

HIV/AIDS and AGING



THE face of HIV/AIDS is getting increasingly wrinkled.

In Western New York, 33% of people living with Human Immunodeficiency Virus or Acquired Immune Disease Syndrome are 50 or older. Statewide, the percentage is even higher – 40%.

Get tested! Of the 18 WNYers age 50 and older diagnosed with HIV in 2009, 11 of them – nearly two-thirds – tested late. That means the virus had already advanced to AIDS or was likely to within a year, complicating effective treatment.

It's estimated that by 2015, half of Americans with HIV/AIDS will be 50 and older.

The big reason is that thanks to the advent of highly active anti-retroviral therapy (HAART), HIV has become a mostly manageable chronic illness, so people infected with the virus 20 years ago or more are living into their senior years with it.

But another reason is that older people are a growing segment of the newly infected. In 2009, the latest year for which statistics are available, 15% of new HIV and/or AIDS diagnoses in Western New York were among people 50 and older, in line with national statistics.

Aches, pains, diminished mental acuity and physical impairments can be common consequences of growing old. Add HIV to the mix, and the complications can multiply.

Older, but not wiser?

Older heterosexual Americans often are unaware of HIV risks because the virus did not exist when they were young and dating, and they may wrongly assume it is strictly a gay affliction. Doctors often don't ask seniors about their sex lives – and seniors typically don't volunteer – so seniors don't get tested.

Yet due to Viagra and estrogen therapies, more seniors are engaging in sex. A study in 2007 found that 73% of Americans aged 77-64 engaged in sex at least once in the past year. So did 53% of those aged 65-74, and 26% aged 75-85.

But they're not being careful. Men 50 and over were the least likely age segment to use condoms, according to an Indiana University study.

Reports of syphilis and Chlamydia among the 55-and-older crowd jumped 43 percent nationally from 2005 to 2009, according to the federal Centers for Disease Control and Prevention (CDC). Having such a sexually transmitted infection (STI) at least doubles your risk of HIV infection, the CDC says. That's

because STIs create breaks in skin, which are pathways for HIV into the bloodstream, and because infections cause the body to create more white blood cells, which are the targets for HIV.

Since women for physiological reasons are at least twice as likely as men to acquire HIV from heterosexual contact, older widows and divorcees are especially in danger unless they practice safe sex. Age can bring vaginal thinning and dryness that can lead to vaginal irritation and tears that provide an entry for HIV into the bloodstream.

All this is particularly relevant for the Buffalo-Niagara region, where demographics are skewing toward the senior side. Detailed 2010 Census data aren't yet available, but in 2009, about 24% of the national population was aged 55 and older, while in Niagara County it was 29% and projected to grow to 32% by 2015.

Here's what the CDC says to do to protect yourself:

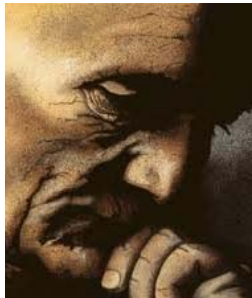
- Abstain from all forms of sex until you are in a relationship with only one person who is faithful to you, and whose HIV status you know.
- Get HIV tested at every regular medical check-up.
- Talk about HIV and STDs with your partner before you have sex. Ask about sexual and intravenous drug-use history.
- Use a latex condom and lubricant every time you have sex.
- If you think you've been exposed to an STD, get tested and treated for that.
- Don't inject illegal drugs. Or if you do, always use sterile new needles.
- Avoid having sex when you've been using drugs or alcohol, because they can impair your judgment.

"... Single older adults are among the fastest-growing segment of the dating services industry, and I worry that too many older people, especially women, don't know what's out there today. To older women, I stress: If a partner won't use protection, find another partner."

JANE P. FOWLER, founder of HIV Wisdom for Older Women, who contracted HIV at age 50 after her 24-year marriage ended.

Living into senior status with HIV/AIDS

Many HIV-positive seniors are living happy, engaged, productive lives. But others are enduring physical, mental or emotional problems beyond what's expected of normal aging.



Physical problems:

"Coupled with the aging process, the extended exposure to both HIV and antiretroviral drugs appears to increase the risk of illness and death from cardiovascular, bone, kidney and lung disease, as well as many cancers not associated directly with HIV," CDC executives wrote in a report last year.

A major factor is that the immune systems of long-term HIV survivors seem to be weakened. A Canadian study two years ago found that otherwise-healthy 56-year-olds on HIV medications had immune systems comparable to HIV-negative 88-year-olds.

Metabolic syndrome – accumulation of fat around the middle – is a problem for most people, but especially for those living with HIV/AIDS, and it puts them at increased risk of heart and liver disease.

Mental health problems:

People living long-term with HIV/AIDS face the possibility of HIV-Associated Neurocognitive Disorder (HAND), resulting in problems related to thinking, memory and mood – and sometimes of physical coordination or functioning. There is a lot of research going on about this, with still-inconclusive results. Scientists are uncertain whether HAND is due to side-effects of treatment regimens, or from inability of drugs to completely eliminate HIV from the brain, or something else.

HAND is often so mild that symptoms are barely detectible. And the symptoms mimic the common complaints of aging: Slower recall of facts and memories; difficulty learning new tasks; slower reflexes; shorter attention spans; feelings of depression or anxiety. But sometimes HAND advances to become a real impediment to a fully functional lifestyle.

What HIV-positive seniors can do to maximize wellness:

- Take your meds. Keeping the HIV virus suppressed and CD4 cell counts above 500 correlates to a longer, healthier life.
- Get treated for whatever else ails you.
- Eat better. That means more vegetables and lean proteins; fewer fats, sugars and carbohydrates.
- Quit smoking, using recreational drugs, and overdrinking.
- Get aerobic exercise. It helps your brain as well as your body.
- Stay socially engaged. It improves mental health. Most of the agencies that are members of the Niagara County AIDS Task Force have support groups and social activities.
- Stimulate your brain. Read, do puzzles, take a class.

The Niagara County AIDS Task Force offers the Positive Self-Management Program for HIV, a free seven-session group engagement that empowers HIV-positive individuals to live as robustly as possible in the face of chronic disease. Call 285-8224 Ext. 131 for more information.

Special issues for the LGBT community

If older people sometimes face ageism bias, if HIV-positive people sometimes feel stigmatized, then it's no wonder that lesbian, gay, bisexual and transgendered HIV-positive seniors fear triple discrimination.

Studies show LGBT individuals are less likely to access health services for fear of discrimination.

Some professional caregivers are not accepting of LGBT elders and not attentive to their sometimes-unique needs.



Access to health insurance:

Members of the LGBT community have a lower rate of health insurance coverage because many employers have not offered same-sex partner benefits. New York State's legalization of gay marriage won't change that in all cases. That's because the federal Defense of Marriage Act leaves a loophole that will let some private employers continue to offer health insurance and other benefits to only heterosexual spouses. If an employer is self-insured, which means the company pays health insurance claims out of its own pocket, it is governed by federal law. That means the company does not have to recognize same-sex marriage, no matter what state it's in.

In Massachusetts, where same-sex marriage was legalized in 2004, companies seem to take advantage of this option. A 2009 survey by the state found that 93 percent of employers offered health insurance to their employees and opposite-sex spouses. But only 71 percent offered those same benefits to same-sex spouses.

In New York, about a third of the state's large employers would be able to do the same thing, according to the state Insurance Department.

Lifestyle and other issues:

LGBT individuals are more likely than heterosexuals to smoke, abuse alcohol and drugs, and suffer depression, all of which can compromise treatment for HIV and other diseases.

They may also lack the support network of family and friends that most heterosexual seniors have access to.

Transgendered people are often on life-long hormone regimens that could interact with other meds in ways not fully understood. Higher rates of diabetes, polycystic ovarian disease, hypertension and blood clots have been noted.

Links for more information

The federal Administration on Aging's Older Adults and HIV/AIDS pages:

http://www.aoa.gov/AoARoot/AoA_Programs/Special_Projects/HIV_AIDS/index.aspx

The Graying of AIDS:

<http://www.grayingofaids.org>

Aging with HIV:

<http://agingwithhiv.wordpress.com>

National Resource Center of LGBT Aging:

<http://www.lgbtagingcenter.org/index.cfm>

HIV Wisdom for Older Women:

<http://hivwisdom.org/index.html>

Are you on Medicare? Good news: You are entitled to one free HIV test each year. Just ask your primary care physician for it.



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