



# HIV/AIDS and Aging

## **FACTS**

- According to the Centers for Disease Control, in 2006 persons aged 40 and older accounted for approximately 35 percent of new HIV infections.
- 19 percent of all U.S. AIDS diagnoses in 2005 occurred in people age 50 and older; at the same time, 15 percent of **new** HIV/AIDS diagnoses were in the same age group.
- Adults over age 50 accounted for 24 percent of persons living with HIV/AIDS in 2005, up from 17 percent in 2001, and numbers of cases will only increase as people of all ages survive longer due to triple-combination drug therapy and other treatment advances.
- Also (according to the CDC), in 2005 there were racial/ethnic disparities in HIV/AIDS diagnoses in the older population. Rates among persons over age 50 were 12 times as high among blacks and five times as high among Hispanics compared with whites.
- Older individuals with HIV infection or AIDS, especially women, usually are invisible, isolated and ignored.
- Despite myths and stereotypes, many seniors **are** sexually active, and, some are drug users; therefore, their behaviors **can** put them at risk for HIV infection.
- Health care and service providers -- and older adults, themselves -- do not realize that seniors are at the same risk as other age populations; professionals often are reluctant to discuss or question matters of sexuality with aging patients/clients.
- Rates of HIV infection (not AIDS) in seniors are difficult to determine because older people are not routinely tested.
- Most older persons are first diagnosed with HIV at a late stage of infection, and often become ill with AIDS-related complications and die sooner than their younger counterparts; these deaths can be attributed to original misdiagnoses and immune systems that naturally weaken with age.
- HIV/AIDS educational campaigns and programs are not targeted at/to older individuals (how often does a wrinkled face appear on a prevention poster?).
- Seniors are unlikely to consistently use condoms during sex because of a generational mindset and unfamiliarity with HIV/STD prevention methods.

## **SPECIAL CONSIDERATIONS**

- Older people with HIV/AIDS face a double stigma: ageism and infection with a sexually-or-IV-drug transmitted disease. In addition, they are sensitive to a cultural attitude that assumes: "Elderly people have lived their lives -- so what is they die from AIDS?"
- Because of the stigma, it can be difficult for seniors -- women, in particular -- to disclose their HIV status to family, friends and their community.
- While men who have sex with men form the largest group of AIDS cases in the over-50 population, the number of cases in women infected heterosexually have been rising at a higher rate and comprise a greater percentage as age increases into the 60s and older.



- Seniors are unlikely to consistently use condoms during sex because of a generational mindset and unfamiliarity with HIV/STD prevention methods.
- For older women, there are special considerations: after menopause, condom use for birth control becomes unimportant, and normal aging changes such as a decrease in vaginal lubrication and thinning vaginal walls can put them at higher risk during unprotected sexual intercourse.
- As HIV symptoms often are similar to those associated with aging (fatigue, weight loss, dementia, skin rashes, swollen lymph nodes), misdiagnosis is frequent in older people who are, in fact, infected.
- Because the aging process itself lowers energy levels and results in restrictions in social routines which can cause emotional/psychological problems, the older adult additionally infected with HIV may feel another “loss” and endure more severe depression.
- Seniors often are less likely to find support and comfort among family and friends, and because they are traditionally not comfortable in support groups, they may be less inclined to join them, citing lack of shared experiences concerning different issues.
- Due to the general lack of awareness of HIV/AIDS in older adults, this segment of the population, for the most part, has been omitted from research, clinical drug trials, educational prevention programs and intervention efforts.

### **NECESSARY ACTIONS**

- Specific programs must be implemented for older adults who need to be informed about the transmission and prevention of HIV.
- Outreach should include workshops and trainings devoted to basic HIV/AIDS information, “safe” sexual and drug-using practices, testing, negotiation skills---all in relationship to aging.
- More research is needed to study seniors’ sexual and drug-using behaviors and to determine HIV disease progression and treatments in the over-50 population.
- Health care and service providers on all levels should be educated on HIV risk behaviors and symptoms of HIV infection; they need to conduct thorough sex and drug-use risk assessments with their older clients/patients.
- Programs aimed at reaching health care and service providers should cover misdiagnoses, testing technologies, treatments, support groups, case management and the importance of being actively involved in the health and well-being of their older clients/patients.
- Successful media and social marketing campaigns can raise awareness of HIV/AIDS in older people and reinforce the need for educational programs, while promoting respect and validation for the elderly as a group.

Source: This tip sheet, based primarily on personal perspectives and experiences of consumers and professionals, was compiled by Jane P. Fowler while she was co-chairperson of the National Association on HIV Over Fifty. Now director of the HIV Wisdom for Older Women program. For more information: email: [jane@hivwisdom.org](mailto:jane@hivwisdom.org), or at 816-421-5263. The web site is: [www.hivwisdom.org](http://www.hivwisdom.org).