OLDER ADULTS WITH HIV: WHAT YOU NEED TO KNOW

Panel Discussion: The War Against HIV/AIDS Rages On
Building Successful Academic Partnerships to Achieve Health Equity Forum
Atlanta Clinical and Translational Science Institute
Community Engagement Research Program (CERP)
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Background

• Due to successful anti-retroviral therapies, adults 50 and older will account for the majority of people living with HIV in the U.S. by 2015.¹

• However, part of this growth is new infections, with adults 50+ accounting for approximately 11% of all new HIV infections.²


The HIV population is graying; adults 50 and older will comprise over half of those living with HIV by 2015 (CDC, 2013).
% of All People with HIV in the US by Age Group: 2008-2010

CDC Surveillance Data

- 2008
- 2009
- 2010

Impact of Highly Active Anti-Retroviral Therapy (haart)

Source: NYC Dept of Health & Mental Hygiene, 2004
A National Trend

% of People with HIV Age 50 and Older 2009-2010

Legend:
- Red: 40 % and more
- Purple: 30-39 %
- Orange: 20-29 %
- Green: 19 % and less

acria
Aging with HIV/AIDS in Atlanta Metro: Cases 50 and older

All Cases: 26020
Age 50+: 8849 (34%)

acria
## Estimates of Life Expectancy on HAART: Below but Close to Normal

<table>
<thead>
<tr>
<th>At HAART Initiation</th>
<th>CD4 Cell Count (mm$^3$)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>&lt;100</td>
</tr>
<tr>
<td>A 20 yr old will live to (years)</td>
<td>52</td>
</tr>
<tr>
<td>% Remaining Life Lost (all ages)</td>
<td>46%</td>
</tr>
</tbody>
</table>

Adapted from ART-CC, Lancet 2008;372:293-99 – Slide Courtesy of A. Justice
The Complications of Success

>50% of Deaths Attributed to Non-AIDS Events

Adapted from ART-CC, Lancet 2008;372:293-99 – Slide Courtesy of A. Justice
Research on Older Adults with HIV

Purpose: Establish empirically valid normative data describing the growing and changing population of older adults with HIV

1000 NYC HIV adults 50 and older

Participants completed self administered survey after giving consent
Comorbidities in ROAH

HIV/STI-related
- Hepatitis
- Neuropathy
- Dermatological
- Pneumonia
- STD
- Shingles
- Staph Infection
- Herpes

Menopause (Women)
- Menstrual (Women)
- Impotence (Men)
- Hearing Loss
- Visual Impairment

Arthritis
Hypertension
Diabetes
Heart Conditions
Stroke
Broken Bones
Cancer

Mental/Neuro/Other
- Depression
- Migraines
- Nervous System Disorder
- Respiratory Condition

Figure 1: Prevalence of HIV-related, Age-related, Chronic, and Other Comorbidities in Older Adults with HIV
Comparison of Number of Comorbidities in ROAH vs. National Health and Nutrition Examination Survey 2005
 CES-D Symptoms of Depression

Severe (23+)
43%

Moderate (16-22)
20%

Not Depressed (1 to 15)
37%
Loneliness in ROAH vs. Others

Figure 1 Comparison of UCLA Loneliness Scale Scores between Older Adults with HIV and Community Dwelling Elderly as reported in Adams et al. (2004).
A functional network member is someone in at least weekly phone/monthly in-person contact and can be reasonably assumed to provide assistance in times of need (Cantor & Brennan, 2000)
# ROAH: Help Received

<table>
<thead>
<tr>
<th>Domain</th>
<th>Type</th>
<th>Family</th>
<th>Friends</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Instrumental</strong></td>
<td>Shop/Run Errands</td>
<td>37.8</td>
<td>37.1</td>
</tr>
<tr>
<td></td>
<td>Keep House/Prepare Meals</td>
<td>32.3</td>
<td>23.6</td>
</tr>
<tr>
<td></td>
<td>Take/Drive Places</td>
<td>30.0</td>
<td>31.6</td>
</tr>
<tr>
<td></td>
<td>Mail/Correspondence</td>
<td>26.9</td>
<td>18.1</td>
</tr>
<tr>
<td></td>
<td>Manage Money/Pay Bills</td>
<td>23.7</td>
<td>16.5</td>
</tr>
<tr>
<td><strong>Emotional</strong></td>
<td>Advice on Big Decisions</td>
<td>48.3</td>
<td>54.4</td>
</tr>
<tr>
<td></td>
<td>Talk to When Feeling Low</td>
<td>62.5</td>
<td>68.2</td>
</tr>
<tr>
<td></td>
<td>Talk About Personal Matters</td>
<td>59.0</td>
<td>64.9</td>
</tr>
<tr>
<td><strong>Negative</strong></td>
<td>Reluctant to Talk</td>
<td>32.6</td>
<td>29.7</td>
</tr>
<tr>
<td></td>
<td>Made Upset/Hurt Feelings</td>
<td>35.7</td>
<td>33.7</td>
</tr>
<tr>
<td></td>
<td>Refused to Help</td>
<td>20.6</td>
<td>20.6</td>
</tr>
</tbody>
</table>
Families typically provide the bulk of hand-on assistance compared with friends, but this is less evident among older PWHA.

As typically observed, friends provide greater levels of emotional support, but support from friends has not compensated for absent family support.

Thus, in line with the Hierarchical Compensatory Model, older adults with HIV frequently turn to government and community-based services for their needs.
Cantor’s (1978) Hierarchical Compensatory Theory of Social Support posits that we turn first for help to those closest in our networks (spouse/partners & children), then to more distant relatives, friends, neighbors, and lastly to government and community-based organizations in a hierarchical manner.
The Question?

Are AIDS Service Organizations, Senior Service Providers and Government Agencies Prepared to meet the needs of a population growing older with HIV?
Thank You!

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