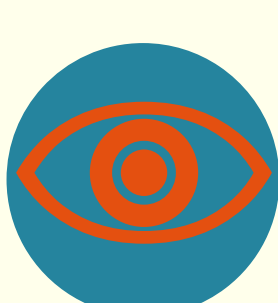
Studies show that healthcare providers rarely discuss sexual issues with older patients, yet the primary mode of HIV transmission among the older population is sex. Consider these tips when taking a sexual history with older adults:



Establish a rapport with your patient



Pay attention to verbal and non-verbal cues



- Engage your patient
- Avoid rushing & interrupting
- Use brief affirmative responses



Keep an open mind and accepting attitude



Never make assumptions about a patient's sexual orientation

ALL adults should be advised of risks and risk reduction, and sexual health history should be routinely incorporated into medical history.

TREATMENT

Key considerations when caring for older PLWH* ¹⁰



- Antiretroviral therapy (ART) is recommended in patients >50 years of age, regardless of CD4 cell count because the risk of non-AIDS related complications may increase and the response to ART may be reduced.
- Bone, kidney, metabolic, cardiovascular, and liver health of older PLWH should be monitored closely, as ART-associated adverse events may occur more frequently.
- Antiretroviral (ARV) drugs and other medications commonly used in older PLWH should be assessed regularly to reduce the risk of drug-drug interactions.
- HIV experts and primary care providers should work together to optimize the medical care of older PLWH with complex comorbidities, and provide counseling to prevent HIV transmission.

* Summarized from the Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents.

Infographic references can be found here: <http://www.aidsetc.org/toolkit/aging/infographic>

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