

HIV/AIDS AND AGING

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The present trend of a growing prevalence of HIV infection in Canada, combined with the trend of a greatly increasing population aged ≥ 50 , indicates that there will be significant care requirements for those in this age group with the disease. This paper presents information about older adults who are affected by HIV/AIDS, and indicates that health-care professionals can have a significant impact on improving the life situation of older adults. Research finds that older adults face risk-factors unique to their age group, including a lack of knowledge related to HIV/AIDS and increased physical vulnerabilities. They also face challenges related to diagnosis, which in turn, can affect appropriate and effective treatment from health-care professionals. There are several implications for health-care professionals which could help older adults who have HIV/AIDS, including educational efforts geared to the older adults and specific services and programs to limit isolation. These initiatives will be essential to providing the best possible care for older people with HIV/AIDS in the future.

Key words: HIV, AIDS, older adult, senior

BACKGROUND

In Canada, in 2000, 11.3% of all AIDS cases are people 50 years and older. Most of this population with AIDS is between the ages of 50 and 64.¹ However, people older than 80 years are living with the disease. These statistics indicate that there is a need to include care, treatment and support for older adults with HIV/AIDS. The present trend of a growing prevalence of HIV infection in Canada,² combined with the trend of a dramatically increasing population aged ≥ 50 , indicates there will be

significant care requirements for those in this age group with the disease. The purpose of this paper is to present information about older adults who are affected by HIV/AIDS, and to show that health-care professionals can have a significant impact on improving the life situation of these older adults.

OLDER ADULTS AND RISK FACTORS RELATED TO HIV/AIDS

There is a general lack of knowledge regarding HIV/AIDS and aging so that older adults may be at increased risk for the disease. Evidence suggests that older adults are more reluctant than younger people to receive sexual education.³ This could be related to many factors, including a generational attitude which designates sex as a 'taboo' topic, a lack of appropriate education methods for older adults, and a sense that sex education does not apply to them. Sexually active people aged ≥ 50 are less likely than younger people to take preventive measures.^{4,5} This is particularly striking in view of the fact that it has been found that of those aged ≥ 55 diagnosed with HIV between 1984 and 1990, 73% had been infected primarily through sexual contact (mainly homosexual/bisexual).⁶

Older women may be more vulnerable than older men to HIV/AIDS. Of men who were diagnosed with AIDS in 2000, 11.1% were age ≥ 50 while 12.7% of women were age ≥ 50 .⁷ Specific physical changes may increase older women's susceptibility to the virus, eg. normal aging changes such as a decrease in vaginal lubrication and thinning vaginal walls can put older women at higher risk for HIV infection during intercourse.^{8,9} Older women may also be more vulnerable to HIV/AIDS because of a lack of education about these and other age-related changes.¹⁰

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DIAGNOSIS AND TREATMENT

Research indicates that older adults with HIV/AIDS face different challenges than younger people. During 1991-1996, a higher proportion of older adults to younger people died within 1 month of AIDS diagnosis.⁴ As well, during this period of time, there was a greater increase of AIDS-Opportunistic Illnesses (AIDS-OI) in older than in younger populations.⁴ This suggests that older adults are being diagnosed later in the course of HIV/AIDS. Late diagnosis may relate to physicians not considering HIV/AIDS as a possibility among older adults.^{4,11} Primary care physicians report that they are more likely to discuss symptoms indicating HIV and to advise younger people than older adults for HIV testing.⁴ In fact, older adults having at least one known risk behaviour are one-fifth as likely to undergo HIV testing than those younger than age 50.¹² For example, older women acquiring HIV/AIDS through heterosexual contact were less likely than younger women to have practiced safe sex and to have been tested for HIV before being hospitalized due to AIDS-OI.⁴ As well, older people may be less likely than younger people to discuss their sexual behaviours with their health-care provider.¹³ This may contribute to late detection of HIV/AIDS, thereby delaying appropriate care of infected older adults.

A correct diagnosis of HIV/AIDS is essential to an older person's treatment. Older adults develop AIDS more rapidly than younger people do and also die more quickly after developing AIDS and/or AIDS-OI.^{14,15} A Canadian study found that older adults had both a more rapid progression to AIDS than younger people (16.7 vs 23.2 mos) and to AIDS-related mortality (6.3 vs 16.5 mos).⁶ While this can be attributed partially to the effect of age, late diagnosis and lack of treatment knowledge must be considered. Little is known about HIV management and effective treatment among older adults living with the disease.¹⁶ It is known that an important predictor of progression in HIV infections is age.¹⁴ Possible toxicity of drugs for HIV and AIDS-related illnesses and the potential for misdiagnosis of HIV-related opportunistic illness are issues which can compound a complex situation.¹⁷ There must be increased efforts in determining how to effectively treat older adults with HIV/AIDS so that they can have the same quality of health-care and social services that other groups receive. It is

important that the effects of normal aging are separated from the unique experience of aging with HIV/AIDS.^{18,19} However, with HIV/AIDS and geriatrics being separate medical specialties, it is difficult to find practitioners who are expert in both.²⁰

There is little research on formal support systems for older adults with HIV/AIDS. Older adults with HIV/AIDS are more likely to use physiotherapy, home-care services, case management, and adult day health-care than those who are younger. However, older adults have indicated that their needs are not being met for services that they need, such as home nursing, home-care workers and hospice care.^{21,22} It has also been found that while palliative care is an important component of care in the later stages of AIDS, one predictor of late referrals to palliative care (ie. within 14 days of death) is age. This late referral is related to delays in diagnosis and in obtaining consent of the patient. Clearly, there are many questions that remain unanswered about the social and health conditions of older adults with HIV/AIDS.

CHALLENGES RELATED TO AGING AND HIV/AIDS

Several challenges of older people with HIV/AIDS have recently been identified by staff members of AIDS Service Organizations (ASOs).²³ There are over 100 community-based AIDS organizations in Canada, which are providing education, support and advocacy for people living with HIV/AIDS. The following section will briefly describe challenges identified by people working at ASOs, which, for the most part, corroborate research findings on the topic.

Older adults often do not understand that they can become infected with HIV/AIDS. This misconception suggests that there is still a lack of information about the realities of contracting the disease and many people still think that only gay men can get HIV/AIDS. It also suggests a generational gap in HIV/AIDS education: while younger generations have been educated about the disease, older generations have generally been ignored in this education.

Financial difficulties are a constant challenge for older adults with the disease. Because of better treatment and improved care, people are living longer with the disease. However, many older adults with HIV/AIDS have already depleted their

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savings in anticipation of an early death. While this improvement in treatment and care is positive for older adults, the negative effect that it is having on their financial situation needs to be addressed.

Other challenges for older people with HIV/AIDS include accessing services in rural areas, being able to be treated in a confidential manner, and dealing with the stigma associated with the disease. This information suggests that there must be more support that is sensitive to the needs of older adults with the disease.

IMPLICATIONS FOR HEALTH-CARE PROFESSIONALS

Education is an important issue which must focus on information specifically for older adults. Direct involvement of older adults in the preparation of this material could help make it more appropriate for this generation. For example, focus groups of older adults could help develop information on care, treatment and support which would be sensitive to the needs of older adults with HIV/AIDS. As well, educational workshops on this topic could be delivered to older adults by their peers. These workshops could also provide valuable information to health-care professionals who need to be aware of the challenges that affect older adults with HIV/AIDS. Because early diagnosis and treatment are vital in the management of HIV/AIDS, it is essential that physicians and other primary care professionals are knowledgeable about older adults and the disease.

The limited social support network of some older adults with HIV/AIDS can contribute to a sense of isolation. Services and programs designed especially for older adults could help to limit this isolation. Education could also help to reduce isolation by dealing with discrimination that older adults might encounter from their families and peers. Individual and family counselling can also strengthen the support network of older adults with HIV/AIDS.

Older adults with HIV/AIDS living in rural areas face their own challenges. The need for confidentiality is difficult to address in areas where it is common to know many people. However, sensitivity to older adults with the disease is key and could also be addressed through education for health-care providers. In turn, these health-care providers could offer public awareness workshops on HIV/AIDS, in the interest of reducing stigma through increased

information on the topic.

Funding is a major issue, because it impacts on all the challenges faced by older adults with HIV/AIDS. Adequate funding allows education, social support and other services to be accessible to older adults with the disease. Additionally, older adults themselves may require financial support. Assistance programs in place for people with HIV/AIDS could ensure that the needs of older adults are being met. Such programs must broaden their criteria to include older adults who may have lived with this disease for a long time.

Therefore, several challenges facing older adults with HIV/AIDS can be addressed by education and program initiatives. These initiatives can be developed by health-care professionals for older adults, family and friends, and the general public. These education and program initiatives must be sensitive to the needs and life circumstances of older adults with HIV/AIDS. Recently, to address some of the emerging issues related to HIV/AIDS and aging, an information sheet was developed for Health Canada.²⁴ This information sheet cites the challenges encountered by older adults infected with HIV/AIDS and provides recommendations for older adults and health-care professionals on how to meet these challenges.

CONCLUSION

While older adults with HIV/AIDS face many of the same challenges that younger people face, there are many issues that are specific to aging that health-care professionals may not have considered. Education and program initiatives must be expanded to address the challenges faced by older adults affected by HIV/AIDS. These initiatives will be important not only for older adults, but also for health-care professionals who are attempting to provide the best care possible.

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MUSCULOSKELETAL DRUG THERAPY for GERIATRIC PATIENTS

Editors: Marie A. Chisholm, PharmD and James W. Cooper, PharmD, BCPS, Medical College and University of Georgia

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89 pages, ISBN-7890-0824-6, hard cover (\$30.00), softcover (\$20.00).

Overall Rating: Very Good

Strengths: Covers common topics concisely, relevant to clinical practice

Weakness: Limited scope of MSK illnesses

Audience: Primary Care Physicians and Residents, Nurses, Pharmacists

This short review of the current available pharmacological treatment strategies for four common musculoskeletal diseases was co-published as a monograph in the *Journal of Geriatric Drug Therapy*. Indeed, it reads like a monograph or a supplement that one might find in a primary care journal.

The book is concise, focused and relevant. Readers are presented with four "review articles" dealing with the management of the following common ailments in geriatric patients: postmenopausal osteoporosis, osteoarthritis, rheumatoid arthritis, and hyperuricemia

and gout.

The burden of these diseases on the elderly population is enormous. Each chapter is a complete review article which underlines the human cost of each illness. There is an attempt to emphasize the need for early diagnosis. As well, a brief overview of the epidemiology, pathophysiology, and clinical course of each disease is provided. Where applicable, non-pharmacological treatment, alternative therapies and American College of Rheumatology guidelines are discussed.

However, there are recommendations that may be disputable. For example, the authors suggest that estrogen replacement therapy (ERT) is the "cornerstone of managing osteoporosis". The breast cancer risk is not adequately discussed. We also felt that current evidence regarding the cardioprotective effects of ERT may not be as favourable as presented.

The chapters are easy to read and provide an overview of each topic. The tables are comprehensive and relevant. The evidence is referenced and the index is adequate. In an era where physicians are inundated with compressed snapshots of processed information that must be digested piecemeal, this book is a resounding success. It is an excellent review for practitioners interested in elder care.

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