

Aging with HIV and Comorbidities

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Workshop Objectives

- Examine the impact of aging on persons living with HIV
- Identify challenges of caring for seniors living with HIV
- Explore ways of improving the health for older individuals living with HIV

HIV Today: Why does It Still Matter?

Globally

- 37.7 million; 36.0 million adults; 1;7 mil children
- 53% women and girls
- 84% know their status; 6.1 mil do not
- 1.5 new infections in 2020

United States

- 1.2 million at the end of 2021
- 87% knew they had HIV
- 7% decrease (36,136)

Washington State

Total: 2020: 14,061

- 15% women
- 84% men
- 125 trans Women
- 16 trans men
- 44% (6,189) BIPOC
- 56% (7,866) White
- 26% 45 –54 years old
- 38% over 55 years

King County: Total 7,074

Health-related Disparities:

- 40% (14,528) new diagnoses were Black/African American
- 29% (10,467) of new diagnoses were Latinix
- MSM are disproportionately at-risk for HIV; 150 times higher
- Blacks are 4 times more likely to be diagnosed with HIV compared to whites
- Linkage to care for US born Blacks was 77%
 compared to 90% for whites and 95% for foreign
 born Blacks
- Lower socioeconomic position is strongly associated with risk for HIV and leads to advanced HIV sooner

Typical Challenges of Aging

- Hearing loss,
- Cataracts and refractive errors,
- Back and neck pain and osteoarthritis,
- Chronic obstructive pulmonary disease,
- Diabetes,
- Depression and
- Dementia
- Multiple experiences at the same time; nearly 95% percent have at least one chronic condition; nearly 80% of have two or more.

Leading causes of death among older adults: heart disease, cancer, COVID-19, stroke, chronic lower respiratory diseases, Alzheimer's disease, and diabetes.

Disparities

- Older LGBTQ individuals have a higher risk of aging disabilities than heterosexuals including
 - poor mental health,
 - smoking, and excessive drinking
 - Gay and bisexual men had higher risk of poor physical health and living alone
- Bisexual men reported a higher rate of diabetes and a lower rate of being tested for HIV than did gay men.

Special Considerations

Limited ability to perform daily activities lead to loss of independence and need for institutional care

Behavioral Health: One in four older adults; complicates the treatment of other medical conditions, reduces quality of life, increases use of health care services, and lead to premature death.

- In 2020, nearly 14,500 people 60+ died by suicide. Men aged 85+ have a suicide rate that is about four times higher than the rate for all ages.
- Excessive alcohol use accounts for more than 23,000 deaths among older Americans each year.

Infectious Diseases other than HIV:

- Nearly nine in 10 deaths from COVID are among people 65 and over, and
- 70-85% of seasonal flu-related deaths occur in older adults,
- COVID vaccine uptake has slowed among older adults who may be at a higher risk of Long COVID

Challenges of Aging with HIV



Fewer than 1/3 of deaths among people with HIV are attributed to diseases typically associated with HIV



Liver disease and cardiovascular disease are the leading causes of mortality among people living with HIV



More than half are 50 years old and older; 1 in 9 new HIV infections are among people 50 years old and older



Widespread cognitive impairment may be caused by chronic HIV-driven inflammation in an aging brain

Challenges Beyond and Because of HIV

Many are dealing with the early onset of multiple comorbidities.

Diminished ability to metabolize HIV medication may result in increased toxicity.

- Increased risk of heart attack and heart disease, especially when obesity is an issue
- Greater risk for dying or contracting new illnesses.
- Preexisting cardiovascular, hepatic, and metabolic complications are often exacerbated
- Liver toxicity especially for those coinfected with hepatitis; the interaction of HIV meds and cholesterol medications can cause liver toxicity.
- Other side effects resulting from ARV use include lipodystrophy, osteoporosis, pancreatitis, peripheral neuropathy, and buildup of lactic acid.
- Polypharmacy: health complications may result from the interaction of HIV meds and medications used to treat other age-related conditions.
- Cancers

HIV Related Stressors as Comorbidities

Stigma: reduces health-seeking behaviors: 96% reported personal experiences; 71% reported both ageism and HIV stigma; 56% reported rejection from providers, family, friends, church members, and potential partners.

Racism and Homophobia

Compounded by stereotypes and misconceptions about elder sexuality

Social Determinants of Health

Moving Forward with a Plan: Patient Centered Care

Include sexual history assessment as part of general health care and encourage HIV testing

Monitor
polypharmacy
possibilities

Partner with HIV experts

Training to provide nondiscriminatory and culturally competent care

Explicitly acknowledge the greater social needs of LGBTQ elderly

Create a health environment in which it is safe to have HIV