We have to dispel the myth that seniors are not sexually active, because they are. We have to dispel the myth that seniors are not sharing needles, because some of them are.

– Jane Fowler, HIV Wisdom for Older Women – Co-Founder of the National Association on HIV Over 50 (NAHOF)
Learning Objectives

1) Participants will learn how to assess risk of HIV Infection in Older Adults.
2) Participants will learn how Stigma impacts why Older Adults are less likely to get tested for HIV/AIDS.
3) Participants will learn various strategies for working with Older Adults.

Why Discuss Older Adults?

- Because Older Adults are rarely discussed when providers talk about HIV/AIDS
- The “Graying” of America – The HIV/AIDS population is ageing and it is important for us to understand what their needs are and how we may better serve them.
- What impact does HAART and other HIV meds have on older adults.
- HIV/AIDS does not discriminate. All populations must be studied
In 2006 – Worldwide there are 40 million people living with HIV/AIDS
This is 2.6 million more people living with HIV/AIDS than in 2004.
The number of new infections in 2006 rose to 4.3 million. (400,000 more than in 2004)
In 2006 2.9 million people died from HIV/AIDS

Source- World Health Organization, 2006

According to the Centers for Disease Control 15 percent of new AIDS cases and 24 percent of all those living with HIV/AIDS nation wide are individuals ages 50 and above (2006) – increase from 2001
More than half of Older Adults with AIDS are African-American or Hispanic.
Between 1991 and 1996, the number of new AIDS diagnoses rose twice as fast in people over 50 than in those younger than 50.

Source- Centers for Disease Control 2008
**Statistics**

- While rates of infection slowed from 1996–2000, increases in the Older population continued despite great improvements in treatment for HIV that became widely used beginning in 1996–1997.
- Within the District of Columbia Older Adults comprise 21% of the population but 6% of the cumulative AIDS cases.
- Half of cases of HIV over 50 is among minority groups.

Source - District of Columbia, Dept. of Health 2003

**Definition of Older Adult**

- According to the Centers for Disease Control the term Older Adult is defined as anyone 50 years or older.
- This definition has been useful when scientists and researchers study age related differences between younger and Older Adults.
Sexuality and Older Adults

- Older Adults are having SEX!
- Surveys show that at least 1/3 of women 60 and older are reportedly having sexual intercourse at least once a week.
- A new study entitled A national study of sexuality and health among older adults by Lindau, S.T., et al 2007 at the University of Chicago found that adults between the ages of 57–85 think of sex as an important part of life.

Sexuality and Older Adults

- The Lindau study found that the frequency of sexual activity for those who are sexually active declines only slightly from ages 50–to the early 70′s.
- In addition many men and women remain sexually active well into their 70′s and 80′s.
- Overall the study found that in Older Adults sexuality is an important part of a healthy and engaged life at older ages for both men and women.
Modes of Transmission

- Sexual contact – oral, anal and vaginal sex
- Blood or other bodily fluids, blood products, or tissues of infected persons.
- IDU– through needle sharing.
- Perinatal transmission – transfer of the virus from an infected mother to her infant before or during birth, or shortly after birth through breast feeding.

Transmission Of HIV/AIDS in Older Adults

- MSM– Men who have Sex with Men (47.9%)
- IDU –Injecting Drug Users (16.7%)
- Heterosexual Contact (11.4%)
- Recipients of blood transfusions
- Undetermined exposure category

Source: centers for Disease Control, 2006
Symptoms of HIV/AIDS in Older Adults

- Frequent fatigue
- Mental status changes i.e. signs of dementia
- Sleep disturbance
- Headaches
- Sore throat and coughing
- Weight Loss
- Pneumonia
- Decline in physical functioning

Important to note that Older Adults and health professional may attribute these symptoms to the normal ageing process. We as counselors and health care professionals must be aware of the signs.

HIV/AIDS Does Not Discriminate
Impact of HIV/AIDS Medications on Older Adults

- HAART can affect and worsen conditions of ageing such as:
  - Hypertension
  - Diabetes
  - Elevated cholesterol
  - Heart Disease
- In addition age related medications such as high blood pressure medications and meds for heart disease can interact with anti-HIV drugs.
- HIV/AIDS possesses a special threat to Older Adults whose immune systems are already weakened by age.
- HIV/AIDS medications also possibly accelerate the ageing process.

Assessment of Risk

- Health care providers need to:
  - Get a comprehensive psychosocial history
  - Inquire tactfully and sensitively about current and past sexual history.
  - Assess presenting symptoms i.e are they currently sexually active. Do they use condoms. Do they know how to use them.
  - Do they have a history of substance abuse
Assessment of Mental health Issues and HIV/AIDS Risk

- Chronically mentally ill clients are at high risk for HIV/AIDS infection.
- they are more likely to engage in high risk sexual behaviors
- Less likely to control their impulses
- More likely to be injection drug users
- Less coping skills and prone to addiction
- More likely to experience depression: Depression is very common in HIV/AIDS clients

Assessment of AIDS Dementia in Older Adults

- **AIDS Dementia**– defined as a broad range of psychiatric and neurological disorders from HAD (HIV-1–Associated Dementia) to ADC (AIDS Dementia Complex)
- **HIV –1 Associated Dementia (HAD)** results in difficulty in storage and retrieval, mild cognitive deficits, poor concentration (similar to normal ageing), unsteady gait, clumsiness, slowed fine finger movements, pseudo-depression, apathy, social withdrawal, decreased interest in activities
- **AIDS Dementia Complex (ADC)**, significant CNS impairment, subcortical type dementia, absence of focal cognitive symptoms i.e., aphasia, apraxia, agnosia.
Differential Diagnosis of Dementia in Older Adults

Similarities between Aids Dementia and Alzheimers
- Memory impairment
- Impaired concentration and abstract thinking
- Personality changes—apathy, lability, angry outbursts, agitation and wandering

Minor Cognitive Impairment (MCI)
many clinicians believe that HIV-positive individuals present with MCI: which includes being slow, a slightly advanced ageing, people seem to behave as if they were 10 years older

Risk Factors in Older Adults

Unprotected Sex:
- Research shows that Older adults are less likely to use condoms during sexual activity versus those in their twenties.
- No fear of pregnancy
- Use of condoms requires a full erection
- One also needs to know how to use condoms

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Risky sexual behavior:
- Multiple sexual partners
- Sex outside the marriage
- Sex with partners infected with an STD
- Sex with prostitutes
- Unprotected sex

- IDU—Intravenous drug use and late onset drug users:
- Use of drugs after numerous losses
- Among men IDU users – high risk of homosexual activity is the best predictor of HIV
- Among women IDU users – high risk heterosexual activity best predictor of HIV
Increasing numbers of people in their 60’s and 70’s who begin new relationships:

Many older adults re-enter the world of dating after divorce or death of a spouse or partner

Faulty perceptions – Many older adults do not perceive themselves as at risk for HIV/AIDS infection. Many still see it as a young or gay disease

Risk Factors

Use of Drugs – use of crystal meth (also know as speed, methamphetamine, Tina, crank, meth, chalk, and ice) may induce a voracious sexual appetite and can lower inhibitions.

Viagra is also used as a recreational drug

Viagra is also combined with recreational drugs such as poppers.
Risky sexual behaviors combined with use of drugs:
- unprotected anal sex with multiple partners while using crystal meth.
  - Older drug users present with the same risky sexual behavior as younger users.
  - Older crack smokers are extremely risky in their sexual behaviors
  - Men’s sexual behaviors tends to be riskier than women’s

Source: Centers for Disease Control, 2006

Increased HIV/AIDS risk behaviors in MSM due to psychosocial problems:
- multiple recreational drug use
- partner violence
- Childhood sexual trauma
- Depression due to stigma and social marginalization.
- These factors work in conjunction to raise the risk.
Increased Vulnerability to HIV/AIDS in Older Adults

- Older women experience a decline in vaginal secretions, resulting in a greater likelihood of tears in the vaginal wall during sexual intercourse.
- In older men, decreased penile myotonia, hardness of the penis during sexual arousal increases difficulty in using condoms during sexual intercourse. As a result, older males may be less willing to use condoms during sexual intercourse.
- Lack of knowledge about HIV/AIDS
  - Because of misdiagnosis, Older Adults are diagnosed later on when they are already symptomatic and thus they tend to die sooner after diagnosis.
  - Many older adults don’t believe HIV/AIDS prevention methods apply to them.
  - Many older adults have mistaken beliefs about how HIV is transmitted.

How are Older Adults different?

- Older adults may be uncomfortable discussing their sexual behaviors.
- Older adults may be uncomfortable discussing their alcohol or drug usage.
- Older adults may view condom usage as unnecessary or they might not know how to use condoms.
- Older adults may have fewer surviving friends and a smaller social network.
- Older adults are also more likely to be caretakers to ageing parents and they may lack physical or emotional support.
Barriers to Treatment

- Few Older adults get tested for HIV infection
- Doctors and nurses often do not consider HIV/AIDS as a possible cause of a client's presenting medical problems.
- Many Older adults live in assisting living facilities and don't always have access to testing.
- Many Older Adults view HIV/AIDS with homosexuality and don't want to feel stigmatized.

Stigma

- According to the Institute of Medicine, HIV/AIDS stigma and discrimination present serious implications for prevention efforts for those most at risk.
- Older adults much like others who are HIV + worry about the impact their status might have on their family and their social network.
- Self stigmatization occurs
- Ageism occurs with medical providers
**Intervention Strategies**

- Brief behavioral skills intervention – teach older adults how to use condoms
- Risk education – teach modes of transmission
- Sexual assertiveness training. Many older females have difficulty negotiating condom use with their partners
- Risk related behavioral self management
- Approach clients at their level of functioning.
- Focus on the clients strengths
- Make sure to be culturally competent
- Maintain a supportive attitude.

**Conclusions**

- Mental health, substance abuse and outreach providers need to continue to get training on risk assessment and medical symptomatology of HIV/AIDS disease. Specifically as it impacts older adults.
- Counselors should use risk reduction intervention programs in community based settings.
- Direct special efforts towards educating clients about their HIV and helping them problem solve issues.
- Encourage the client to use self care strategies.
- Programs aimed at healthcare providers should discuss issues around misdiagnosis, testing and provide support groups to older adults.
- There should be more coordination between and within agencies around serving older adult clients.
- Counselors must also take care of themselves in order to provide better!
Resources of Information on Older Adults

- Centers for Disease Control website (CDC) - [www.cdc.gov/hiv](http://www.cdc.gov/hiv)
- AMFAR - [www.amfar.org](http://www.amfar.org)
- National Association on HIV over Fifty (NAHOF) - [http://www.hivoverfifty.org](http://www.hivoverfifty.org)
- National Institute on Ageing - [http://www.niapublications.org](http://www.niapublications.org)
- [www.apa.org](http://www.apa.org)

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