

There is no age-limit on HIV/AIDS

By Eileen Beal, MA

“The incidence of HIV/AIDS in people 65 and older has increased 10-fold in the last decade,” says nurse practitioner Janet M. Briggs, the HIV/AIDS Program Coordinator at the Louis Stokes Cleveland VA Hospital.

And, adds Dr. Robert Kalayjian, Director of the Division of Infectious Diseases at MetroHealth Medical Center and Associate Professor of Medicine at CWRU School of Medicine, “Twelve percent of all newly diagnosed cases [of HIV/AIDS] are over 50.”

It's different when you are older

When an older person becomes infected with HIV/AIDS, it's often difficult to diagnose. “Many of the symptoms of AIDS – sore joints, fatigue, swollen lymph glands, fever and night sweats,

people that contract [HIV/AIDS] when they are older have poorer overall health outcomes,” says the AIDS Funding Collaborative Director, Lauren Tews Harbert.

And, notes Dr. Kalayjian, they also tend to progress to full-blown AIDS more rapidly.

It's all about risk

To prevent HIV/AIDS, older adults need to get a handle on their risk factors.

Risk factor number one is exposure potential. Urban areas have higher HIV/AIDS rates than non-urban areas and, with AIDS treatments introduced in the mid-1990s, more people are living with AIDS. In highly-urbanized Northeast Ohio there is increased potential for contracting

SOMEONE IN THE US IS INFECTED WITH THE AIDS VIRUS EVERY 9 1/2 MINUTES.

From: Kaiser Family Foundation HIV/AIDS Policy Fact Sheet, Feb. 2009

fragile skin, mental confusion, respiratory infections, changes in vision, etc. – mimic the symptoms of normal aging -- [In addition,] physicians don't typically expect HIV in their older patients so they aren't checking for it,” says Donna Fligel, Cuyahoga County Board of Health's Director of Nursing.

It's also more difficult to treat because of age-related immune system decline; the presence of other health conditions, such as heart disease, diabetes or arthritis; and the fact that the drugs used to treat AIDS often have negative interactions with medications needed for other conditions and may increase the incidence of some diseases, such as cancer. “The data indicates that

HIV/AIDS. “Potential” often lurks in places where older adults least expect it: at senior centers or age-restricted housing complexes. “Prostitutes are known to frequent senior centers or senior housing communities, especially around the first of the month when Social Security checks arrive,” noted Fligel.

Risk factor number two is ignorance. “A lot of people think HIV only affects certain populations or certain communities... Or they have never engaged in conversations about how it is acquired so they don't recognize when they are in a risky situation,” says Anthony Adkisson, AIDS Task Force of Greater Cleveland's Director of Education.

Ignorance, says Briggs, “has set up a whole age group to be vulnerable.”

Risk factor number three is unprotected sex. “Seniors are sexually active, but a lot of them probably don’t think about condoms when they are thinking about sexual activity. They should because condoms are a form of barrier protection. They prevent the exchange of bodily fluids that expose people to AIDS and other sexually transmitted diseases,” explains Cleveland Department of Public Health’s David Bruckman.

With HIV/AIDS, prevention is the only option.

To develop a prevention strategy, “People need to think about their lifestyle, their sexuality, and their personal risk factors...because that’s going to ‘personalize’ things and help determine personal risk,” says Adkisson.

When a relationship moves into the sexual arena, both partners must insist on condom use. “Condoms,” stresses Briggs, “must be part of the sexual landscape, not just erectile dysfunction drugs.”

And, adds, Adkisson, “People who are sexually active should get tested and continue getting tested up to twice a year...and every time they change partners.”

While a FDA-approved HIV-AIDS test is available at most pharmacies for about \$60, both Adkisson and Bruckman say it’s better to get tested at a public clinic or through a physician with a background in reproductive/sexual health.

“The counseling they’ll get is just as important as the testing,” stresses Bruckman.

Eileen Beal is a health care writer specializing in issues related to aging and caregiving. This Successful Aging column sponsored by the Benjamin Rose Institute was published in the Sun Newspapers in May 2009.

SOURCES AND RESOURCES:

The following are among the best resources on HIV/AIDS

Aids Task Force of Greater Cleveland
216.621.0766

Aids Funding Collaborative
216.789.2144

Cleveland Department of Public Health-
HIV/AIDS Department
216.420.8504

Cuyahoga County Board of Health
216.201.2001 ext. 1313

AIDS Funding Collaborative
www.aidsfundingcollaborative.org

Center for Disease Control and
Prevention
www.CDC.gov/hiv

Cleveland Health Info (AIDS)
www.clevelandhealth.info/search?SearchableText=AIDS

HIV and AIDS Center
www.netwellness.org/healthtopics/aidshiv/

HIV Wisdom for Older Women
www.hivwisdom.org

National Association of People With
AIDS
www.napwa.org

Project Inform
www.projectinform.org

The Complete HIV/AIDS Resource
www.TheBody.com