

POPULATION FACT SHEET: AUGUST 2012

OLDER ADULTS

The number of people age 50 and older who are living with HIV/AIDS continues to increase, primarily because many HIV-positive people receiving appropriate care are living into middle and old age. New HIV infections among older Americans also continue to occur.¹ 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.²

SURVEILLANCE

- Adults over age 50 accounted for nearly 17 percent of the total HIV cases diagnosed in 2010.^{3,*}
- Of the total number of people living with AIDS in 2010, nearly 14 percent were age 50 and over.⁴
- Among people age 50 or older, rates of HIV/AIDS are 12 times higher among African-Americans and 5 times higher among Hispanics/Latinos than among Whites.⁵ Older minorities with HIV disease also have fewer economic resources than their older White counterparts.⁶

CRITICAL ISSUES

Older adults often consider themselves at low risk for HIV infection, and they generally lack up-to-date information about disease prevention and transmission.^{7,8} As a result, people over age 50 may engage in unprotected or high-risk sex without realizing it. 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. Older women, however, are less likely than younger women to view themselves as at risk for HIV or to undergo HIV testing.⁹ Clinicians also may underestimate the risk of HIV among older patients, or may attribute common HIV symptoms to the normal aging process.¹⁰

It's estimated that by 2015, 50 percent of people living with HIV in the United States will be 50 years of age or older, yet older adults are less likely than their younger counterparts to be routinely evaluated for HIV.¹¹ Older adults also are more likely to avoid disclosing past risk behaviors, or may experience an overall lack of access to care.

This means that many older adults seek care during later stages of their HIV disease.¹² A prompt HIV diagnosis is especially important for older adults because of the complex interplay between 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.^{13,14} Moreover, HIV and its treatments can sometimes accelerate the progression of these conditions. In turn, aging and age-related conditions may speed up HIV progression. Coupled with drug toxicity, aging and HIV disease also can complicate treatment.¹⁵

Treatment advances have helped many older adults living with HIV live longer and healthier lives. Still, even in the era of highly active antiretroviral therapy, older adults and injection drug users have some of the lowest survival rates from HIV.¹⁶ More than 16 percent of AIDS cases among older adults are related to the use of injection drugs.¹⁷

To expedite HIV diagnosis among older adults, the U.S. Centers for Disease Control and Prevention recommends that clinicians offer testing to all patients under age 64. All older patients benefit from counseling and age-appropriate and culturally sensitive messages.¹⁸

* Unless otherwise noted, HIV estimates and diagnoses are gleaned from data provided by 46 U.S. States (Hawaii, Maryland, Massachusetts, Vermont are not included) and 5 U.S. dependent areas (American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands).

U.S. dependent areas, however, are not included in reference to HIV among specific racial and ethnic groups, since the U.S. Census Bureau does not collect demographic information from all dependent areas.

AIDS surveillance data are based on reports submitted by all 50 States, the District of Columbia, and 6 U.S. dependent areas (American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, Republic of Palau, and the U.S. Virgin Islands).



HIGHLIGHTS OF THE HIV/AIDS BUREAU'S RESPONSE

In 2010, 48 percent of all Ryan White HIV/AIDS Program clients were 45 to 64 years of age and 3 percent were over the age of 65.*

The February 2009 edition of the Health Resources and Services Administration (HRSA) *HRSA CAREAction* newsletter, available at <http://hab.hrsa.gov/deliverhivaidscarescareactionnewsletter.html>, explores in depth the interactions among HIV disease, drug toxicity, aging, and age-associated comorbidities, such as metabolic syndrome, cancer, and renal disease so that providers are more aware of these health issues.

HRSA has supported innovative research to bolster and develop community-based health care networks that reduce barriers to early HIV identification and ensure entry to high-quality

* U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB). 2010 *Ryan White HIV/AIDS Program Services Report*.

primary health care among older adult populations. HRSA currently is gleaning best practices from these and other programs concerning the engagement of hard-to-reach populations into care for inclusion in an upcoming training manual, curriculum, and Webinar.

The HRSA publication, *Resources for HIV and Aging*, offers a comprehensive list of resources to assist providers caring for HIV-positive patients over age 50. The document includes guidelines and risk assessment tools for treating cancer, depression, and other age-associated comorbidities, as well as information on providing medical care for older women.

In addition, HRSA provides comprehensive training to clinicians and other providers delivering HIV services to older adults to ensure they have state-of-the-art primary care. Additional support to increase the capacity of grantees and providers working with older adults of color is accessible through the Minority AIDS Initiative. HRSA also has engaged in community consultations and collaborations with national agencies addressing HIV among older Americans.

NOTES

- 1 U.S. Centers for Disease Control and Prevention (CDC). *HIV Surveillance Report*, 2010; vol. 22. Table 1b. Available at: www.cdc.gov/hiv/topics/surveillance/resources/reports/. Published March 2012. Accessed June 29, 2012.
- 2 Health Resources and Services Administration (HRSA). The graying of HIV. *HRSA CAREAction*. February 2009. Available at: www.hab.hrsa.gov/newspublications/careactionnewsletter/february2009.pdf. Accessed June 29, 2012.
- 3 CDC. *HIV Surveillance Report*, 2010; vol. 22. Table 1b. Available at: www.cdc.gov/hiv/topics/surveillance/resources/reports/. Published March 2012. Accessed June 29, 2012.
- 4 CDC. *HIV Surveillance Report*, 2010; vol. 22. Table 1b. Available at: www.cdc.gov/hiv/topics/surveillance/resources/reports/. Published March 2012. Accessed June 29, 2012.
- 5 New Mexico AIDS Education and Training Center. *Older people and HIV*. Fact sheet 616. Revised May 27, 2011. Available at: www.aidsinonet.org/fact_sheets/view/616. Accessed April 2, 2012.
- 6 McMahon J, Wanke C, Terrin N, et al. Poverty, hunger, education, and residential status impact survival in HIV. *AIDS and Behavior*. 2011;15(7):1503–11.
- 7 HRSA. The graying of HIV. *HRSA CAREAction*. February 2009. Available at: <http://hab.hrsa.gov/publications/february2009/default.htm>. Accessed April 26, 2010.
- 8 Minichiello V, Hawkes G, Pitts, M. HIV, sexually transmitted infections, and sexuality in later life. *Current Infectious Disease Reports*. 2011;13(2):182–7.
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- 10 McMahon J, Wanke C, Terrin N, et al. Poverty, hunger, education, and residential status impact survival in HIV. *AIDS and Behavior*. 2011;15(7):1503–11.
- 11 Guaraldi G, Orlando G, Zona S, et al. Premature age-related comorbidities among HIV-infected persons compared with the general population. *J Clin Infect Dis*. 2011;53(11):1120–26.
- 12 Sankar A, Nevedal A, Neufeld S, et al. What do we know about older adults and HIV? a review of social and behavioral literature. *AIDS Care*. 2011; 23(10): 1187–1207.
- 13 Sankar A, Nevedal A, Neufeld S, et al. What do we know about older adults and HIV? a review of social and behavioral literature. *AIDS Care*. 2011; 23(10): 1187–1207.
- 14 HRSA. The graying of HIV. *HRSA CAREAction*. February 2009. Available at: www.hab.hrsa.gov/newspublications/careactionnewsletter/february2009.pdf. Accessed June 29, 2012.
- 15 Guaraldi G, Orlando G, Zona S, et al. Premature age-related comorbidities among HIV-infected persons compared with the general population. *J Clin Infect Dis*. 2011;53(11):1120–26.
- 16 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(9):1185–97.
- 17 CDC. *HIV among persons aged fifty or older*. Fact sheet. February 2008. Available at: www.cdc.gov/hiv/topics/over50/resources/factsheets/over50.htm. Accessed April 2, 2012.
- 18 McMahon J, Wanke C, Terrin N, et al. Poverty, hunger, education, and residential status impact survival in HIV. *AIDS and Behavior*. 2011;15(7):1503–11.

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.