FCAA
Funders Concerned About AIDS

October 2007

Fact Sheet

HIV/AIDS and Aging Populations

HIV/AIDS and aging intersect on multiple levels. Epidemiologically, the population of older people with AIDS continues to grow, thanks in part to progress with AIDS medications, but due also to a lack of awareness and prevention messages aimed at older people. Biologically, certain symptoms of AIDS can be confused with the effects of aging, masking the progression of the disease and delaying diagnosis. In terms of treatment, there is little scholarship on the interactions between AIDS medications and others commonly used by older people. And socially and economically, aging people with HIV/AIDS face additional strain as they cope, often in relative isolation, with the increasingly expensive and difficult project of managing AIDS.

This *Fact Sheet* examines past and current assessments of certain key issues related to HIV/AIDS and aging, and highlights potential responses for concerned grantmakers. The focus is primarily on domestic U.S. populations, due to greater depth and consistency of research in this area, though the challenges faced by older people with HIV/AIDS are relevant everywhere.

Broader concerns on aging and AIDS

On a broader level, the major concern is that the population of older people with HIV/AIDS is certain to grow, due to epidemiological factors as well as new transmissions between older people. Additionally, the frequent exclusion of older people from HIV/AIDS clinical drug trials spells continued difficulties in attempting to medically manage AIDS at an advanced age.

Key Issues:

Increasing population of older people with HIV/AIDS

- About 10-15% of people living with HIV/AIDS (PLWHA) in the United States—in total, about 78,000 people—are age 50 or older. The number of people over 50 with HIV/AIDS is growing rapidly (AIDS Infonet, *Fact Sheet 616: Older People and HIV*, May 2007).
- Of the almost 100,000 PLWHA in New York City, 30% are over age 50 and 70% are over age 40. The proportion of older PLWHA is certain to continue to rise, primarily due to the success of HIV medications. The number of older PLWHA may be even larger than is reported, due to lower rates of testing by physicians (Karpiak, S.E., Shippy, R.A. & Cantor, M.H. *Research on Older Adults with HIV.* New York: AIDS Community Research Initiative of America, 2006: 5-6).

Challenges to prevention

- In 2003, *The New York Times* wrote on the increase of HIV/AIDS among older people and the lack of prevention messages targeted at people over 50 (Linda Villarosa, "Raising Awareness About AIDS and the Aging," *NY Times*, 7/8/03). The success of antiretroviral medications continues to keep older PLWHA alive, but older age is accompanied by increased medical complications.
- There is a growing awareness of continued sexual activity into old age, and yet middle-aged and elderly people are rarely targeted by prevention and sexual education campaigns. A new report has found that most Americans remain sexually active into their 60s and many continue to have sex regularly into their early 70s. However, most of those surveyed had not discussed sex with a doctor since age 50 (Benedict Carey, "Many Found Sexually Active Into the 70s," *NY Times*, 8/23/07).
- Troublingly, a recent study from the University of Pittsburgh School of Medicine found that "few older U.S. women, especially African-Americans, are interested in being tested for HIV, despite having significant risk factors for lifetime exposure" ("Older Women Not Interested in HIV Test", *United Press International*, 8/7/07).

"The potential for older people to acquire HIV is often overlooked by healthcare professionals—for them, it's like believing that their parents still have sex. So it's crucial to put 'ageism' aside and remember that older people are human beings, too, and that sex is just a normal part of life. All of us have cared for individuals in their 60s, 70s, and beyond. In fact, it's never made much sense that there is an age cutoff for the CDC screening recommendations."

–Judith Feinberg, MD, Professor of Medicine and Associate Chair for Faculty Development, University of Cincinnati College of Medicine

(continued)

Exclusion of older people from HIV/AIDS clinical drug trials

- HIV/AIDS drug and vaccine trials may exclude participants over a certain age or with low overall health (David Mariner, "HIV/AIDS Clinical Trials & Seniors," *AIDS Research Community Handbook*, 2005). While screening policies are part of a necessary effort to distinguish the actual effects of tested drugs, a side-effect is that medications may be developed without an understanding of their proper use by older people.

Specific challenges for older people with HIV/AIDS

Key Issues:

Interaction of AIDS drugs with drugs commonly used by the aging

- "Illnesses such as heart diseases, depression, high blood pressure, Alzheimer's disease and arthritis are more prevalent in older people who are therefore more likely to be taking medicine for a long-term illness or as a preventative measure for a preexisting condition. This makes it more difficult for doctors to arrive at a suitable combination of drugs and the treatments available may be limited by drug interactions" (Avert, *Older People, HIV and AIDS,* last updated August 2007).
- "Older age brings with it other health issues, and these comorbidities—cardiac, renal, hepatic, oncologic, neurological, and psychiatric – are often medicated, leading to a potential for a high risk of drug-drug interactions. One study of HIV-positive individuals over 55 found that 89% had comorbid conditions, and that 81% were taking non-HIV medication" (Edwin J. Bernard, "Aging HIV population cause for concern," *AIDSmap*, 9/5/05).

Drug resistance and treatment challenges

- An unfortunate fact about HIV is that the virus mutates to resist treatment by antiretroviral drugs. Over time, the effect of a given drug diminishes and a new medication is needed to combat the virus. For older people with HIV/AIDS, many of whom have been on antiretrovirals since their introduction in the mid-1990s, drug resistance poses a particular challenge.
- "Studies have found that untreated, older HIV-positive individuals are twice as likely to die than their younger, untreated counterparts… However, it is striking that three months after older adults initiate HAART, no significant differences in survival are seen as compared to younger patients… these data support the conclusion that older adults are at greater risk when there is a failure to diagnose HIV infection that results in delayed treatment" (Karpiak, S.E., Shippy, R.A. & Cantor, M.H. *Research on Older Adults with HIV.* New York: AIDS Community Research Initiative of America, 2006: 6-7).

What Funders Can Do:

Fund testing, education, and treatment programs for older people living with HIV/AIDS

Fund programs providing mental health services to older PLWHA

Support investments in and advocacy efforts for research and specialized training for medical professionals to respond appropriately

Fund advocacy efforts to ensure sufficient public health funding streams for Medicare and other programs that serve PLWHA

Confusion of symptoms between AIDS and aging

- Older HIV-positive people who are not aware of their infection often remain so until they develop full-blown AIDS, and the potential conflation of early AIDS symptoms with the natural effects of aging may prevent a diagnosis until the symptoms have become more difficult to manage (Avert, *Older People, HIV and AIDS,* last updated August 2007).
- "Ageism doesn't stop at the clinic door. Some of the early symptoms of HIV mimic age-related conditions, and many doctors apparently buy into the myth of early celibacy and sobriety. When an older patient complains of fatigue, weight loss, or failing memory, a doctor who does not recognize the risk of HIV infection may automatically attribute the symptoms to advancing years" (Laura Engle, "Old AIDS," *Body Positive,* January 1998).

Lack of social and economic support

- "The primary findings of ACRIA's preliminary research indicate that the aging HIV population does not have access to social support networks that provide support upon which the typical aging adult relies. Without these functional informal support networks these older adults find themselves relying on costly formal care services" (Karpiak, S.E., Shippy, R.A. & Cantor, M.H. *Research on Older Adults with HIV.* New York: AIDS Community Research Initiative of America, 2006: 9).

Assumptions made by doctors about mental health

- "[Research on Older Adults with HIV] data indicate that HIV-positive adults experience significantly high levels of depression, at a rate almost 13 times higher than the general New York City population… the co-occurrence of HIV and depression is a formula for continued distress of the immune system" (Karpiak, Shippy & Cantor, 2006: 20-21).

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