HIV Risk and Older Adults

Nathan L. Linsk, Ph. D

Midwest AIDS Training and Education Center
Jane Addams College of Social Work, University of Illinois at Chicago
How are Older Adults Affected by HIV?

- HIV at Risk – Prevention and Education
- HIV Infected – Living with HIV
  - Infected younger and growing into the older years
  - Newly diagnosed in older years
  - Newly infected in older years
- HIV Affected – Friends and Family
- HIV Caregivers – New Roles?
Current US Statistics

- Persons over age 50 comprise
  - 24% of persons living with HIV/AIDS (increased from 17% in 2001).
  - 19% of all AIDS diagnoses
  - 29% of persons living with AIDS (as much as 34-35% in some cities—e.g. San Francisco, New York City)

- Persons over age 40 represent 55% of new cases!

- Deaths of persons with AIDS
  - 35% of all deaths of persons with AIDS are over 50
  - More than 91,000 deaths associated with HIV age 50+ since 2001

Source: CDC, 2008
Facts about Transmission

- Main risk behavior is older men having sex with men (but difficult to get current data!)
- Other transmission risks have increased: Heterosex, Injection Drug Use, No identified Risk
- Transfusion risk has declined, but is still higher than other age groups
- Women are particularly vulnerable in the later years.
- The racial distribution parallels the epidemic—Blacks and Hispanics disproportionately represented
Factors Impacting HIV-Infection for Over 50: Lack of prevention messages

- Belief that HIV affects only the young
- No training in safer sex practices regarding older adults
- Newly single older adults need counseling
- Lack of prevention education targeting older adults
- Lack of awareness of HIV risk factors, including needle use
- Lack of awareness among health-care providers about HIV and aging
- Less testing

Source: C. Creticos, 2005
Prevention

- Belief that older people can’t get infected
- Do older people have sex? Use condoms?
  - Condoms only for birth control? Previous cultural experiences??
- Self esteem issues
- Fear of rejection in sexual situation
  - Female control issues?
- Issues of erectile changes.
Prevention

- Ageism
- AIDSism
- Homophobia
Prevention

- Belief that older people can’t get infected
- Do older people use condoms?
- Condoms only for birth control? Previous cultural experiences???
- Self esteem issues.
Prevention

- Female control issues?
- Fear of rejection in sexual situation
- Issues of erectile changes.
- Complications, e.g. rashes, etc. Really no different than other groups
CDC Prevention Initiative: Implications for HIV over Fifty

- Age range for routine testing in medical settings
  - CDC recommends 13-64

- Possible message – Does HIV infect people over age 64? 

- Or is this an issue of whether to invest in older adults?
  - Smaller number of positives expected
  - less years of life left
CDC Prevention Initiative: Implications for HIV over Fifty

- Is this a cost issue—older people are more likely to have medical visits
- Attitudinal barriers—acknowledging older people have sex and use drugs!!
- DC Program: Encouraged everyone to be tested—age 14-84
CDC Prevention Initiative: Implications for HIV over Fifty

- Confidentiality Issues
- Opt out issues
- Age sensitive testing issues
Talking to Older Folks about Sex and Drugs

- What are your . . .
  - Experiences
  - Expectations
  - Concerns

- How is this different from talking with other (younger adults)?
Test Counseling

- Notion of client centered rather than risk assessment pre-test
  - Focus on relationship development and learning clients story rather than completing a checklist
  - What is wrong with the traditional risk assessment checklist approach? (Discuss)
Do you mind if I ask you some questions about your sexual health?

Are you sexually active—do you have sexual or intimate contact with another man or woman?

Do you take disease precautions? If yes, explain. If not, why not?

Do you take any drugs that involve needle transmission? If yes do you share needles? How do you clean them?

Do you have any questions you would like to ask me about your sexual health, AIDS or sexually transmitted diseases?

Source: Linsk, 2000, The AIDS Reader
Guidelines for Pre-test Counseling

- Keep it simple. Don't give or ask too much information.
- Establish Rapport, give permission to refuse.
- Normalize--we ask everyone these questions.
Guidelines for Pre-test Counseling

- Do they have questions about their sexual health or drug usage? Most do!
- Adjusting language or task if client is uncomfortable
- Mostly if they can state their reluctance or reasons they will feel better about it
- Stress confidentiality or anonymity and explain limits
Doing the Pre-test interview.

- Enough information for informed choice about testing
- Provide information on what HIV is and how it is transmitted, as well as the deal between infection and development of an HIV-positive test result
- Provide accurate information about what the HIV antibody test measures
Doing the Pre-test interview.

- Explain the need for retesting related to date of last risk behavior
- Explain what positive and negative antibody test results means. Difference between AIDS and HIV.
- Instill hope.
- Explain authorized disclosures and limits of confidentiality
Determining sexual activity

Are you involved with an intimate partner? Are you sexually active?

- What is this? [Discuss]
  - Intimate contact with another person, which may be oral, vaginal or anal,
  - Intercourse versus other activities (outercourse??)

- Possibly set time frame: six months, last month?

- Is it with men, women or both? (Needed?) Need to not label
Determining safer sex behavior

- Are you taking precautions? What precautions are you taking?
  - How do you avoid getting or giving possible sexually transmitted infections? (avoid transmitting semen or vaginal fluid or blood)
  - Use of barriers: condoms, dams, etc.
  - Others?
Determining drug use potential

- What drugs are you taking?
- Alcohol or other drugs to relax or socialize (alcohol reduces resistance to other drugs or impaired ability to manage safer sexual encounters)
- Any needle transmission?
  - Sharing of ANY equipment? needles, works, etc.
  - How cleaned
Other risks?

- Any surgeries or transfusions?
- Coagulation disorders, etc?
- Previous STDs
- Others??

- What are the your questions or concerns about
  - Yourself
  - Others
General Counseling Guidelines (Review)

- Need to be direct, specific and targeted. Non-judgmental
- Need to be with the client, **empathic listening skills**,
- Control--Maximizing client/patient control--helping them do it!
- Permit denial
General Counseling Guidelines (Review)

- Give yourself permission to experience discomfort
- Accept being the object of anger
- Encourage use of other resources—e.g., support groups
- Need to be culturally competent, that is to ask questions in a way that is consistent with the individual/family/community background, norms for what is acceptable and language
Dealing with Taboos, Fears, Conflicts

- Reluctance to acknowledge infection sources
- Emotional conflicts—unresolved guilt
- Homophobia/Addictaphobia
- Common to all considering HIV information.
- Fear of being identified with same sex or drug use
- How are these different for older adults?
Risk Reduction Counseling

1. Assess current risk reduction behavior
2. Support positive behavior changes the person has made
3. Discuss other possible risk reduction options
4. Negotiate a realistic incremental plan for future risk reduction (harm reduction)
5. Address feelings/questions
Practice Session: Risk Assessment with Older Adults

- Find a Partner.
- One plays role of counselor, other the older person who is being interviewed. Interview for a 3-4 minutes.
- If time switch roles.
Do you mind if I ask you some questions about your sexual health?

Are you sexually active—do you have sexual or intimate contact with another man or woman?

Do you take disease precautions? If yes, explain. If not, why not?

Do you take any drugs that involve needle transmission? If yes do you share needles? How do you clean them?

Do you have any questions you would like to ask me about your sexual health, AIDS or sexually transmitted diseases?

Source: Linsk, 2000, The AIDS Reader
Cohort (Generational) Issues: History

- How is life experience for over 50s different from younger adults with HIV?
  - Within group variation
  - Formative experiences: depression, world wars, fifties, sixties??
  - From the closet to “silence=death”
Cohort Effects: HIV experience

- All of these people grew up and established their lives before HIV was known
- Prevention was largely unknown
- Experienced the
  - discovery of the epidemic
  - the experience of devastation upon various communities
- May have lost friends and families, entire social networks
- Some have been activists or have been very closeted related to HIV.
Changes

“I’m not old, I’m HIV” versus “It doesn’t really change my life much; I’m old anyway!”

What’s HIV? What’s Aging? Separating the effects of
- "normal aging"
- unique concerns related to age
- the experiences living with HIV

HIV as an Off-time Experience: “Old before my time”
Extended Life With HIV

- Younger people maturing into old age living with HIV

- Long-term survivors

- Denial: e.g. “I don’t have AIDS, I’m HIV and who knows what that means” (Anderson, 1996)

- What might it mean psychosocially to live 30 years with HIV? (Prevention for positives issues, Survival fatigue, depression)
Lessons . . . HIV and Aging
Aging inclusive PREVENTION and EDUCATION remain our best tool–
- Older adults indeed need information and motivation

- Elders benefit from HAART and other HIV treatments
  - Need for knowledge, resources and efficacy

- The HIV network has benefited from models from the Aging Network and hopefully vice versa
- **Need for**
  - Age sensitive providers and services
  - Ongoing HIV prevention *throughout the life course*
  - HIV responsive senior citizens

- We all hope to live a long and meaningful lifetime with the resources, services and relationships we need! This is increasingly the norm for people living with HIV.

- The good news is that people with HIV are living longer and into the later years—*normal life span*!!
For more information:

Nathan Linsk, PhD, ACSW
nlinsk@uic.edu
www.matec.info