

HIV PREVENTION WITH OLDER ADULTS (50+) IN A HEALTH CARE CONTEXT

Scope of the Problem



While many of the diagnoses in older adults occurred before older age, in 2015, 17% of all HIV diagnoses in the US were in those over age 50, and nearly half of those infections were in patients ages 50-54.¹ As is the case for younger age groups, men who have sex with men and blacks/African Americans comprise a disproportionately large number of diagnoses (49% and 43%, respectively) in the 50+ age group.¹

Risks and Challenges for Older Adults

Although risk factors for HIV are the same regardless of age, such as unprotected sex and injection drug use, older adults have unique risks and dangers.

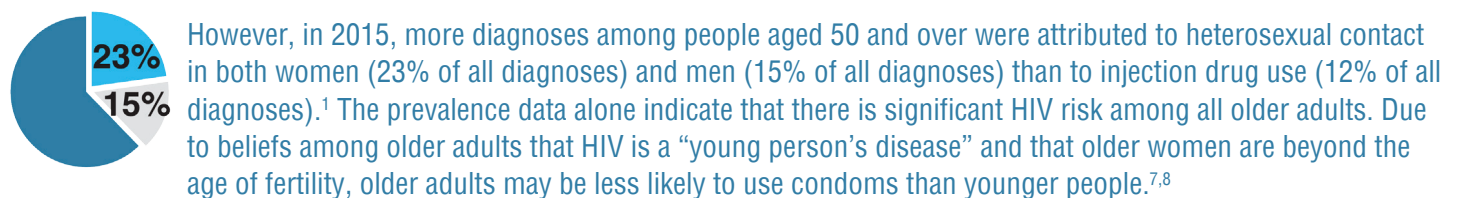


Additionally, older adults are more likely to be diagnosed with late-stage infections, which puts them at a higher risk of more immune system damage.^{1,5} This age group also experiences faster HIV disease progression when compared to younger people because of the high rates of comorbidities.^{4,6,7}

Challenges at the Patient Level

Significant challenges for HIV prevention in older adults occur at the patient level. Patients may have misconceptions of their HIV risk and are often reluctant to discuss sex with their provider.

For example, many may see HIV as solely a disease that affects men who have sex with men and/or injection drug users.



However, drying of the vaginal wall in postmenopausal women increases the chance of micro-tears during intercourse, and creates more potential points of entry for HIV.⁹

In addition, when compared to younger people, older adults generally have a lower health literacy on HIV and on safer sex practices, which serves as a barrier to prevention in older adults.^{9,10,11}



Low levels of knowledge and awareness among older adult patients results in barriers for effective prevention and detection, such as:



Symptoms of HIV infection may be mistaken for other common realities of older age, such as fatigue and decreased appetite ⁶



Infrequent condom use as couples re-enter dating after having a long term partner and no longer have pregnancy risk ^{8,11}

Challenges at the Provider Level



Many health care providers are reluctant to discuss sexual health with older adults. However, they can play an important role in HIV prevention and education by doing so. Clinicians may not consider HIV a risk or think of older adults as sexually active, and thus are less likely to discuss sexual histories and test for HIV and other sexually transmitted infections. ^{10,12}

By communicating openly about sex practices and HIV, providers can help older adult patients become more aware of their HIV risk, help them engage in more preventive behaviors, and enable them to get tested for HIV and enter into care earlier. Although older adults tend to be diagnosed later in the disease progression, they are also highly adherent to antiretroviral therapy and more likely to have undetectable levels of HIV RNA.

In a retrospective cohort study investigating CD4 cell count, viral load, antiretroviral adherence, and comorbidity in HIV-positive individuals aged 60 and older, 76% had undetectable viral loads. ^{4,13} Finally, public health efforts do not frequently target interventions and health messaging for older adults, and therefore have a role in increasing awareness of HIV risk in this population. ^{9,11}

Strategies for HIV Prevention in Older Adults



Education in the primary care setting is believed to be the most effective and strongest prevention strategy. This involves nurses, social workers, physicians, and advanced practice nurses incorporating HIV risk-reduction discussions and testing into routine practice. ⁸ Strategies to enhance prevention in older adults require a multipronged approach. Prevention strategies need to:

Strategies to enhance prevention in older adults require a multipronged approach. Prevention strategies need to:

- **Educate clinicians**
 - Providers need to be able to provide accurate prevention and risk-reduction information in a sensitive manner to older adults; this includes addressing sexual risk by taking comprehensive sexual history in older adults and engaging patients of all ages in discussions around sexual health and risk reduction. These discussions can incorporate the topics of safer sex methods, libido, condoms, erectile dysfunction treatments, and risks of sexually transmitted infections with pre-exposure prophylaxis.
- **Develop and implement educational programs specific for older adults**
 - These programs can be coordinated by clinics, institutions, assisted living communities, senior centers and more
- **Increase the role of public health agencies:**
 - Create education materials targeted to older adults
 - Support research
 - Develop and test interventions ^{7,14}

Building Organizational Capacity

The CDC-funded HIV CBA center at CAI can help conduct an assessment of your organizational needs, identify resources, plan for implementation and provide you with training and capacity building assistance (CBA) that leads to successful programs for high-impact HIV prevention. The HIV CBA Center is able to shape trainings and technical assistance to the specific needs of your healthcare organization. The approach includes improving the capacity of the providers and support staff in areas such as:

- Behavioral Change & Motivational Interviewing
- HIV Treatment Adherence
- Anti-Retroviral Treatment and Access to Services (ARTAS)
- Identifying Early Red Flags for Abandoning Care & Poor Adherence
- PrEP – Pre-Exposure Prophylaxis

For more information on how to obtain our free capacity building services at your health care organization, visit www.CBA.CAIGlobal.org.

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