# Senior Class

The fastest-growing group of HIVers

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Routinely drawing blood from Ray, a nursing-home patient in his late 70s with dementia, a nurse accidentally stuck herself. So for the first time in his life, Ray was tested for HIV—and turned up positive (the nurse stayed negative). His doctor, Sharon Lee, MD, director of the Southwest Boulevard Family Health Care Center in Kansas City, MO, says Ray got a typical "elder diagnosis"—it was missed. "Someone who's 80 and has fatigue may have their complaints overlooked," she says, "where someone who's 30 [would] be tested for HIV." In a 2002 study, 58 percent of HIVers over 50 were diagnosed late (within a year of AIDS). Meanwhile, those 50 and older constitute 21 percent of HIV cases since 2002, as opposed to 15 percent prior, says the National Association on HIV Over Fifty (NAHOF).

Ray has since died, and his family mourns that earlier diagnosis and HIV treatment might have prevented or postponed his dementia. Regardless, Lee says, similar aging and HIV symptoms can make it "difficult to determine safe and effective treatments. HIV causes acceleration of the aging process, and there's overlap with geriatric symptoms like cardiovascular disease and diabetes." In seniors, HIV often progresses more quickly.

Ray's family didn't know how or when he'd been exposed to the virus—and Ray couldn't remember. Whatever the source, Lee says, doctors need to expand their imaginations when dealing with older patients: "We need to consider not only who the person is today, but who they were." And what they did.

Other issues for elders: a less robust CD4-cell response to HAART because the immune system is naturally waning, drug interactions (the many meds older people often take can make prescribing HAART hairy) and finding care (some nursing homes avoid positive patients). For info and resources: NAHOF, 617.233.7107, www.hivoverfifty.org.

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