Living Longer = Living Well?
Aging with HIV

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Due to successful anti-retroviral therapies, adults 50 and older will account for the majority of people living with HIV in the U.S. by 2015\textsuperscript{1}

Part of this growth is new infections, with adults 50+ accounting for approximately 17% of all newly identified HIV infections\textsuperscript{2}

\textsuperscript{1} United States Senate Special Committee on Aging. HIV over Fifty: Exploring the New Threat. [Web cast]. May 12, 2005. Available at http://aging.senate.gov/hearing_detail.cfm?id=270655&.

Median Life Years at Age 20 With HIV In-Care

- '85-87: 2
- '90 to '92: 4
- '95 to '97: 24.3
- '00 to '02: 27.1
- '03 to '05: 33.2

ART
HOW DID WE GET HERE?

Older Adults Are Becoming Infected with HIV
1 in every 6 new HIV diagnosis occurs in people age 50 and older

Primarily: Older Adults who were infected when younger and have aged due to effective treatment

Centers for Disease Control (CDC) predicts that by mid decade 50% of all people living with HIV will be over age 50

CDC Surveillance Data
Age is not a condom.

And if you can’t use one, tell your doctor.

www.ageisnotacondom.org
The Same Aging Patterns Are Seen in North America, Europe and Now Emerging in Africa

- Approximately 1 in 8 HIV-infected adults and 1 in 10 patients receiving ART in sub-Saharan Africa are older than 50 years of age. These ratios will increase as access to ARVs rises.
% of People Living with AIDS Diagnosis Over Age 50 in US
CDC Surveillance Data
% of People Living with HIV Diagnosis Over Age 50 in NYC

CDC Surveillance Data
People Living with HIV in New York City (cases all ages 2009)
The Need for Research

Premature or **Accentuated** Aging???
Multimorbidity and Ageing with HIV
THE CHALLENGES OF SUCCESS
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- HIV Stigma and Disclosure

**HIV Status/Health**

- Demographics
- Sexual Behavior
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Prevalence of Co-morbidities

• Data obtained from *Research on Older Adults with HIV (ROAH)*
  – Adults 50 and older living with HIV (n = 914)
  – Average age of 55.5 years
  – Approximately one-third are women
  – Fifty-percent African-American/Black, 33% Latino
• Living with HIV 12.6 years on average
• 85% on HAART
• 51% with AIDS diagnosis
• 67% identified as heterosexual
ROAH: Average Number of Comorbidities

- Elderly 70+: 1.1
- ROAH: 3.3
Number of Comorbid Illnesses Reported in a Sample of 892 NYC Older Adults with HIV Age 50 and Older (Mean Age 55.5) from ROAH (Mean = 3.1)

56% of Sample

Karpiak et al. 2006; Brennan et al. 2009; Havlik et al. 2011
ROAH: Acute and Chronic Conditions

- Arthritis: 31%
- Hypertension: 27%
- Diabetes: 14%
- Heart Conditions: 10%
- Stroke: 3%
- Broken Bones: 9%
- Cancer: 5%
ROAH: Mental & Neurological

- Nervous System Disorder: 13%
- Migraines: 6%
- Depression: 52%
Depression (52%)

- The most frequently reported comorbid condition
- Depression is often related to:
  - Prior history of depression
  - Presence of physical illness
  - Comorbid psychiatric and substance use issues
  - Chronic stress
  - History of trauma/abuse
  - HIV stigma
  - Loneliness and Social Isolation
ROAH: CES-D Symptoms of Depression

- Severe (23+): 43%
- Moderate (16-22): 20%
- Not Depressed (1 to 15): 37%
Depression in ROAH vs. Other Older Adults

Figure 2  Comparison of Average CES-D Scores among Middle-age and Older Adults who are Community-dwelling, Visually-Impaired, or Living with HIV in ROAH. Data on Community-dwelling adults and visually impaired adults were obtained from Gump et al. (2005) and Horowitz et al. (2006), respectively.
## Depressive Symptoms and Conditions

Table 3. Correlations between Center for Epidemiological Studies Depression Scale (CES-D) scores and specific disease conditions and percent reporting severe depression (CES-D score 23 or more)

\[ n=914; \text{n.s., not significant} \]

<table>
<thead>
<tr>
<th>Condition</th>
<th>(r)</th>
<th>(P)-value</th>
<th>CES-D (\geq 23%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision loss</td>
<td>0.160</td>
<td>0.01</td>
<td>54.2</td>
</tr>
<tr>
<td>Hearing loss</td>
<td>0.094</td>
<td>0.01</td>
<td>50.5</td>
</tr>
<tr>
<td>Dermatological problems</td>
<td>0.134</td>
<td>0.01</td>
<td>51.8</td>
</tr>
<tr>
<td>Heart condition</td>
<td>0.086</td>
<td>0.05</td>
<td>53.2</td>
</tr>
<tr>
<td>Respiratory condition</td>
<td>0.167</td>
<td>0.01</td>
<td>59.6</td>
</tr>
<tr>
<td>Stroke</td>
<td>0.059</td>
<td>n.s.</td>
<td>44.8</td>
</tr>
<tr>
<td>Diabetes</td>
<td>0.067</td>
<td>0.05</td>
<td>48.1</td>
</tr>
<tr>
<td>Broken bones</td>
<td>0.079</td>
<td>0.05</td>
<td>47.4</td>
</tr>
<tr>
<td>Impotence</td>
<td>0.092</td>
<td>0.01</td>
<td>49.6</td>
</tr>
<tr>
<td>Neuropathy</td>
<td>0.049</td>
<td>n.s.</td>
<td>42.9</td>
</tr>
</tbody>
</table>

Over 2/3 of the study group had moderate to severe depression.

Depression Causes Non-Adherence to ALL Medication including HIV Meds.

Although in Medical Care their Depression Remains Unmanaged.
TREATMENT & CARE ISSUES
Many Age-Associated Disease are More Common in Treated HIV Patients than in Age-Matched Uninfected Persons

- Cardiovascular disease
- Cancers
- Bone fractures; osteopenia
- Left ventricular dysfunction failure
- Liver Failure
- Kidney Failure
- Frailty
- Immune System
Summary report from the Human Immunodeficiency Virus and Aging Consensus Project: Treatment Strategies for Clinicians Managing Older Individuals with the Human Immunodeficiency Virus J Amer Geriatrics Society 2012 May;60(5):974-9.
What are the implications of multimorbidity management?

Achieving Optimal Health Must Include THE PERSON
Patient Directed Care
Their Priorities and Their Psychosocial Characteristics

WHO IS THIS OLDER PERSON LIVING with HIV?
Mental Health
Family and Community Resources/Supports
Social Networks
ROAH Living Arrangement

- Alone: 70%
- With Partner or Spouse: 14%
- With Others: 16%
Older adults with HIV are likely to utilize formal services given their health needs and lack of family supports as they grow older.
Informal Network Composition

A functional network member is someone in at least weekly phone/monthly in-person contact and can be reasonably assumed to provide assistance in times of need (Cantor & Brennan, 2000)
Barriers to Services

- Data were obtained from 180 men and women 50+ with HIV from Gay Men’s Health Crisis (GMHC), New York, NY\(^1\)
- A Parallel Study was done in Chicago with 135 older lgbt at the Center on Halstead\(^2\)

\(^1,2\) In press J of Homosexuality
## Access Service Barriers

<table>
<thead>
<tr>
<th>Service Barrier</th>
<th>Total %</th>
<th>Women %</th>
<th>Men %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don’t Think Services are Available Locally</td>
<td>55.2</td>
<td>68.4</td>
<td>52.6</td>
</tr>
<tr>
<td>* Don’t Know Where to Go for Services</td>
<td>57.3</td>
<td>77.3</td>
<td>52.9</td>
</tr>
<tr>
<td>Would have to Wait Too Long for Services</td>
<td>53.6</td>
<td>57.7</td>
<td>52.5</td>
</tr>
<tr>
<td>Unable to Afford Services</td>
<td>51.7</td>
<td>60.9</td>
<td>49.5</td>
</tr>
<tr>
<td>Unable to Receive Free Services</td>
<td>55.9</td>
<td>70.8</td>
<td>52.4</td>
</tr>
<tr>
<td>Process of Getting Services Too Confusing or Difficult</td>
<td>48.0</td>
<td>50.0</td>
<td>47.5</td>
</tr>
<tr>
<td>*** Hard to Get There (Transportation)</td>
<td>32.2</td>
<td>59.1</td>
<td>26.0</td>
</tr>
</tbody>
</table>

* * p < .05; ** p < .01; *** p < .001 Chi-square tests of significance.
### Staff/Organizational Barriers

**Barriers to Services among Older Adults with HIV by Gender (Valid Percents).**

<table>
<thead>
<tr>
<th>Service Barrier</th>
<th>Total %</th>
<th>Women %</th>
<th>Men %</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Service Providers Don’t Like People Like Me</strong></td>
<td>39.8</td>
<td>65.0</td>
<td>34.1</td>
</tr>
<tr>
<td>Afraid Won’t Receive Treatment</td>
<td>27.6</td>
<td>42.1</td>
<td>24.4</td>
</tr>
<tr>
<td><em><strong>Staff Doesn’t Speak the Same Language as Me</strong></em></td>
<td>22.5</td>
<td>50.0</td>
<td>16.4</td>
</tr>
<tr>
<td>* Trouble Expressing Needs to Staff</td>
<td>30.7</td>
<td>50.0</td>
<td>25.0</td>
</tr>
<tr>
<td>Staff are Unhelpful or Unmotivated</td>
<td>44.4</td>
<td>50.0</td>
<td>43.0</td>
</tr>
</tbody>
</table>

* p < .05; ** p < .01; *** p < .001 Chi-square tests of significance.
Findings on Service Needs

- Meals at Home
- Housekeeping
- Home Repairs
- Finding a Job
- Counseling
- Post-Hospital Care
- Transport for Medical Care
- Regular Call/Visit
- Home Health Care
- Help with Entitlements
- Socialization

[Bar chart showing percentages needed for each service]
Implications

Community-based services are unprepared and unaware of the impending influx of older HIV+ adults.

Need to refer those growing older with HIV into mainstream ageing services.

Same service needs as “typical” older adult.

Need for cultural competency re: HIV and LGBT issues among ageing providers.

Need to network with HIV providers.

Implementation of geriatric care models for older adults with HIV.

Targeted programs and policies are needed to improve care retention and treatment adherence.
Collaborative Efforts Across the Borders
Canada - US

Canadian Working Group on HIV and Rehabilitation
Groupe de travail canadien sur le VIH et la réinsertion sociale

and

20 Years
Risk for HIV Infections results from a constellation of issues that are stigmatized.

Race
Poverty
Mental Illness
Sexism
Ageism
Physical and Sexual Abuse at every age

These are real, but we refuse to acknowledge their existence.

Until we see ourselves around us, change will be slow if not impossible.
Thank YOU

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