

POPULATION FACT SHEET: AUGUST 2010

OLDER ADULTS

HIV/AIDS among people over 50 is increasingly prevalent, primarily because many HIV-positive people receiving appropriate care are living into middle and old age. New HIV infections among older Americans, however, are also on the rise. Older adults living with HIV/AIDS risk poorer health outcomes than their younger peers as a result of age-related comorbidities such as cardiovascular disease, potentially accelerated HIV progression, and increased likelihood of late diagnosis.

SURVEILLANCE

- Adults over age 50 accounted for 22 percent of estimated new AIDS diagnoses in 2008.*¹
- One-half of HIV-positive adults over age 50 were diagnosed with AIDS simultaneously or within 1 year of their HIV diagnosis.² Late diagnosis is associated with poorer health outcomes and more rapid disease progression.
- Among people age 50 or older, rates of HIV/AIDS are 12 times higher among Blacks and 5 times higher among Hispanics than among Whites.³ Older minorities with HIV disease also have fewer economic resources than their older White counterparts.⁴
- More than 16 percent of AIDS cases among older adults are related to injection drug use.⁵ Even in the era of highly advanced antiretroviral therapy, older adults and injection drug users have some of the lowest survival rates from HIV.⁶

Critical Issues

Research suggests that many adults over age 50 are sexually active and consider sex an important part of life. Older adults

often consider themselves at low risk for HIV infection, but they generally lack up-to-date information about disease prevention and transmission.⁷ As a result, people over age 50 may engage in unprotected or high-risk sex. Clinicians also may underestimate the risk of HIV among older patients or may attribute common HIV symptoms to the normal aging process.⁷

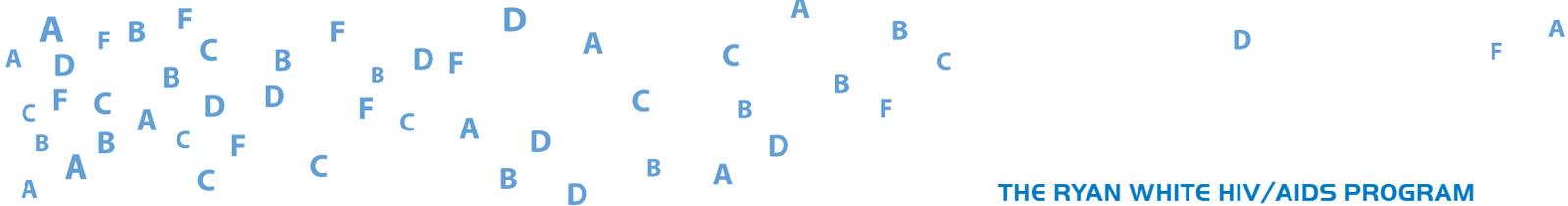
Treatment advances have helped many older adults living with HIV/AIDS live longer and healthier lives. It is estimated that by 2015, however, 50 percent of people living with HIV in the United States will be age 50 or older; yet, older adults are less likely than their younger counterparts to be routinely evaluated for HIV.⁸ Older adults are increasingly presenting in late stage of HIV disease at diagnosis, timing that often translates to a shorter life span. A prompt HIV diagnosis is important for older adults because of the complex interplay among aging, age-related conditions, HIV disease, and HIV treatments.

HIV-positive older adults are at higher risk than their HIV-negative peers for developing age-associated comorbidities such as cardiovascular disease, cancer, liver disease, bone loss, and depression. Moreover, HIV and its treatments can sometimes accelerate the progression of those conditions. In turn, aging and age-related conditions may speed up HIV progression. Aging, drug toxicity, and HIV disease can interact to complicate treatment.⁷ These interactions pose numerous challenges for clinicians and patients alike, and those challenges will only continue to grow as the number of older adults living with HIV rises.

Women over 50 can be especially susceptible to HIV given that vaginal dryness following menopause can lead more easily to cuts and tears during sex providing a portal of entry for HIV. Older women, however, are less likely than younger women to view themselves as at risk for HIV or to undergo HIV testing.⁷

* The most recent year for which data are available.





To expedite HIV diagnosis among older adults, the Centers for Disease Control and Prevention recommends that clinicians offer testing to all patients under age 64. Older patients benefit from counseling and age-appropriate and culturally sensitive messages.⁵

THE RESPONSE OF THE HIV/AIDS BUREAU

The February 2009 edition of the Health Resources and Services Administration (HRSA) *HRSA CAREAction* newsletter explores the interactions among HIV disease; drug toxicity; aging; and age-associated comorbidities such as metabolic syndrome, cancer, and renal disease (see hab.hrsa.gov/publications/february2009.) HRSA also created “Resources for HIV and Aging,” a list of resources to help providers care for clients over age 50. The document includes guidelines and risk

assessment tools to treat cancer, depression, and other age-associated comorbidities as well as information on providing medical care for older women. The document is available online at hab.hrsa.gov/publications/february2009/Resources-for-Aging.pdf.

The AIDS Education and Training Centers, funded by the Ryan White HIV/AIDS Program, provides links to several resources for care delivery to HIV-positive older adults. A description of HIV prevention needs for people over age 50 can be found in the center’s “Over 50” section at www.aidsetc.org/aidsetc?page=et-07-37.

Population-specific technical assistance materials may also be found at www.careacttarget.org.

NOTES

- Centers for Disease Control and Prevention (CDC). *HIV Surveillance Report, 2008*. 2010;20. Table 2b.
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- Joyce G, Goldman DP, Leibowitz AA, et al. A socioeconomic profile of older adults with HIV. *JHPU*. 2005;16(1):19-28.
- CDC. *HIV among persons aged fifty or older*. Fact sheet. 2008. Available at: www.cdc.gov/hiv/topics/over50/resources/factsheets/over50.htm. Accessed April 26, 2010.
- May M, Sterne J, Sabin C, et al; Antiretroviral Therapy (ART) Cohort Collaboration. Prognosis of HIV-1-infected patients up to 5 years after initiation of HAART: collaborative analysis of prospective studies. *AIDS*. 2007;21:1185-97.
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- Kirk JB, Goetz MD. Human immunodeficiency virus in an aging population: a complication of success. *J Am Geriatric Soc*. 2009;57(11):2129-38.

This publication lists non-Federal resources to provide additional information. The views and content in those resources have not been formally approved by the U.S. Department of Health and Human Services (HHS). Listing of the resources is not an endorsement by HHS or its components.