

HIV/AIDS at 30 years: Impact on Geriatric Population

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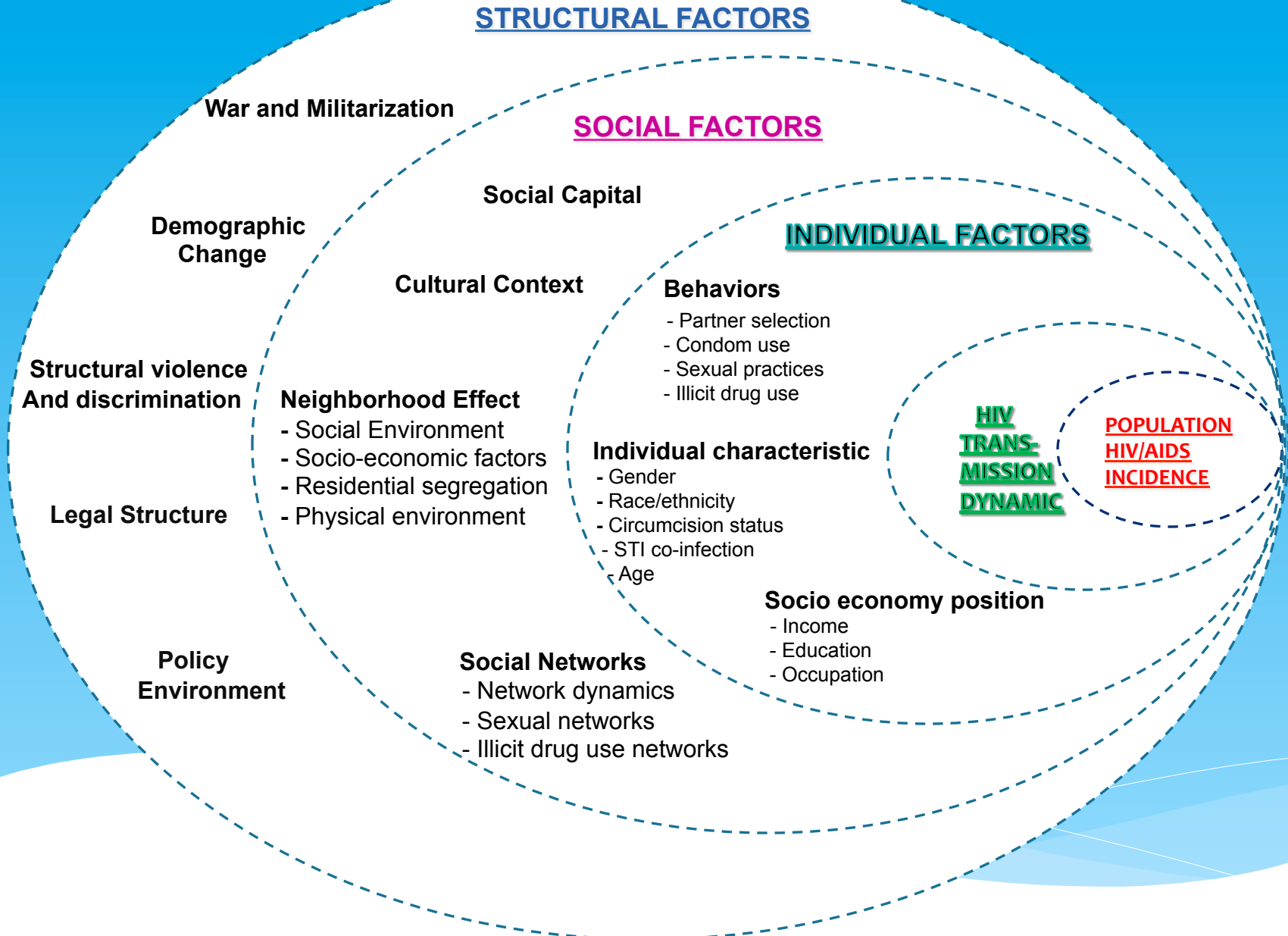
Introduction

- First case of HIV was detected – 30 years ago.
- 30 years have passed still no definite cure for this epidemic
- HIV/AIDS morbidity and mortality is decreasing with the use of Highly Active Retroactive Therapy (HAART) and Anti Retroviral Therapy (ART)
- Longer life expectancy of HIV patients due to new treatment that slowed down the destruction of immune system by HIV
- Longevity of patients living with HIV-infections provides challenges for physicians treating aging HIV population due to the compounding effects of pre-existing co-morbidity conditions associated with normal aging.

Defining the problem

- The prevalence of HIV for people age > 50 years is expanding.
- Introduction of HAART dropped HIV mortality rate from 40% (1980) to single digit.
- Newly diagnosed HIV cases in age >50 is growing at 16.8%.
- More and more HIV cases are in elderly of >65 year (geriatric)
- Geriatric population are less likely to be routinely evaluated for HIV than the younger population groups

HIV/AIDS Conceptual Framework



Adapted from: Poundstone, Strathdee & Centano, 2004.

HIV Trend: Old vs Young

- HIV rate in age >50 : 6.4% (1992) – 17.9% (2004)
- HIV rate in age <50 : ↓ % Decrease in most other categories

Rate of developing AIDS within 12 months:

- AIDS rate in age >50: 53%
- AIDS rate in age <50: 37%

Why the Rate of HIV Increase in Older Population?

- Geriatrics are engaging in sex more due to Social trends
- CDC recommendation for HIV screening in person 13-65 years
- Medical Practitioners following CDC guideline, but hesitant to discuss sexuality with older patients
- Older people are less likely than younger people to talk about their sex lives or drug use with their doctors
- Newly infected older persons are particularly susceptible to late/ missed detection and poor treatment outcomes

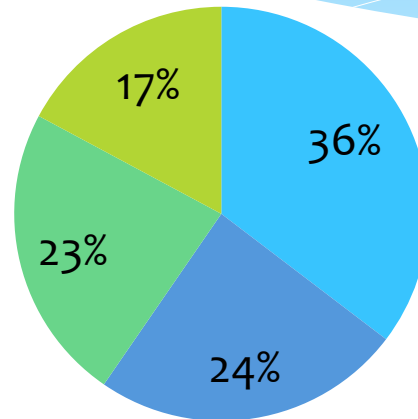
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- Individuals age >50 account for at least 10% of AIDS cases
- Little research is done to address AIDS in elderly
- Elderly are less likely to use a condom during sexual intercourse
- Elderly are less likely to participate in routine HIV testing

New Cases of HIV in the US by Age at Diagnosis

■ 13-29 ■ 30-39 ■ 40-49 ■ ≥50



Center for Disease Control and Prevention. HIV Surveillance Report 2010; vol 22.
www.cdc.gov/hiv/topics/surveillance/resources/reports/. Published March 2012. Accessed
October 5, 2012

Barriers to HIV Management

- * Untreated Old patients progress to AIDS more rapidly than young patients due to differences in immunological response
- * Geriatrics are more susceptible to adverse effects of therapy
- * Geriatrics also have a great number of comorbid conditions and many, polypharmacy, which may complicate treatment of HIV

Disease Burden

- In the U.S., more than 1 million people living with HIV, and about 600,000 people have died from AIDS or AIDS related illness
- Older patients with HIV are living longer due to advances in treatment
- This epidemic has an extraordinary burden on already troubled health sector due to co-morbidities
- Impact of cost lay on the shoulder of tax payers
- Often the poorest sectors of society are most vulnerable to the epidemic and for whom the consequences are most severe

Public Health Significance

- Individuals with HIV deal with the social stigma: discrimination, prejudice, negative attitudes, abuse, and maltreatment directed at people living with HIV/AIDS
- HIV does not only affect individuals, but the whole family. All members of the family may experience some physiological stress and problems that the individual feels
- The social cost associated with health care will be transfer to society through taxes

Funding for HIV/AIDS

- U.S. Funding for HIV/AIDS in 2008: \$15.6 Billion
(compare in 1996: \$300 Million)
- In 2010, U.S. funding for HIV/AIDS dropped further 10% from 2009
(\$ 7.6 Billion in 2009 ; \$ 6.9 Billion in 2010)

Care for Geriatrics

- Early symptom of HIV is unspecific, early diagnosis is important
- Support post HIV diagnosis is critical to patient wellbeing.
- Developing supportive intervention plan with the individual
- Explore patients' feelings and offer support
- Follow up to monitor progression of disease
- Provide medication

Prevention & Control

- HIV Global awareness: HIV testing and Education
- Health prevention and promotion is key: Risk reduction and safe sex practices
- Effective coping skill for elderly HIV patients

Conclusion

- Changing age profile of adults with HIV
- More older adults receiving diagnosis of HIV later in life
- Geriatric population cohort is vulnerable due to misconception
- Increase awareness for health practitioners to screen HIV in elderly
- HIV and aging present a challenge to health provider
- Ultimate goal: reduce HIV rate in geriatric

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Thank You