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HIV HITS 100,000 OLDER ADULTS—AND CLIMBING

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The test has come back: "You are positive." These frightful words weren't even conceivable by many Americans who are now infected with HIV. Imagine hearing this message for yourself. What would you do? How would you respond? A flood of concerns would undoubtedly race through your head: How long do I have? How do I handle my insurance (or lack thereof)? Where do I get my medications? Will I experience side effects from them? Do I tell my family and friends? If not, how do I keep this a secret but keep my sanity? Will I be able to be intimate with someone again? Do I deserve this? Does anyone deserve this?

Now imagine going through this scenario at age 50, 60, 70. This fact may be hard to believe, but HIV is affecting more older adults than ever before. The United States is at the point in the HIV/AIDS epidemic that HIV studies and gerontology are crossing paths, a trend expected only to continue.

FACTORS DRIVING GROWTH

According to the Centers for Disease Control and Prevention, the number of adults ages 50-plus with HIV/AIDS rose from 65,655 cases in 2001 to 104,260 cases in 2004—an increase of 59% in only three years. Several factors are driving this growth. As the U.S. population ages, the sheer number of midlife and older adults with HIV will increase. In addition, as HIV-positive younger adults age, the proportion of midlife and older adults living with HIV/AIDS will expand. Moreover, midlife and older adults also are becoming infected in later life. Unfortunately, very little HIV prevention education is targeted to older adults. Why? Culturally, many still consider HIV to be a disease of the young gay or bisexual male or IV-drug user. Consequently, older adults may be more at risk for infection because they are not normally considered to be a vulnerable population.

In addition, because people in midlife or older are past their reproductive years, many sexually active older adults may be less inclined to use condoms. Furthermore, due to the thinning of vaginal and anal membranes that accompanies the aging process, older adults may experience more tearing during sexual contact, making them even more susceptible to infection.

Thanks to the introduction of protease inhibitors in 1996, the mortality rate from HIV has sharply declined, transforming the disease into a chronic, more manageable condition. Protease inhibitors, in combination with other antiretroviral medications, have often proved to be a strong defense against viral production and mutation. These newer drug combinations allow the body to reconstitute the immune system, restoring the individual to health. Although more research is needed to understand the role protease inhibitors play in the lives of HIV-positive older people, these drugs have clearly allowed growing numbers of men and women to continue to age with HIV.

SUCCESSFUL AGING POSSIBLE

The growing wave of older HIV-positive people calls for gerontologists, healthcare professionals and

policymakers to help promote successful aging for adults living with HIV as a research, practice and policy priority. Though limited, the available research on those ages 50-plus with HIV makes clear that successful aging is possible for individuals who are infected. Equally clear, however, are the notable challenges and unknowns along the way. As people age, complications may occur due to HIV. Likewise, for those living with HIV, complications will arise due to the processes of aging. The synergistic effects of aging with HIV are novel and require additional study, insight and planning to help meet the needs of midlife and older adults with HIV and the concerns of their loved ones.

The forthcoming spring–summer 2007 issue of *OutWord*, the newsletter of the American Society on Aging's Lesbian and Gay Aging Issues Network, will focus on HIV among a specific population of older adults—men who have sex with men (MSM). In this special issue, we, the authors of this article, will provide an overview of the topic of aging and HIV. In the last 25 years in the United States, HIV infection essentially has been transformed from a life-threatening diagnosis to a chronic condition. Consequently, those aging with HIV—and MSM in particular—have faced several emerging concerns of aging, including the need for social support, the role of sexual performance enhancers and erectile dysfunction, and the challenge of cognitive decline.

Researching social support, Andrew Shippy and his colleagues at the AIDS Community Research Initiative of America in New York City conducted one of the largest studies to date on social networks and older adults with HIV. They observed some disturbing patterns: They found, for instance, that HIV-positive older adults had less access to traditional social supports, thus isolating them from receiving care that could improve their quality of life. With fewer supports, older adults in the study reported having a weak emotional foundation and high levels of depression. In addition, many of the social supports they did report were from other HIV-positive older individuals. These findings indicate that some older adults with HIV have fragile social networks and, thus, a need for programs and services to improve their quality of life.

CONCERN ABOUT SEX-DRUGS

Also in the upcoming issue of *OutWord*, David Latini at the Baylor College of Medicine in Houston and David W. Coon highlight initial findings from their work on the use of sexual performance enhancing (SPE) medications such as Viagra, Levitra and Cialis among MSM age 50 or older who experienced erectile dysfunction. Their work is in response to a growing concern about the association between unsafe sex and SPE use among the younger MSM population. Research on younger MSM has suggested that they often used SPEs in party situations in combination with recreational drugs, most notably crystal meth.

In contrast, Latini and Coon found that the older MSM in their study who were using SPEs reported actually maintaining or increasing their level of safe-sex practices. For example, many of these men with erectile dysfunction stated that SPEs helped them achieve and sustain erections while using condoms, an outcome that fostered condom usage. Still, many men in Latini and Coon's study lacked accurate information about SPEs, including appropriate dosage, contraindications and side effects. The authors are using the information from this and their other work to help inform health education efforts and HIV prevention and intervention programs for older MSM.

In the same *OutWord* issue, David Hardy of Loyola Marymount University, Los Angeles, and David Vance examine how some older adults with HIV may be vulnerable to developing cognitive decline as they age. Age-related risks for cognitive impairment can combine with HIV-related risks, making HIV-positive elders more likely to develop HIV-associated dementia. Hardy and Vance suggest that risk management and possible interventions, such as cognitive remediation therapy, might help buffer adults from the potential diminished cognitive ability associated with aging with HIV.

Although unique and unforeseen challenges are associated with aging with HIV, there is much optimism in the field about helping HIV-positive individuals age successfully. However, even though medications can be very effective in controlling virus replication, professionals in aging must also be cognizant of the biopsychosocial difficulties that may arise as this population continues to age. Research is sorely needed to help identify physical, social and psychological factors affecting this population and to create effective interventions to improve successful aging outcomes. In addition, researchers must keep in mind that the population of people aging with HIV includes more than MSM—both women and heterosexual men are also affected. ❖

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