

# what are HIV prevention needs of adults over 50?

## are older adults at risk?

**Y**es. Over 10% of all new AIDS cases in the US occur in people over the age of 50.<sup>1</sup> In the last few years, new AIDS cases rose faster in middle age and older people than in people under 40.<sup>2</sup> While many of these AIDS cases are the result of HIV infection at a younger age, many are due to becoming infected after age 50.

*It is difficult to determine rates of HIV infection among older adults, as very few persons over the age of 50 at risk for HIV routinely get tested.<sup>3</sup> Most older adults are first diagnosed with HIV at a late stage of infection—when they seek treatment for an HIV-related illness.*

Cases among older people may be under reported, as HIV symptoms and infections may coincide with other diseases associated with aging, and thus be overlooked. AIDS-related dementia is often misdiagnosed as Alzheimer's, and early HIV symptoms such as fatigue and weight loss may be dismissed as a normal part of aging.<sup>4</sup>

*Older persons with AIDS get sick and die sooner than younger persons. This is due to late diagnosis of the disease as well as co-infection with other diseases that may speed the progression of AIDS.<sup>5</sup> Also, new drugs for HIV treatment may interact with medications the older person is taking to treat pre-existing chronic conditions.*

## what puts them at risk?

**A** common stereotype in the US is that older people don't have sex or use drugs. Very few HIV prevention efforts are aimed at people over 50, and most educational ad campaigns never show older adults, making them an invisible at-risk population.<sup>6</sup> As a result, older people are generally less knowledgeable about HIV/AIDS than younger people and less aware of how to protect themselves against infection. This is especially true for older injecting drug users, who comprise over 16% of AIDS cases over 50.

*Men who have sex with men form the largest group of AIDS cases among adults over 50. Older gay men tend to be invisible and ignored both in the gay community and in prevention. Among the HIV risk factors for older gay men are internalized homophobia, denial of risk, alcohol and other substance use, and anonymous sexual encounters.<sup>7</sup>*

Women comprise a greater percentage of all AIDS cases as age increases. While 6.1% of all AIDS cases among those aged 50-59 are women, the percentage of cases occurring among women rises to 13.2% for age 60-69 and 28.7% for those 65 and older.<sup>8</sup> Normal aging changes such as a decrease in vaginal lubrication and thinning vaginal walls can put older women at higher risk for HIV infection during intercourse.<sup>9</sup>

## what are barriers to prevention?

**F**ew Americans over age 50 who are at risk for HIV infection either use condoms or get tested for HIV. In a national survey, at-risk people over 50 were one sixth as likely to use condoms and one fifth as likely to have been tested for HIV than at-risk people in their 20s.<sup>3</sup> Factors that influence condom use in older persons are not known.

*Doctors and nurses often do not consider HIV to be a risk for their older patients. A study of doctors in Texas found that most doctors rarely or never asked patients older than 50 years questions about HIV/AIDS or discussed risk factor reduction. Doctors were much more likely to rarely or never ask patients over 50 about HIV risk factors (40%) than they were to never or rarely ask patients under 30 (6.8%).<sup>10</sup>*

Many older people live in assisted living communities, where there is still great stigma attached to HIV/AIDS, often associated with homosexuality and/or substance abuse. Management may be resistant to providing HIV/AIDS educational materials or presentations in their facilities.

## Says who?

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## how are older adults different?

Cultural and generational issues need to be considered in crafting HIV prevention efforts. Older persons may not be comfortable disclosing their sexual behaviors or drug use to others. This can make it difficult to find older adults who attend support groups.<sup>11</sup> Also, older adults may not view condom use as important or necessary, especially post-menopausal women who need not worry about pregnancy protection.

*Older adults may have fewer surviving friends and a smaller social network to provide support and care. Also, they are more likely to be caregivers themselves, as about one third of AIDS patients are dependent on an older parent for financial, physical or emotional support.<sup>12</sup>*

## what's being done?

Unfortunately, few prevention programs exist that target adults over 50. Most programs for older adults offer support for HIV+ persons, or target clinicians and caregivers of older adults. Promising prevention programs incorporate generational concerns, target high-risk groups such as older gay men and older women (especially recent widows), and involve older adults in their design and as peer educators.

*Senior HIV Intervention Project (SHIP) in Florida's Dade, Broward and Palm Beach Counties, trains older peer educators to present educational and safer sex seminars at retirement communities. Trained AIDS educators meet with health care professionals and aging services workers to help them understand the risk posed to seniors by HIV.<sup>13</sup>*

In six regional senior centers in Chicago, IL, a program used peer-led "study circles" to increase HIV awareness and knowledge. Participants viewed a video, "The Forgotten Tenth," and did their own research as to how HIV affects their lives physically, politically and economically. They then shared their knowledge at the next meetings. After the program many participants became AIDS educators.<sup>14</sup>

*An HIV education program for older adults was conducted at meal sites in Florida. Based on the Health Belief Model, the program included facts and statistics on older persons and HIV, condom use instruction, HIV testing information, and case studies of older persons with AIDS. After the session, participants reported a significant increase in knowledge about AIDS and perceived susceptibility to HIV.<sup>15</sup>*

## what needs to be done?

There has been a striking lack of interest in people over 50 in HIV prevention efforts. Prevention programs are needed specifically for older adults. Mainstream ad campaigns need to incorporate images and issues concerning persons over 50 and encourage at-risk older adults to be routinely tested for HIV. More research on sexual and drug using behavior of older adults is needed, as well as research on disease progression and treatments, including recruiting HIV+ older persons for clinical trials.

*Clinicians and service providers for older adults, including care takers and nursing home staff, need to be educated on HIV risk behaviors and symptoms of HIV infection among older adults. Clinicians need to conduct thorough sex and drug use risk assessments with their patients over 50, and challenge any assumptions that older people do not engage in these activities or will not discuss them.*

Older adults need support and education to ensure that their lives over 50 are as rewarding and safe as before 50. A comprehensive HIV prevention strategy uses many elements to protect as many people at risk for HIV as possible. Adults over 50 are an especially important group to target with prevention messages, both for their own risk behaviors, and for their role as leaders and teachers of younger generations.

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### Resources:

NY HIV Over 50 Task Force, Brookdale Center on Aging, Hunter College, 425 E 25th Street, New York, NY 10010, (212) 481-7594. Contact: Kathy Nokes, kathynokes@aol.com

American Association of Retired Persons (AARP), Social Outreach and Support (SOS), 601 E Street, NW, Washington, DC 20049, (202) 434-2260, <http://www.aarp.org>

National Association on HIV Over Fifty (NAHOF), Midwest AIDS Training & Education Center, University of Illinois, 808 S. Wood Street m/c 779, Chicago. IL 60612, (312) 996-1426, [nlinsk@uic.edu](mailto:nlinsk@uic.edu)

National Institute on Aging, <http://www.nih.gov/nia/>