

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)
Morehouse School of Medicine, Atlanta, GA
May 29, 2015

Mark Brennan-Ing, PhD

ACRIA Center on HIV and Aging

and New York University College of Nursing, New York, NY

acria



NEW YORK UNIVERSITY

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 infections²

¹ United States Senate Special Committee on Aging. HIV over Fifty: Exploring the New Threat. [Web cast]. May 12, 2005. Available at http://aging.senate.gov/hearing_detail.cfm?id=270655&.

² Brooks et al. (2012). (Am J Public Health. Published online ahead of print June 14, 2012: e1–e11. doi:10.2105/AJPH. 2012.300844.

The Aging of the HIV Epidemic in the United States

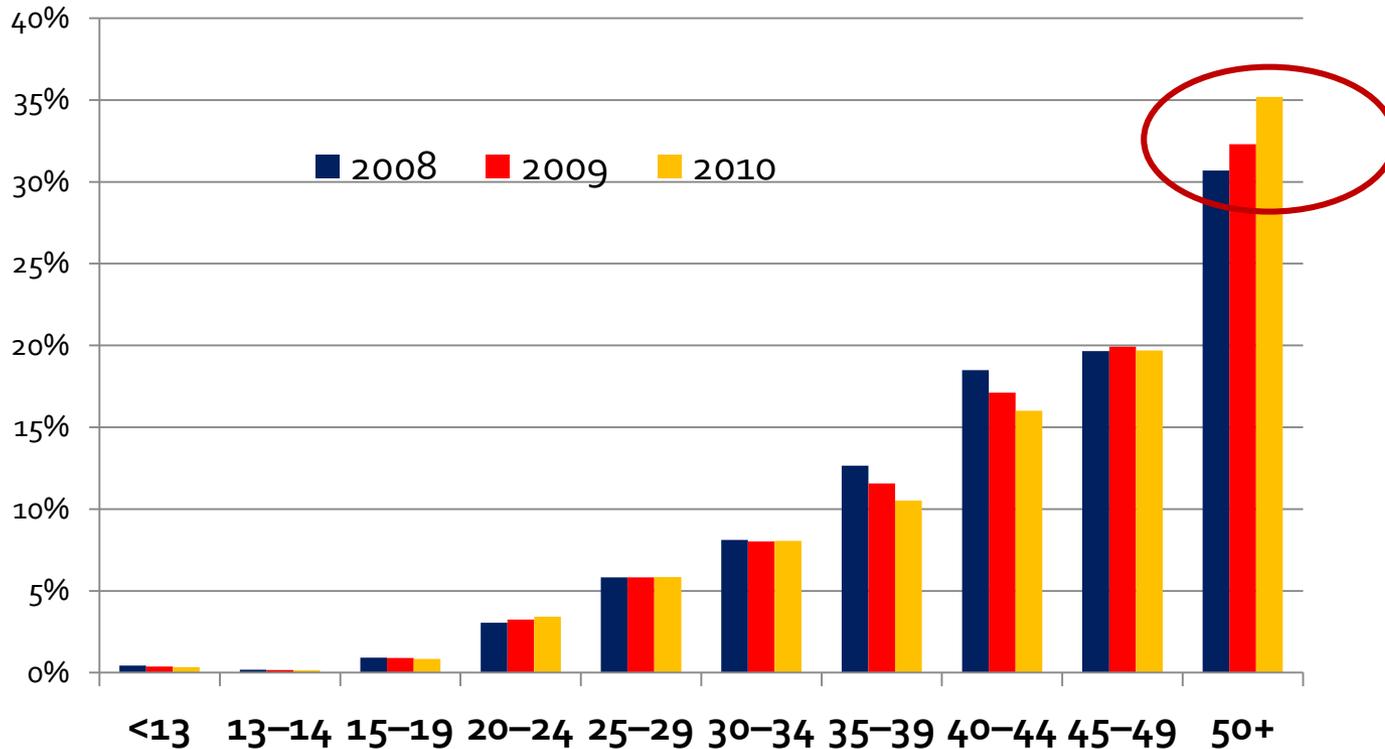
CDC Surveillance Data



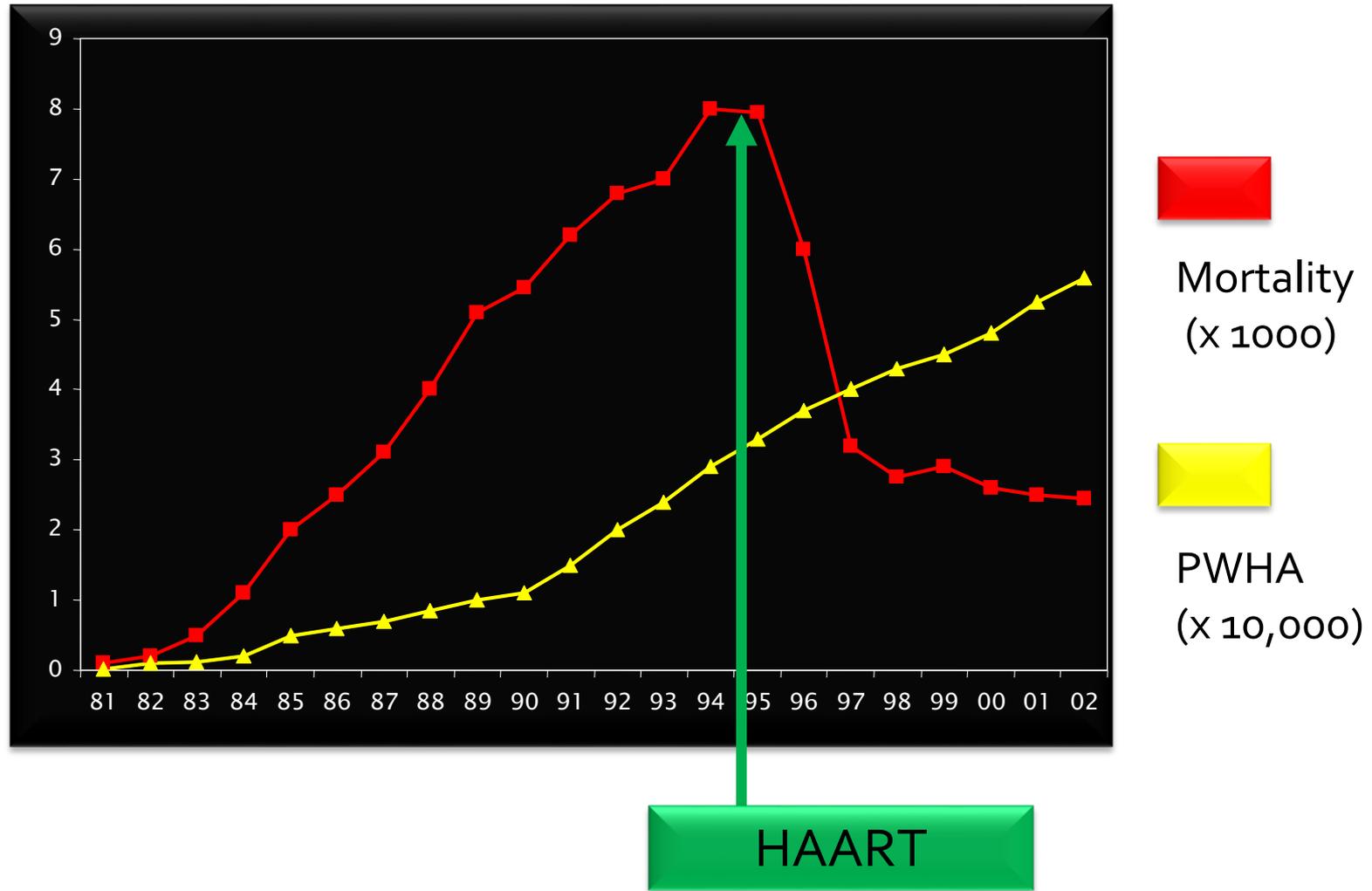
The HIV population is graying; adults 50 and older will comprise over half of those living with HIV by 2015 (CDC, 2013).

% of All People with HIV in the US by Age Group: 2008-2010

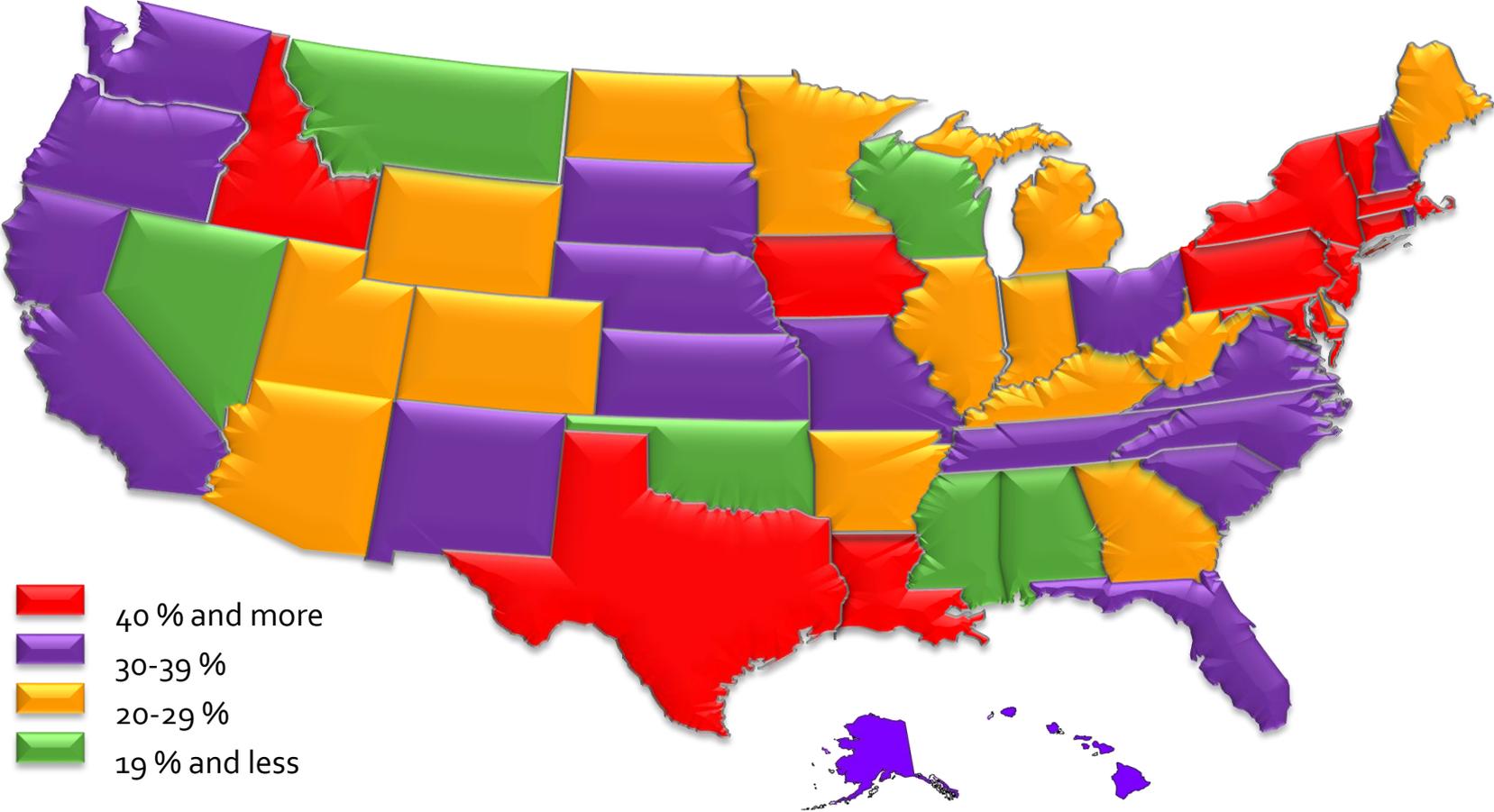
CDC Surveillance Data



Impact of Highly Active Anti-Retroviral Therapy (haart)

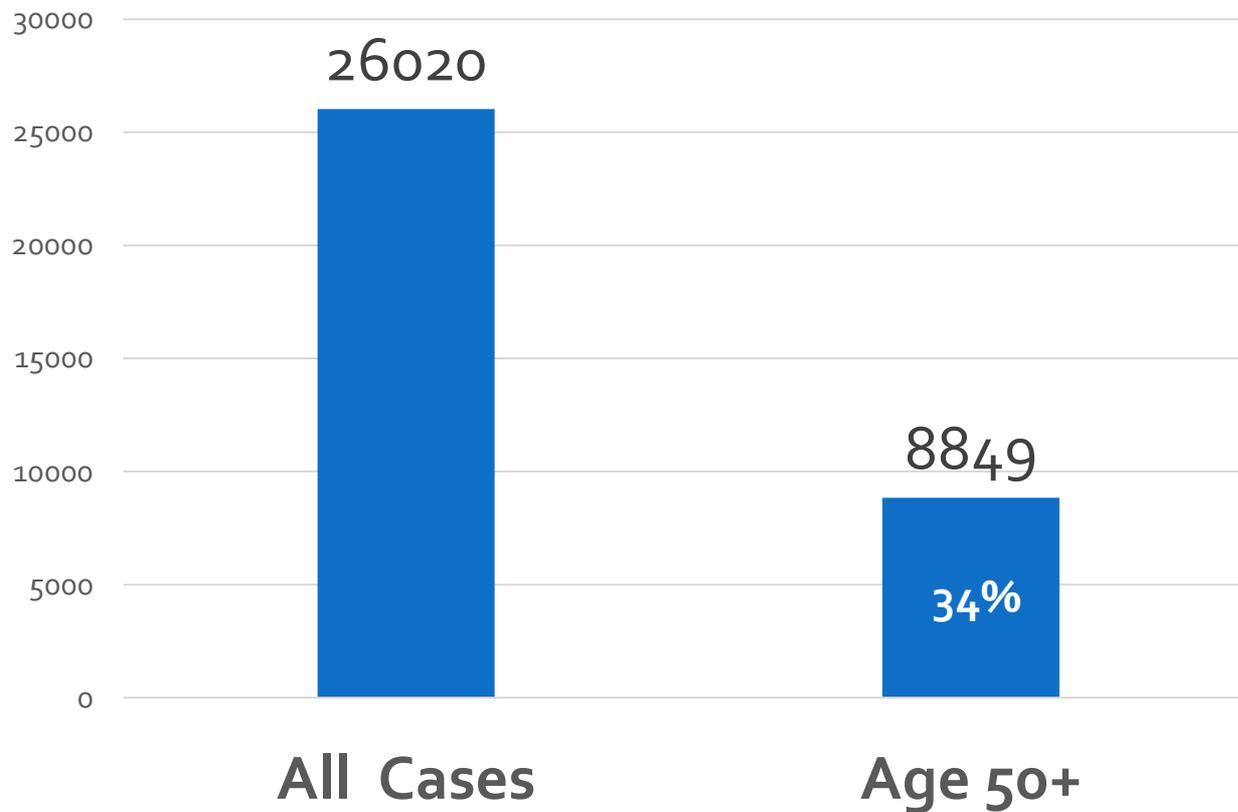


A National Trend



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

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



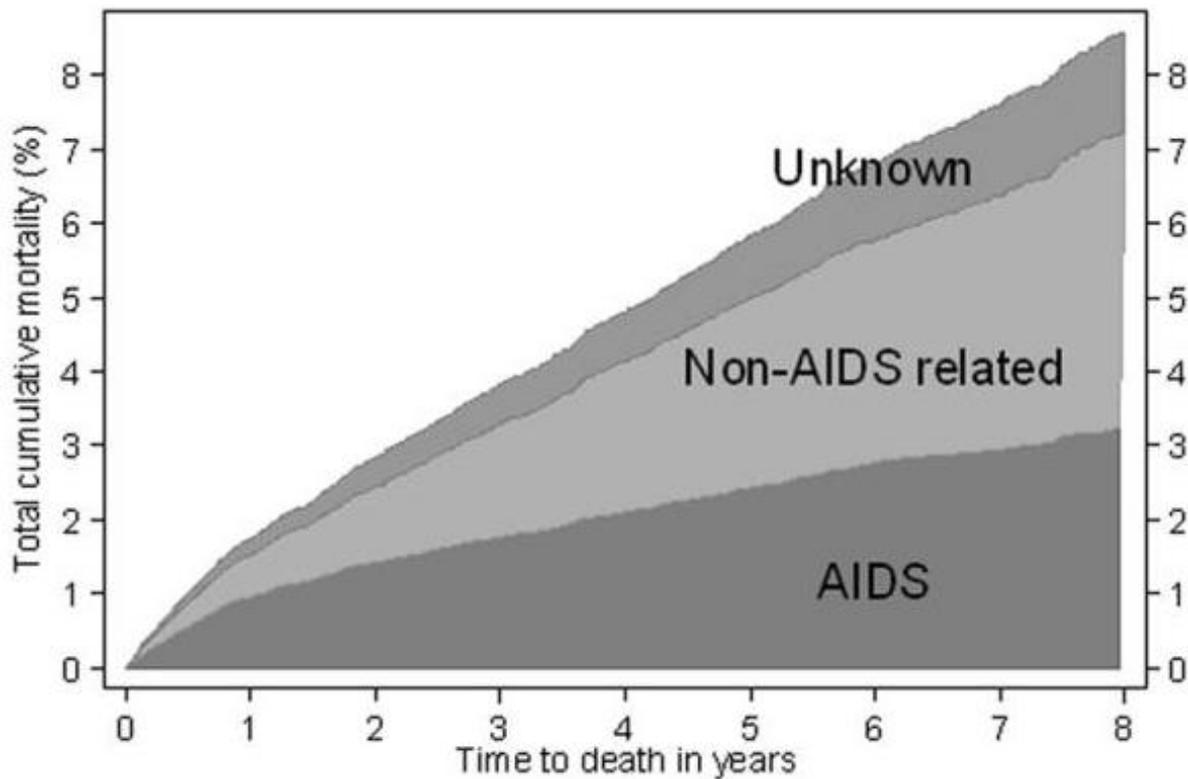
Estimates of Life Expectancy on HAART: Below but Close to Normal

At HAART Initiation	CD4 Cell Count (mm ³)		
	<100	100-199	≥200
A 20 yr old will live to (years)	52	62	70
% Remaining Life Lost (all ages)	46%	27%	14%

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

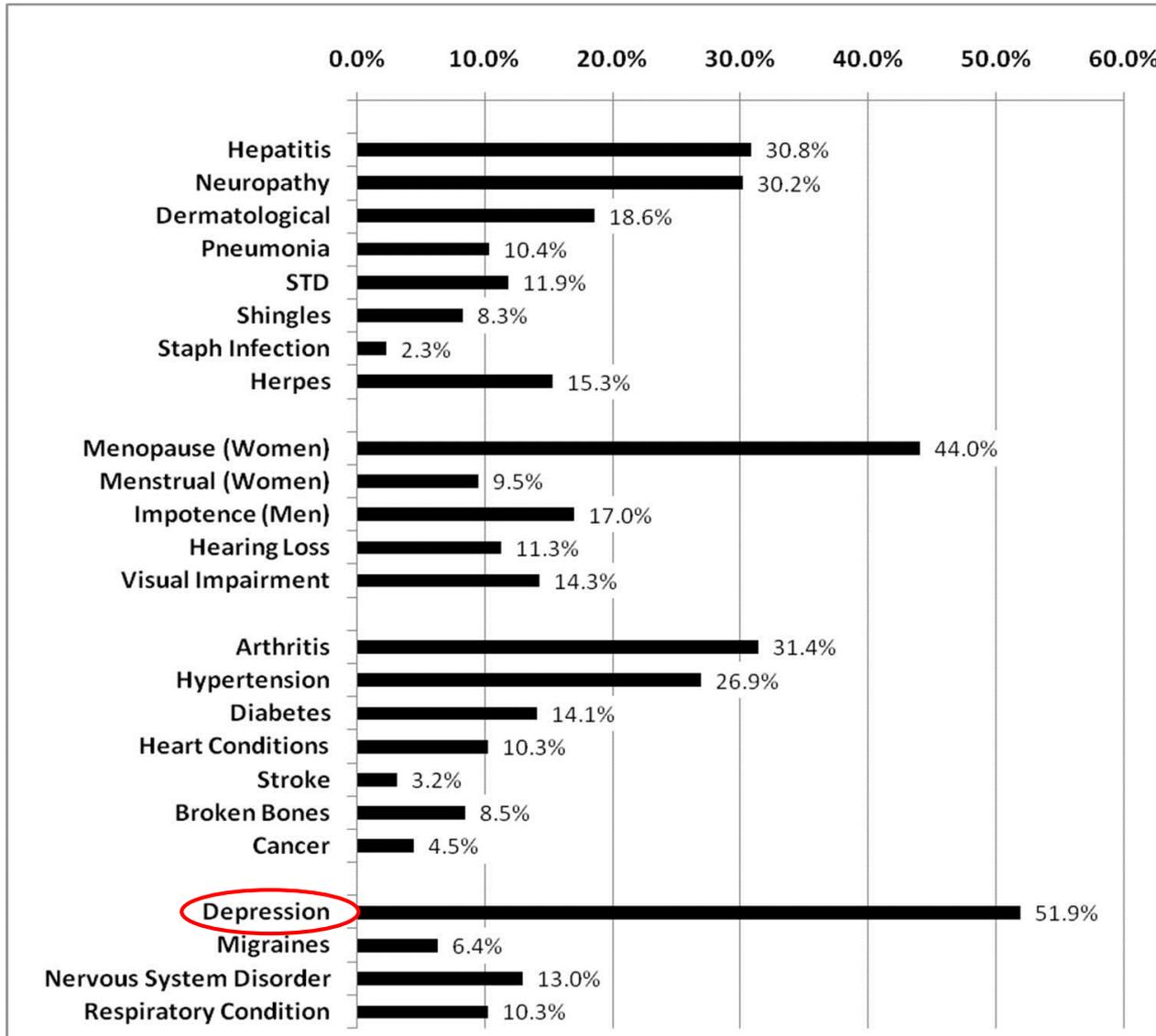
Research on Older Adults with HIV

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



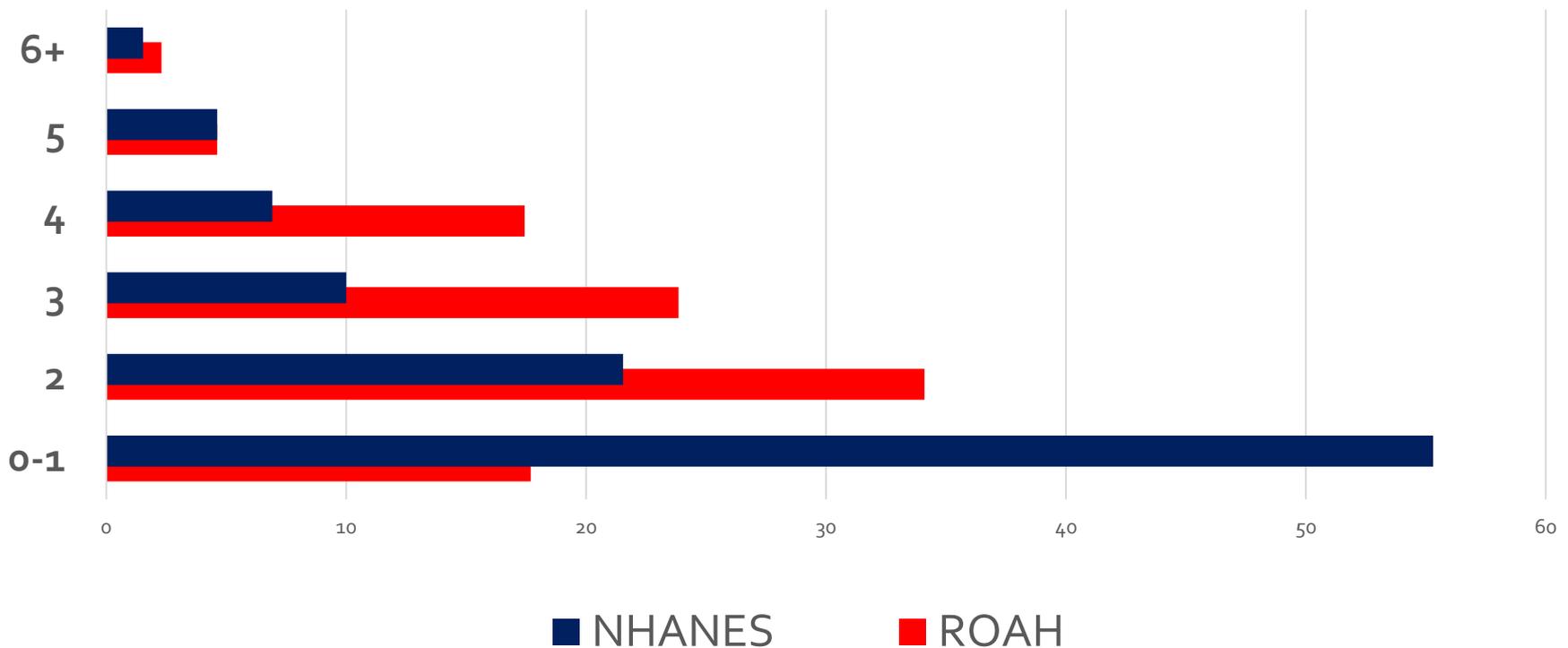
HIV/STI-related

Age-related

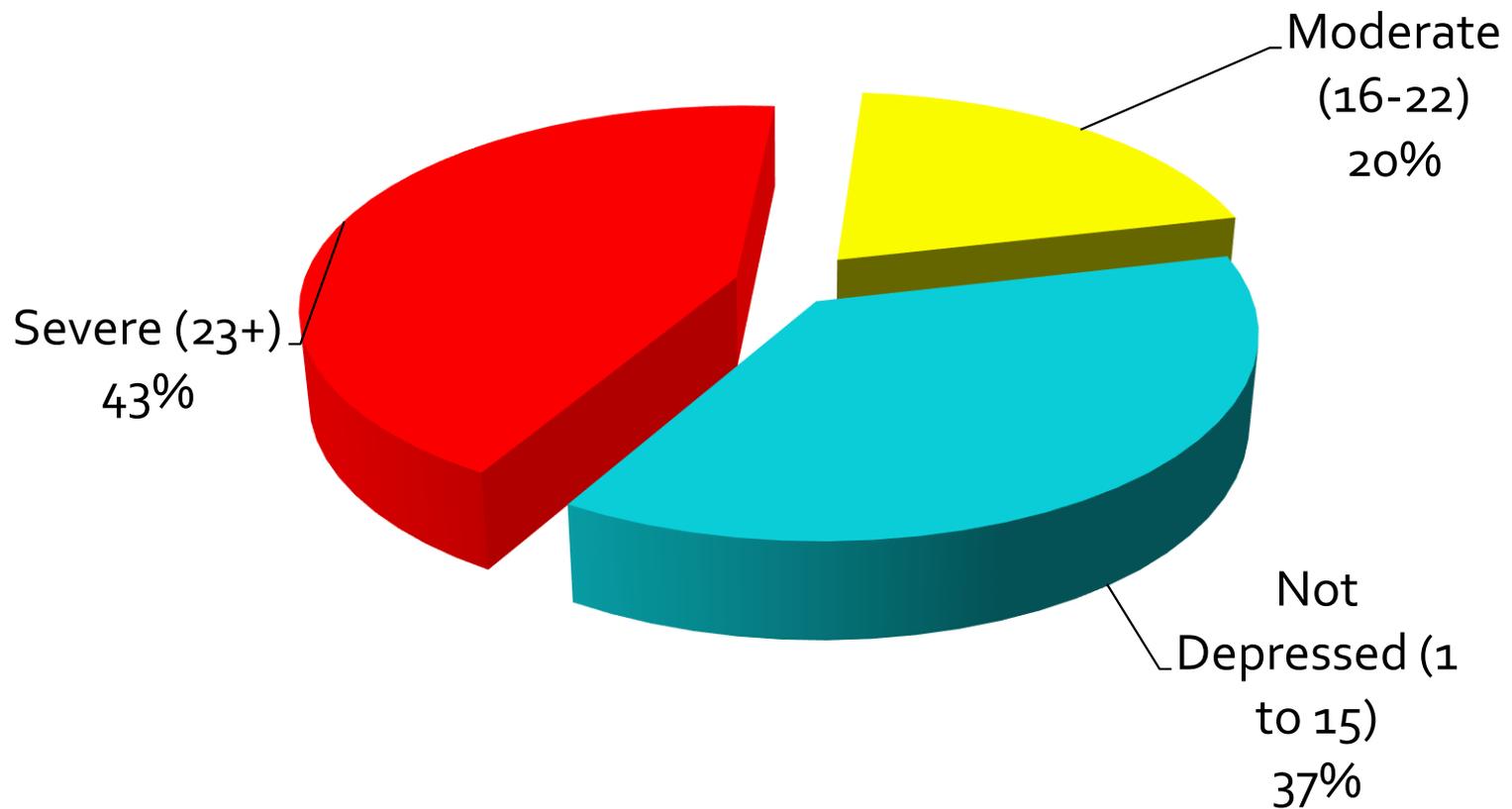
Mental/Neuro/Other

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



Loneliness in ROAH vs. Others

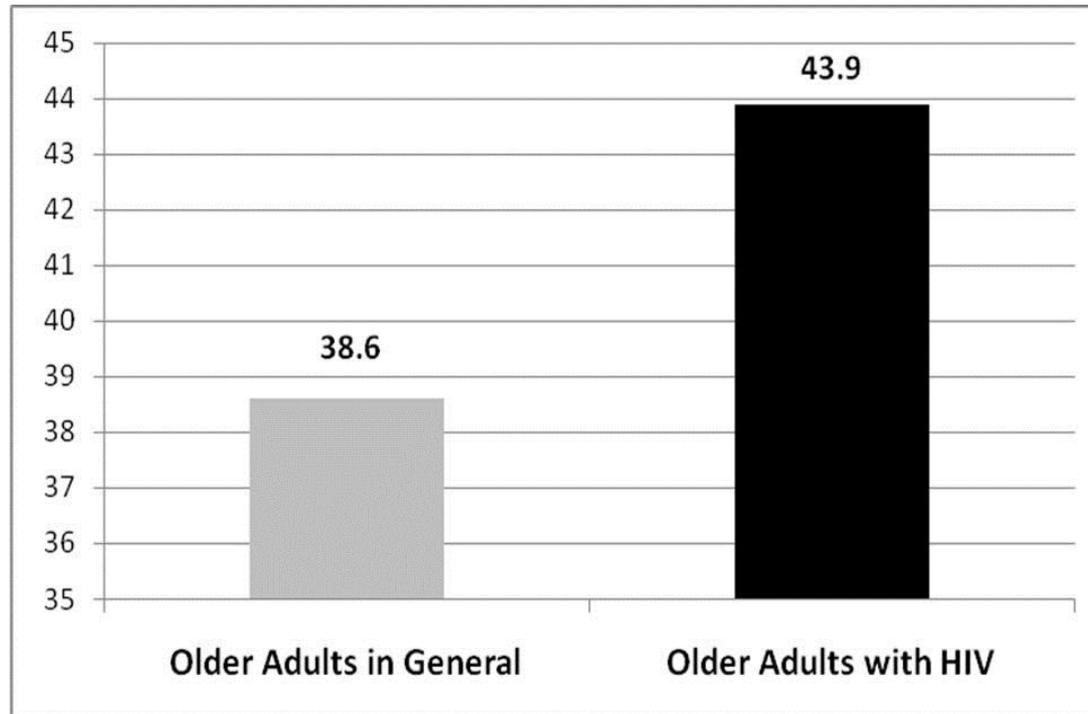
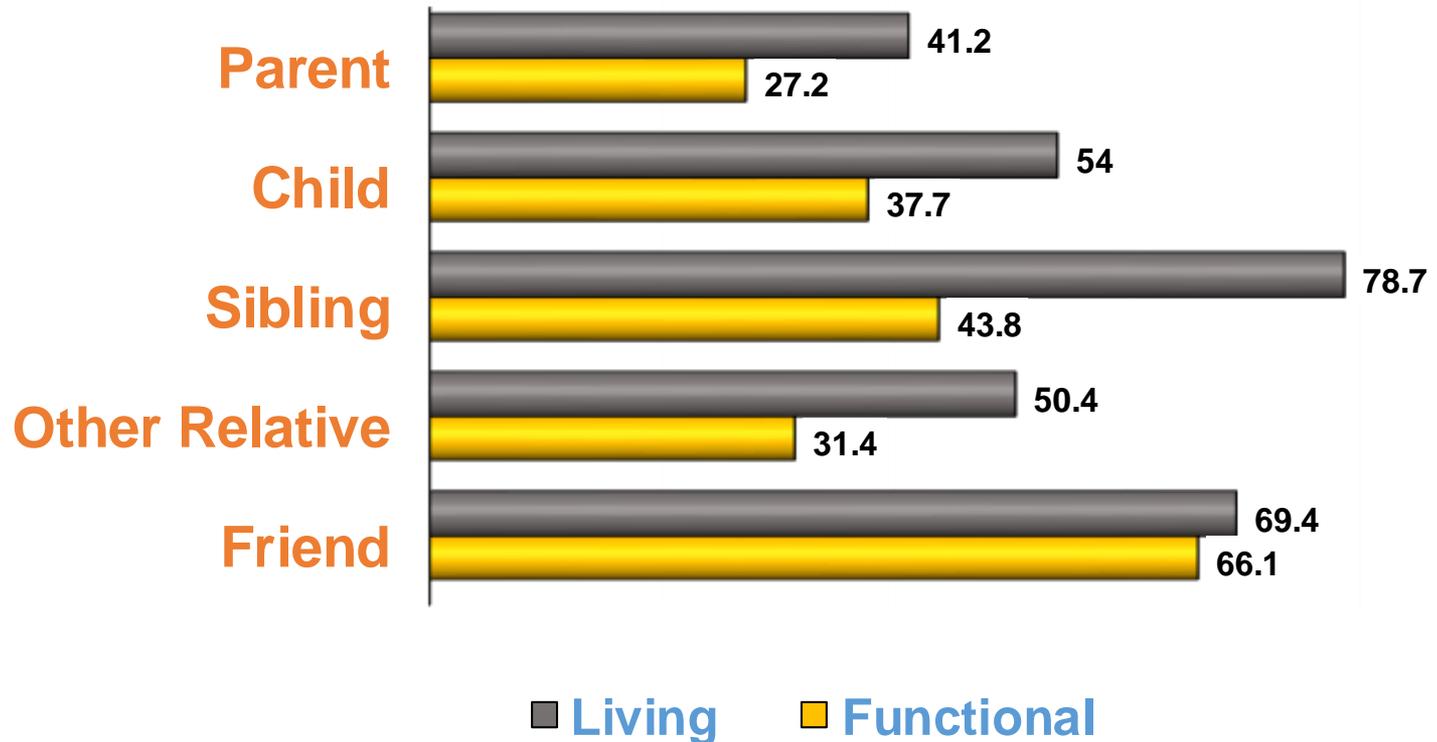


Figure 1 Comparison of UCLA Loneliness Scale Scores between Older Adults with HIV and Community Dwelling Elderly as reported in Adams et al. (2004).

ROAH: Social Networks



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

Domain	Type	Family	Friends
Instrumental	Shop/Run Errands	37.8	37.1
	Keep House/Prepare Meals	32.3	23.6
	Take/Drive Places	30.0	31.6
	Mail/Correspondence	26.9	18.1
	Manage Money/Pay Bills	23.7	16.5
Emotional	Advice on Big Decisions	48.3	54.4
	Talk to When Feeling Low	62.5	68.2
	Talk About Personal Matters	59.0	64.9
Negative	Reluctant to Talk	32.6	29.7
	Made Upset/Hurt Feelings	35.7	33.7
	Refused to Help	20.6	20.6

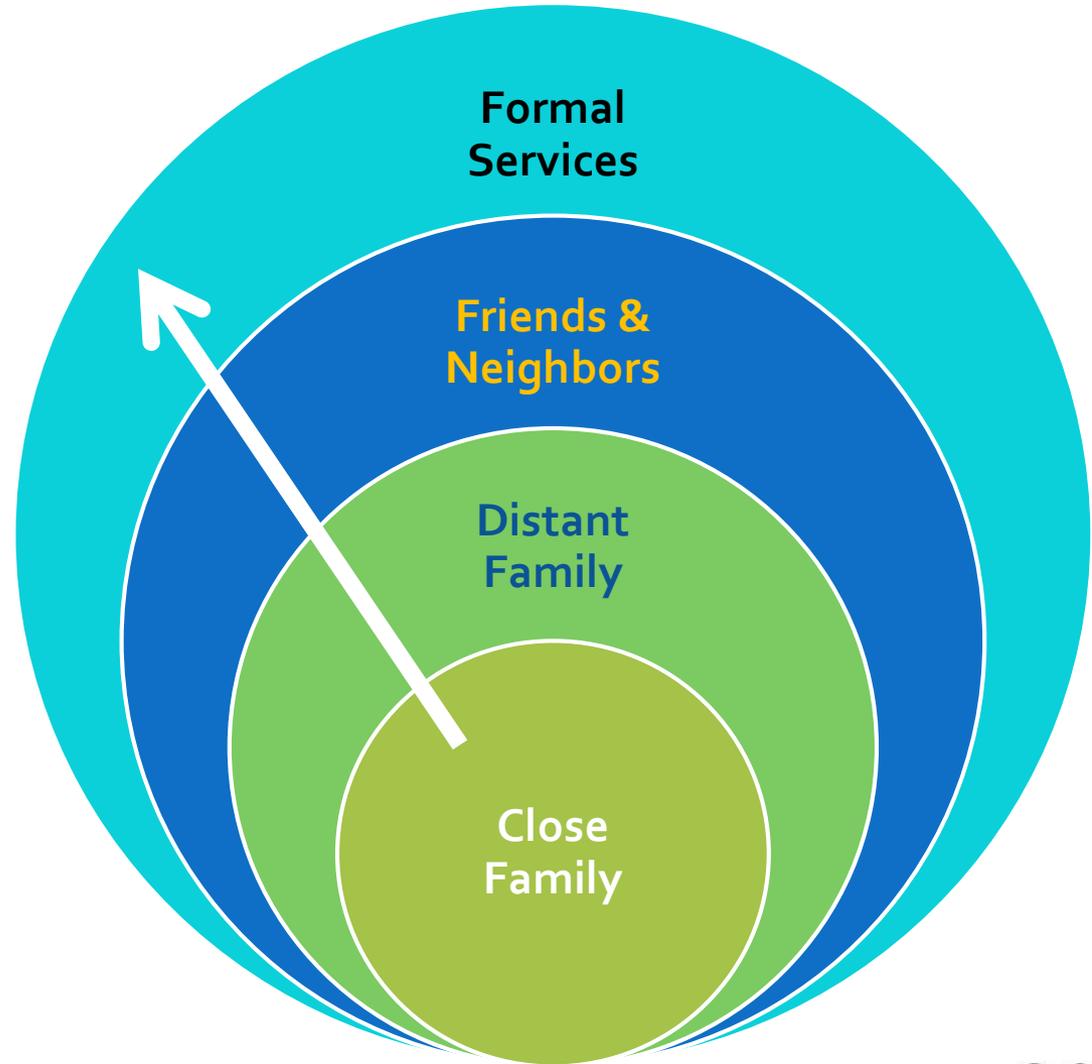
Implications of Assistance Patterns



- 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

Hierarchical Compensatory Model

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!

For further information please contact:

Mark Brennan-Ing, PhD
Director for Research and Evaluation
ACRIA: Center on HIV and Aging
575 Eighth Avenue, Suite 502
New York, NY 10018
(212) 924-3934 ext 131
mbrennan@acria.org

www.acria.org