Aging with HIV

Preliminary Report

Outline

- Background
- Research questions
- Literature overview
- Areas for further investigation
- Existing EMA services
- Discussion

Background

- Advancement in treatment options has extended life expectancy people living with HIV (PLHIV) drastically
 - As of 2018, approximately 51% of PLHIV in the United States and dependent areas were 50 and over¹
 - Shift from how HIV/AIDS diagnoses were seen²
- New HIV diagnoses in those 50 and older decreased between 2014 and 2018
 - Average to 1 in 6¹
- Raises new set of challenges:
 - Less likely to discuss sexual activity with healthcare providers¹
 - Increased risk of immune system damage (more likely to have a late-stage HIV infection)¹
 - Increased likelihood of co- or multi-morbidity²

People Aged 55 and Older with HIV in the 50 States and the District of Columbia



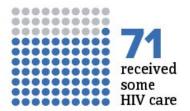
At the end of 2018, an estimated **1.2 MILLION AMERICANS** had HIV. Of those, 379,000 were aged 55 and older.

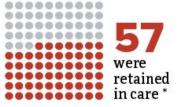


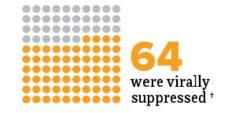


It is important for people aged 50 and older to know their HIV status so they can take medicine to treat HIV if they have the virus. Taking HIV medicine every day can make the viral load undetectable. People who get and keep an undetectable viral load (or stay virally suppressed) can live a long and healthy life. They also have effectively no risk of transmitting HIV to HIV-negative sex partners.

Compared to all people with HIV, people aged 55 and older have higher viral suppression rates. In 2018, for every **100 people aged 55 and older with HIV**:







For comparison, for every 100 people overall with HIV, 65 received some HIV care, 50 were retained in care, and 56 were virally suppressed.

* Had 2 viral load or CD4 tests at least 3 months apart in a year.

† Based on most recent viral load test.

Source: CDC. Estimated HIV incidence and prevalence in the United States 2014–2018. HIV Surveillance Supplemental Report. 2018;25(1).

Source: CDC. Selected national HIV prevention and care outcomes (slides).

Research Questions

- 1. What are the resources and services available for PLHIV over 50 years old? How do these factors compare for those without HIV in the same age group?
- 2. How do resources and services available to PLHIV over 50 vary across different Eligible Metropolitan Areas (EMAs)?

Literature Overview

Broad Reviews

- Articles that give a sweeping look at the needs of PLHIV over 50:
 - 2019 report by the Center for Strategic and International Studies titled "The Changing Face of HIV: Addressing Health Needs Across the Life Course"
 - Good general overview of current state of the issue and recent funding and health initiative efforts
 - Focused on global efforts, with most examples using low- and middle-income countries
 - 2016 article in Generations: Journal of the American Society on Aging titled "Aging with HIV"³
 - Covers heightened risk of co- and multi-morbidities for PLHIV as they age
 - Discusses challenges to caring for such populations
 - Services historically geared towards younger people
 - Many older LGBTQ adults lack biological familial support

Literature Overview

Getting More Specific

- Articles that more directly address key issues facing PLHIV over 50
 - "A systematic review of psychological interventions for older adults living with HIV" published in AIDS Care in 2020⁴
 - Examines existing research on interventions aimed at improving psychological/psychosocial wellbeing of PLHIV over 50
 - Identified need for more research examining the data on such interventions
 - "Aging with HIV: Health Policy and Advocacy Priorities" published in Health Education & Behavior in January 2021⁵
 - Covers idea of accelerated aging faced by PLHIV
 - Risks of social isolation
 - Identifies policy and advocacy priorities

Literature Overview

Comparing PLHIV to the general population

- Articles directly comparing PLHIV their non-HIV-infected peers
 - "Cross-sectional Comparison of the Prevalence of Age-Associated Comorbidities and Their Risk Factors Between HIV-Infected and Uninfected Individuals" published in *Clinical Infectious* Diseases in 2014⁶
 - PLHIV at higher risk of comorbidities compared to uninfected individuals
 - Risk of age-associated noncommunicable comorbidities (AANCCs) independently associated with age, etc., and also HIV infection
 - Concludes all AANCCs are more prevalent among HIV-infected participants compared to uninfected controls
 - "Do Patterns of Comorbidity Vary by HIV Status, Age, and HIV Severity?" published in Clinical Infectious Diseases in 2007⁷
 - Compared comorbidities among veterans with and without HIV
 - Older HIV-infected veterans had higher risk of substance use disorders and multimorbidities
 - Data stratified quickly based on which demographics they clustered

Areas for Further Investigation

- Academic papers on social services specifically for PLHIV over 50
- More research comparing PLHIV and the general population over 50
 - Broaden search to include articles that do not address needs of PLHIV
- More research on the potential barriers to accessing care experienced by PLHIV over 50
- Academic papers looking into Ryan White HIV/AIDs Program (RWHAP) funding streams

Existing EMA Services

- Chicago, Illinois
 - "Positively Aging" program at Test Positive Aware Network (TPAN)
- Fort Lauderdale, Florida
 - Aging with HIV/AIDS/STIs: The New Senior Challenge
- Los Angeles, California
 - AIDS Project Los Angeles (APLA)'s HIV/Hep C Health Promotion Program
- San Francisco, California
 - UCSF School of Medicine's Golden Compass and Silver Project programs
- Baltimore, Maryland
 - Older Women Embracing Life (OWEL)

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