Practice Brief

Meeting the HIV Prevention Needs of Older Adults

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New acquisition of HIV is growing in older adult populations (Buchbinder & Liu, 2016). By the last analysis from the Centers for Disease Control and Prevention (CDC) in 2014, people 50 years of age and older accounted for approximately 17% (7,391 people) of the more than 44,000 new HIV diagnoses in the United States. Of those older adults diagnosed, 44%, or 3,242 people, were between the ages of 50 and 54 years (CDC, 2017a). Racial disparities among older adults acquiring HIV were evident, with 43% of diagnoses affecting African Americans and 16% affecting Hispanics/Latinos. Unlike their younger counterparts, older adults were more likely to be diagnosed with AIDS at the time of HIV diagnosis, perhaps related to lack of recognition of their own risk for acquiring HIV or because health care providers may not routinely test older patients for HIV (CDC, 2017a; Sankar, Nevedal, Neufeld, Berry, & Luborsky, 2011). The challenges and solutions for promoting HIV prevention among older adults will be presented in this paper, including a case example using common versus best practices.

Challenges to HIV Prevention

As treatment of HIV has improved, people living with HIV world-wide are now living longer and are approaching the same life expectancy compared to those not infected with the virus (Nakagawa, May, & Phillips, 2017; Negin et al., 2016). As the number of treated individuals living with HIV increases, age-specific care will be required, particularly with the understanding of the conjunction of HIV care and the care of common chronic diseases associated with aging (Nakagawa et al., 2017). Older adults living with HIV infection may continue to be sexually active, increasing the length of time they could potentially transmit infection to their partners (Negin et al., 2016). As with younger people, older adults may engage in unprotected sexual contact, have multiple sexual partners, and lack knowledge about HIV transmission and HIV prevention. Older adults also may use alcohol and injectable drugs unsafely (CDC, 2017a).

General Risk Associated With Aging

Significant and unique challenges exist related to HIV prevention for older adults. Most people over age 60 years did not have to contend with HIV when they were last dating, and often think HIV infection is something related only to younger people. If older adults are re-entering the dating world after the loss of a partner, they may not be aware of HIV risk. The use of condoms may be considered unnecessary if partners are of the same sex or not of childbearing age. In particular, older women, no longer worried about pregnancy, will not think a condom is needed (Negin et al., 2016; Roberson, 2014). Such thinking is risky because with postmenopausal vaginal dryness and tissue thinning, the woman is at increased risk for micro-tears that enhance HIV acquisition, as compared to younger women (Roberson, 2014; thewellproject, 2017). Although older patients tend to visit health care

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providers more frequently than younger patients, they are less likely to discuss their sexual risk factors and/or substance use/abuse habits, and their providers are less likely to ask about these risks (CDC, 2017a; National Institute on Aging, 2016; Sankar et al., 2011).

Ageism has been found among health care providers who may not ask about risk factors or screen for HIV due to false ideas that older people are not sexually active. The health care provider may believe that if the older patient is sexually active, they are in monogamous/safer sexual relationships, and may believe the older patient does not have substance use habits (National Institute on Aging, 2016). Guo and Sims (2017) reported that occurrence of recent HIV testing of older patients in the United States was more likely among men, those with same-sex behaviors, African or Hispanic ethnicity, and those having public insurance. Women and those economically disadvantaged were less likely to be screened (Guo & Sims, 2017). Health care providers may not routinely assess older adults for sexually transmitted infections (STIs) or HIV out of fear they may offend the patient (Brooks, Buchacz, Gebo, & Mermin, 2012). Some evidence suggested that health care provider avoidance of screening resulted in later diagnosis among older adults and even under-treatment once they were diagnosed (HIV.gov, 2017; Sankar et al., 2011).

Chronic Disease

Common chronic diseases associated with aging may be impacted by HIV acquisition and treatment of HIV infection. In particular, cardiovascular disease, osteoporosis, and some cancers can be accelerated in the presence of HIV infection (Brooks et al., 2012). For those infected with HIV and taking antiretroviral therapy, careful management of hypertension, diabetes, hyperlipidemia, and obesity is critical (CDC, 2017a). Symptoms of new HIV infection may be difficult to distinguish from those symptoms associated with normal aging, such as fatigue, weight changes, and skin changes (Sankar et al., 2011). One study found that patients living with HIV frequently questioned if their daily symptoms were related to aging, HIV, or their medications (Quinn, Sanders, & Petroll, 2017).

Stigma and Aging

Older adults may be more likely to resist talking about HIV because they fear the negativity and isolation associated with HIV infection (Sankar et al., 2011). Older adults have experienced compounded stigma associated with ageism and HIV infection including stereotyping, rejection, loss of confidentiality, and fear of transmission (Furlotte & Schwartz, 2017). Many studies found that there was a general lack of knowledge about transmission of HIV and that many older adults did not perceive themselves at high risk for HIV acquisition despite having high-risk sexual behaviors (Negin et al., 2016; Sankar et al., 2011). Some older adults have experienced social isolation due to the death of aging family and friends or due to chronic illness limitations and are reluctant to further isolate themselves over an HIV diagnosis (CDC, 2017a).

Case example. Mr. J, age 67, is a retired auto mechanic who lost his wife of 43 years to colon cancer 7 months ago. He presents at his regular health care provider's office for a routine check-up and for a refill of his lisinopril for well-controlled hypertension. As the nurse assesses his vital signs, he casually mentions that he is "dating and tired of being alone." The nurse responds, "Good for you!" and assists him in the exam room. The nurse practitioner reviews Mr. J's medications, vital signs, and asks if he has any complaints before beginning the physical examination. Mr. J again remarks about his return to dating to which the nurse practitioner replies, "Good for you." The exam is within normal limits and routine laboratory screening for cholesterol, basic metabolic panel, and prostate-specific antigen levels are ordered.

The case above is all too common among older adults. There is likely no age-appropriate signage in this clinic depicting healthy older adults in physical relationships nor is there likely to be information posted on screening for sexually transmitted infections targeting older adults. A variety of free downloadable flyers are available online that show older adults of different ethnicities and both same-sex and heterosexual couples with pointed messages such as "age is not a condom" and "unsafe at any age" (Table 1). Primary care providers who

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