THE AGING OF HIV

DEFINING OLDER ADULT

While 65 may be the most common age used to define the beginning of old adulthood, many other chronological ages are used to define the onset of old age, depending on the purpose of the definition (Stafford & Krell, 1997). In the United States, 65 is the age that is most frequently used to establish eligibility for benefits that an individual would be entitled to in old age (health benefits and pensions). However, for the purposes of this discussion, the definition of older adult will be those persons who are 50 years and older, as defined by the Center for Disease Control and Prevention [CDC].

HIV/AIDS has always been an aging issue. Between 11 and 15% of US AIDS cases occur in people over age 50 (National Association of HIV Over Fifty [NAHOF], 2003). As the general population ages and the generation of baby boomers moves into mid life, the percentage of older adults at risk for HIV will increase. In addition, there are currently HIV positive adults who have transitioned into older adulthood with the virus, as well as an increased number of aging partners, family members, and caregivers. Furthermore, with increased treatment options, the very nature of HIV/AIDS is projected to change, transforming a lethal, acute disease into a chronic illness that will inevitably affect increasing numbers of older people.

The Demographics of Aging and HIV/AIDS

Older adults and persons living with and affected by HIV/AIDS face similar challenges with regard to access to health care, income maintenance, and social and economic support. Similarly, the trends of HIV/AIDS show persons of color, women, and men who have sex with men as increasingly at risk for HIV/AIDS—creating an increase in the number of older adults within these identified groups and communities.

Many older adults are subject to economic disparity, with 19 percent of older adults living in poverty, or near poverty. Older adult minorities have disproportionately been affected by poverty, especially black women, with 54 percent of black women who live alone falling below the official poverty index (Stafford & Krell, 1997).

Older adults are not always isolated. The older adult population tends to be active and involved in families and communities and with the majority (68 percent) living in non-institutionalized, family settings (Stafford & Krell, 1997). In fact, at any point in time, only five percent of older adults are living in institutions, (e.g., nursing home or assisted living program).

Minority and ethnic groups, (i.e. African Americans, Latinos, Asian/Pacific Islanders, and Native Americans) will be aging in significantly high proportions compared with white (non-Hispanic) individuals.

- It is estimated that between 1995 and 2010, the number of African American older adults will grow by 26.2 percent, the number of Latino elderly will grow by 89.2 percent, and the population of older Asian/Pacific Islanders, Native Americans, Eskimos, and Aleuts will grow by 103 percent. There is an expected 14 percent growth rate among older Caucasians during the next 50 years (National Institute on Aging, 1999).
- The number of AIDS cases in communities of color continues to rise (Gelfand, 1999). Of all the people age 50 and over with AIDS, more than half (52 percent) are African American and Hispanic. Of all men age 50 and over with AIDS, 49 percent are African American and Hispanic. Of all women age 50 and over with AIDS, 70 percent are African American and Hispanic (National Institute on Aging, 1999).

HIV/AIDS and Older Adults

The number of older adults vulnerable to HIV/AIDS infection suggest that older adults may not be aware of or protecting themselves from the risk factors associated with HIV/AIDS (NAHOF, 2003). Often, older adults are not provided the information necessary to help protect themselves against infection. This is due in part to the general perception that the older adult population is not at risk for HIV, and society's reluctance to discuss behaviors that increase risk for transmission of HIV (Linsk, 1994).

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What are the transmission risks for older adults?

Social workers in many different fields of practice must be aware of the risk factors and transmission issues that leave older adults vulnerable to HIV/AIDS infection.

Sexual activity

The misconception that older people are not sexually active has, in large part, been a contributor in making older adults an invisible population to many AIDS educators and social workers.

- Male to male unprotected sex with an infected partner accounts for about 60 percent of all AIDS infection among older adults and is the chief risk behavior associated with HIV infection among older adult Americans (Williams & Donnelly, 2002).
- Heterosexual transmission HIV/AIDS among older adults has increased dramatically since the mid 1980s and now accounts for the largest percentage of AIDS cases among any heterosexual group. This is due in part to the fact that condom use—historically linked to preventing pregnancy—is often ignored by heterosexual older adults because pregnancy no longer remains a point of concern (Williams & Donnelly, 2002).
- One study found that 20 percent of sexually active older adults use condoms (Key & DeNoon, 1998).
- Older adult women are at a greater risk of HIV infection during intercourse than younger women due to age-related reduced vaginal lubrication and thinning of the vaginal walls resulting from estrogen loss coupled with a decline in the immune system (Key & DeNoon, 1998).

Injection drug use

People who use drugs intravenously and their sexual partners account for an increasingly high proportion of cases of AIDS. Although considerable research and prevention activities have been directed toward encouraging risk reduction among people who use injection drugs in general, older members of this population have largely been ignored (Levy, 1998).

- Sharing infected needle equipment accounts for 15 percent of AIDS infections in the older adult population (Williams & Donnelly, 2002).
- Many people who use injection drugs have numerous health conditions that can mask the effects of the virus. Furthermore, interactions between the effects of the virus and those of illicit drugs can make it difficult to recognize HIV using standard AIDS criteria.

What Are Barriers to Intervention?

Misdiagnosed opportunistic illness

Early HIV symptoms, such as weight loss, fatigue, and decreased physical and mental activities often are mistaken for other diseases. An example of diseases that have symptoms similar to HIV infection and are common to older adults are Parkinson's disease, Alzheimer's disease, and respiratory diseases.

As people transition into older adulthood, symptoms of HIV are often and more readily attributed to signs of normal aging. This misdiagnosis of HIV symptoms can lead to a delay in seeking medical care or an avoidance of medical care altogether (Siegel, Dean, & Schrimshaw, 1999), placing both the infected individual and his or her sexual partner at risk.

Stigma

From the beginning of the epidemic in 1981, AIDS was closely associated with disfavored minority groups, and culturally and historically taboo behaviors, such as homosexuality, drug use, and commercial sex work. Although knowledge of HIV transmission has increased, more than 20 years later stigma still persists. Older adults also experience stigma and discrimination associated with ageism. For many, these challenges are compounded by living with HIV/AIDS.

- Older adults are members of communities that are increasingly affected and infected by HIV/AIDS, e.g., communities of color, poorer populations, and men who have sex with men. Being an older person with HIV is often coupled with dealing with the stigma and discrimination associated with sexism, classism, homophobia, and racism (Poindexter, & Linsk, 2000).
- Combating stigma remains an important task for all social workers. For more information on HIV/AIDS stigma, visit http://www.socialworkers.org/practice/hiv_aids/AIDS_Day2002.pdf.

Culturally Competent Practice with Older Adults

As U.S. society becomes more multicultural, social workers will increasingly need to serve diverse constituencies and achieve cultural competence (Greene, 2000).

- Social workers should have a knowledge base of their clients' culture. This includes having an awareness of the value systems, including the experiences of a shared history, which may be unique to a particular generation.
- Social workers must be able to develop culturally appropriate interventions that speak to the needs and values of a population that is by definition unique in age, culture, and race/ethnicity (National Association of Social Workers [NASW], 2001).

WHAT IS HIV/AIDS?

HIV, or human immunodeficiency virus, is a retrovirus that can cause a breakdown of the body's immune system, leading in many cases to the development of acquired immune deficiency syndrome (AIDS) and related infections or illnesses. AIDS is the name originally given to an array of diseases and malignancies that occur in individuals who previously had healthy immune systems. Certain "markers" (opportunistic infections, cancers, T cell count) now constitute a diagnosis of AIDS. For more information, visit www.socialworkers.org/practice/hiv_aids.

A Social Work Response

The National Association of Social Workers' policy statement on HIV/AIDS asserts that proactive efforts must continually be undertaken to educate the most vulnerable populations—those not reached by traditional prevention and educational programs (NASW, 2003). There are several steps that social workers can take to provide effective service to older adults who are either infected or affected by HIV/AIDS.

Facilitating discussions about HIV/AIDS

- Social workers are encouraged to facilitate open discussions with their older clients about their health history as well as their sexual and substance abuse histories
- Be aware of your own comfort level in talking about sexuality, HIV/AIDS, aging, and substance use.
- A comprehensive bio-psycho-social-spiritual assessment includes questions about sexual practices, alcohol and drug use, and creates an opportunity to talk with clients about HIV transmission risk.
- Conduct a health assessment history including information about surgery before and after 1985 to determine the possibility of having received infected blood through transfusion. A good health history also includes an assessment of Sexually Transmitted Infections (STIs).
- Share harm reduction practices and strategies that address drug and alcohol use and safer sex with older clients to promote HIV prevention. For more information visit https://www.socialworkers.org/practice/hiv_aids/aidsday.asp.

Working toward dismantling barriers to resources and services.

- Initiate dialogue with colleagues to identify and change institutional policies or practices that create barriers to providing comprehensive services to older adults, for example, build collaborations with AIDS service organizations and agencies that serve older adults.
- Actively work to promote service messages that are welcoming to those communities within the older adult cohort who are at increased risk for HIV/AIDS, for example, people of color, men who have sex with men (MSM), and persons who injection drugs.
- Work to support and advocate for public (federal, state, local) and private funding sources that support HIV/AIDS research, programs, training, and education.
- Seek out education and other opportunities to better understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, religion, and mental or physical disability (NASW, 2001).

FURTHER RESOURCES:

HIV, AIDS, and Older People: www.nia.nih.gov/nia/health/agepages/aids.htm

AIDS in the Third Age by Om Dixon: www.thirdage.com/features/healthy/aids/

HIV Education, Prevention Programs Needed for U.S. Seniors: www.hivdent.org/publicp/ppheppnfuss112000.htm

HIV, AIDS, and Aging: www.aoa.gov/NAIC/Notes/hivaging.html, www.aoa.dhhs.gov/NAIC/Notes/hivaging.html

Impact of AIDS on Older People in Africa: Zimbabwe Case Study: www.who.int/hpr/ageing/hivimpact.htm

National Association on HIV Over Fifty: www.hivoverfifty.org

Older People and HIV/AIDS: www.thebody.com/whatis/older.html

HIV Over Fifty by Kathleen Nokes and Michael Hamilton: aging.state.ny.us/explore/project2015/briefs05.htm

Social Security Benefits for People Living with HIV/AIDS: www.socialworkers.org/practice/hiv_aids/aids_ss.asp

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