Preparing for the Aging HIV Epidemic

A new report from GMHC details the steps necessary to prepare our health care system for the increasing 50-and-older HIV-positive population.

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Adults 50 and older represent nearly one third of people living with HIV/AIDS in the United States. By 2015, that age group will comprise half of all HIV-positive people nationwide. Between 2001 and 2007, the 50-and-older HIV-positive population increased by more than 61 percent, growing from 17 percent to 27 percent of the overall HIV-positive population.

These facts are published in a new report from the New York City–based AIDS service organization Gay Men's Health Crisis (GMHC) titled *Growing Older With the Epidemic: Aging and HIV*.

The report spells out ways that social service programs and health care providers can prepare for this expanding segment of the HIV population. Recommendations are based on what is known about HIV and older adults as well as what isn't yet understood. The report also suggests changes to federal and local policy that would better care for this population.

The advent of modern antiretroviral (ARV) therapy in the mid–'90s has allowed HIV-positive people to live well into their 50s and beyond. But aging with HIV presents numerous concerns regarding how the virus and aging interact. Such concerns include chronic inflammation in the body, faster aging, the unknown long-term effects of treatment, the comorbidities of aging, insufficient elder care and services, and the need for better trained caregivers and professionals for the over 50 population.

"As a society we are really unprepared for the growing population of seniors who are entering the health care system…and we don't have enough geriatric health care professions to serve them," said Sean Cahill, PhD, managing director of public policy, research and community health at GMHC. "When you start talking about people with particular health conditions like HIV and some of the complications that come with HIV and aging, we're absolutely not prepared."

The report recommends that medical professionals start discussions with patients 50 and older about sexual health risk and sexual activity regarding HIV and other sexually transmitted infections. A survey of older Texans found 40 percent of patients were never or rarely asked about their risk factors for HIV by a medical professional.

For longtime survivors, further research is needed to better understand how HIV and ARVs react

with the aging body. The GMHC report urges clinical researchers to explore how comorbidities affect HIV treatment, to offer more inclusive clinical trials of people 50 and older and to change the standard of care so that it encourages health care providers to screen for comorbidities typically found among patients living with HIV.

In addition, health care providers need training to address the emotional and mental health implications of living with the virus, such as stigma in the form of social isolation from family and peers.

The report also lists policy changes that might help the aging HIV population: listing HIV-positive elders and LGBT elders as vulnerable populations in the 2011 reauthorization of the Older Americans Acts (OAA), and revising the OAA to include stigma- and HIV-related educational programs for staff at nursing homes and long-term care facilities.

Finally, the report mentions ways that health and senior services and AIDS service organizations can better address the special needs of this burgeoning populations.

As Cahill sums up: “The health care infrastructure, senior service infrastructure and even the HIV/AIDS organizations like GMHC need to do a better job of making sure that the services we provide are relevant and competent and work for older adults who are either at risk for HIV or living with HIV.”

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