

HIV/AIDS in Older Adults

The term "older adult" is defined somewhat differently in the context of HIV infection from the general designation of old age, reflecting both the upper age range of the HIV epidemic and those who are discounted in HIV care programs because of their senior status. This aggregation of ages stems originally from the Centers for Disease Control and Prevention (CDC), which grouped all ages over 50 together, and continues to be useful as a way of describing the older patients in the epidemic. This is not to say they are elderly; in fact, many in this group may not consider their needs to be those of older adults outside of the HIV framework.

According to CDC 10 percent to 15 percent of HIV/AIDS cases occur in individuals over age 50 in 2000. Recent data (National Association on HIV Over Fifty, 2005) reported in a Senate committee hearing about HIV and aging, estimated that approximately 28 percent of those known to be infected with HIV are older adults and by 2015, at least half of those known to be infected will be over 50.

According to CA Emler (2005) there are distinct populations of older adults in relation to HIV infection. First, are older adults who have become newly infected with HIV in later life. Second, are the long-term survivors who were infected much earlier and are now able to grow old with HIV/AIDS due to the advancement in HIV treatments. Third, are older adults who may be HIV negative, but are unaware of their risk for infection, engaging in behaviors that increase their risk for exposure to HIV.

Research (Linsk NL, 2000) has shown that compared to younger persons, older adults are less likely to use condoms or practice safe sex. They are less likely to be tested for HIV, or to know their own HIV status. Overall, the risk of HIV infection is significant for older adults. The major source of risk has been male-to-male sex; however, heterosexual-related risk and injection drug-related needle sharing are increasing. The increasing incidence of untreated HIV infection in older adults relates to stigma, marginalization, inadequate information directed to this age group and possible association with substance abuse.

Survival rates among older adults infected are consistently decreased in comparison with younger patients. Research (Justice AC and Weissman S, 1997) indicates that there are at least two sets of mediators that affect disease progression for older adults: mutable and immutable. Likely mutable mediators include delayed diagnosis, appropriateness of therapy and socioeconomic factors. Immutable mediators include deficits in organ function, immune function, nutritional status, mental status, bone marrow function, kidney function, cardiac function and psychiatric disease.

Finally, the stigma of sexuality in older adults is often an obstacle to effective risk assessment and prevention. Prevention materials need to be age-sensitive and address older-adult issues. The most important HIV prevention goal should be to increase awareness of and attention to the fact that HIV infection and AIDS are not the province of any particular age group, and no one should be dismissed from education, intervention or treatment because of his or her chronologic age.

For more information regarding HIV/AIDS and older adults, see the National Association on HIV Over Fifty at <http://www.hivoverfifty.org/>, or contact the Houston Grey/Silver Project (Walter Tinson, Executive Director) at (713) 673-6887.