

ENDING THE EPIDEMIC: SPECIAL CONSIDERATIONS FOR OLDER ADULTS

Mark Brennan-Ing, PhD

Director for Research and Evaluation

ACRIA, Center on HIV and Aging, New York, NY

Adjunct Professor

New York University College of Nursing, New York, NY



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THE IMPACT OF COMORBIDITIES,
DEPRESSION & SOCIAL
ISOLATION
ON LINKAGE AND RETENTION
TO CARE

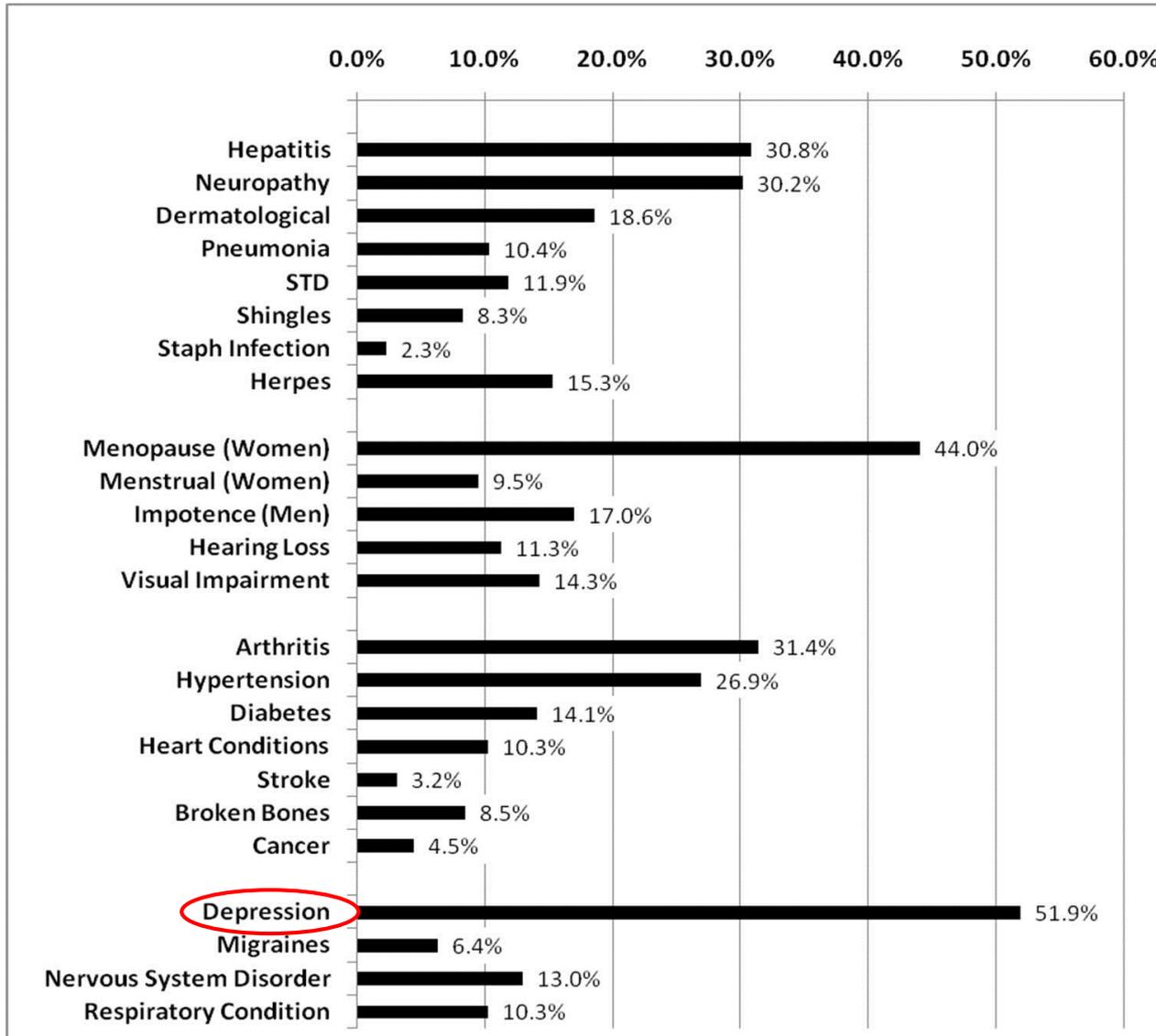
Background

- The aging of HIV is a success story, but there are complications to this success:
 - People with HIV on HAART are being treated successfully as evidenced by viral suppression
 - However, those who are aging with the virus are experiencing a variety of non-HIV/AIDS conditions
 - AIDS-defining conditions are becoming less common
 - CD₄ t-cell counts are still related to morbidity and mortality in this population
 - i.e., those with low CD₄ counts and high viral load more likely to experience both AIDS-defining and non-AIDS defining health problems

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

Comorbidities in ROAH



HIV/STI-related

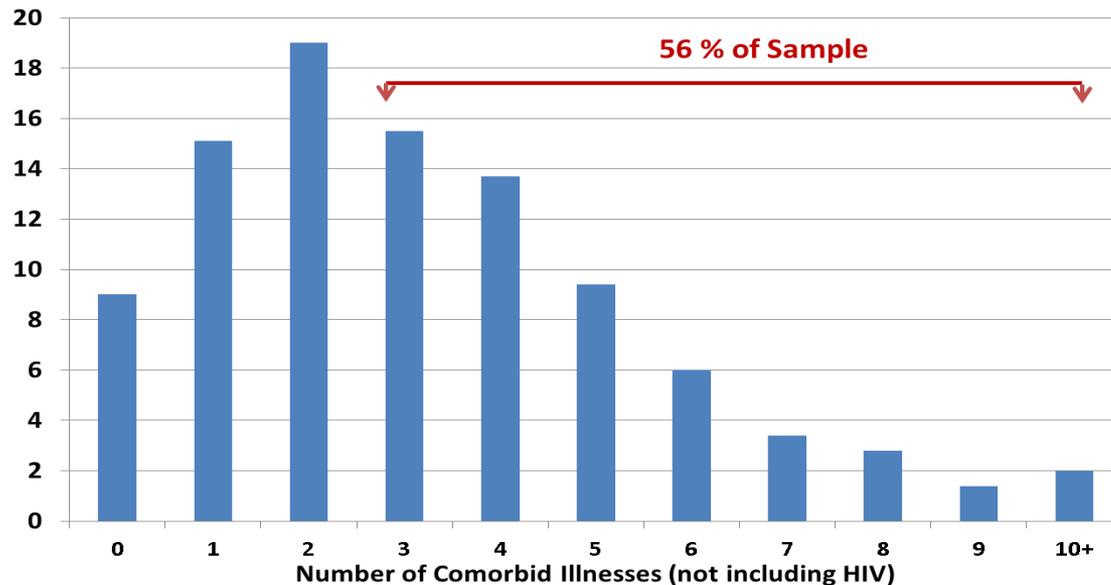
Age-related

Mental/Neuro/Other

Figure 1: Prevalence of HIV-related, Age-related, Chronic, and Other Comorbidities in Older Adults with HIV

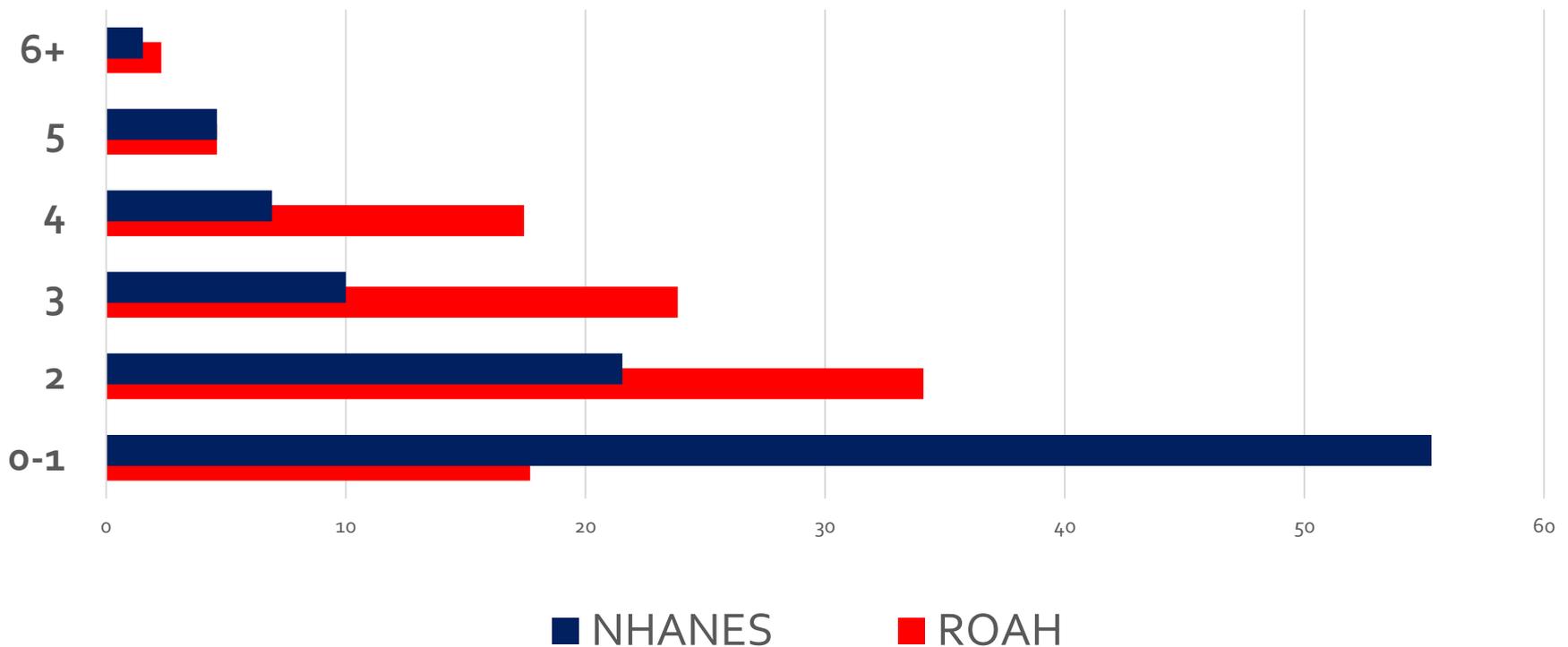
ROAH: Distribution of Comorbidity

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)



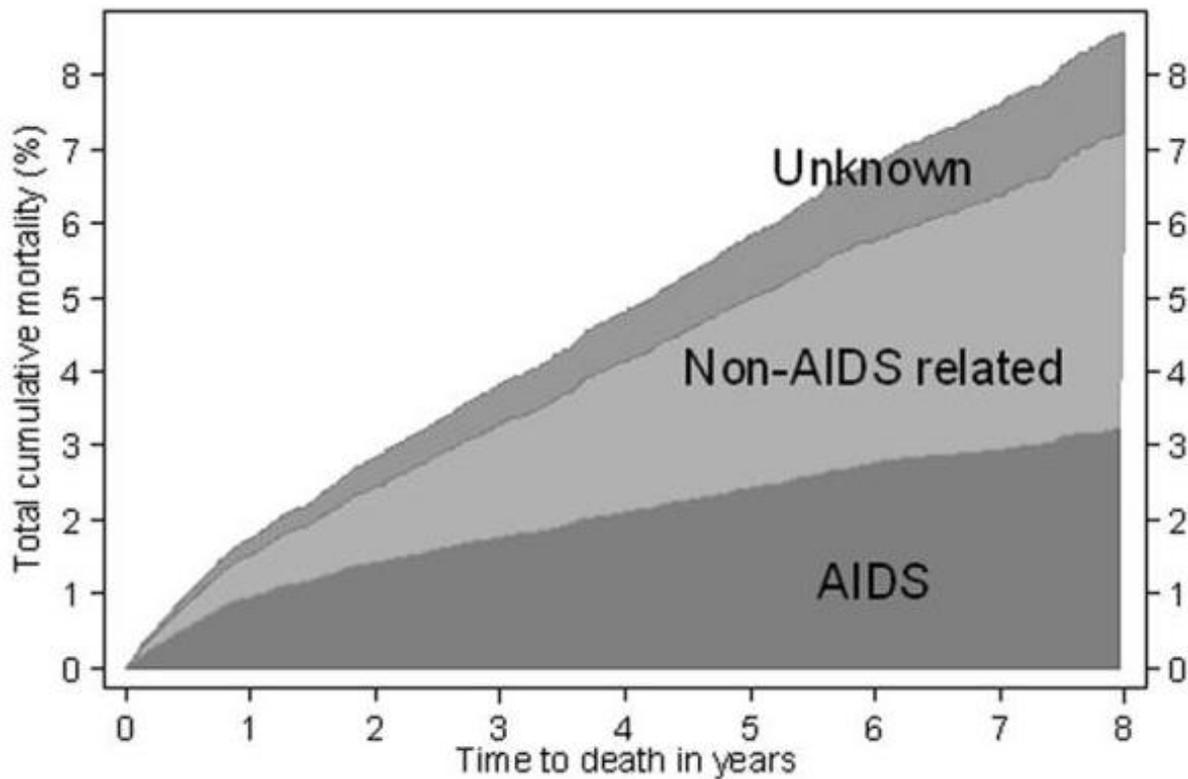
Karpiak et al. 2006; Brennan et al. 2009; Havlik et al. 2011)

Comparison of Number of Comorbidities in ROAH vs. National Health and Nutrition Examination Survey 2005



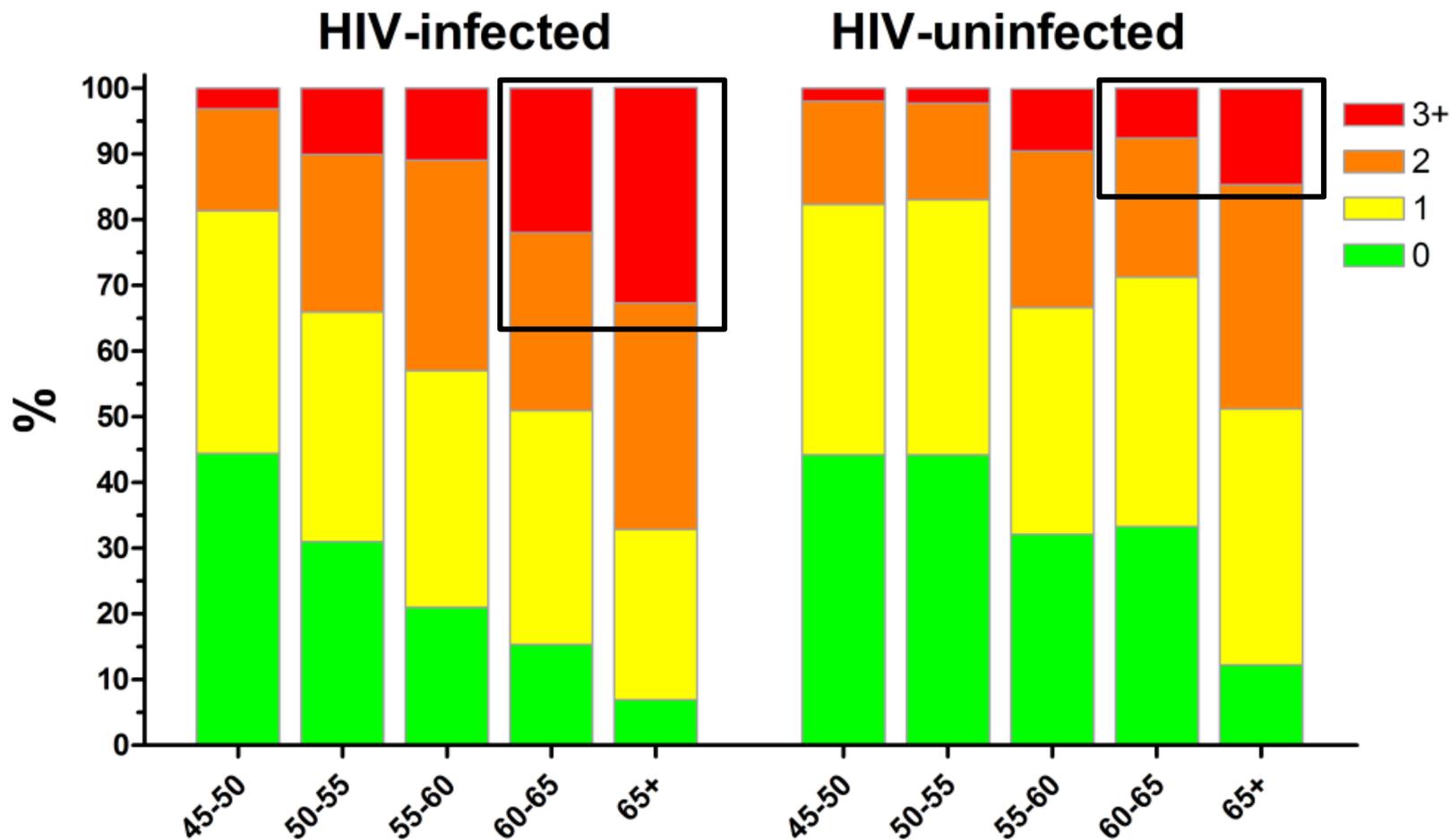
The Complications of Success

>50% of Deaths Attributed to Non-AIDS Events



Adapted from ART-CC, *Lancet* 2008;372:293-99 – Slide Courtesy of A. Justice

More multimorbidity at higher age with HIV

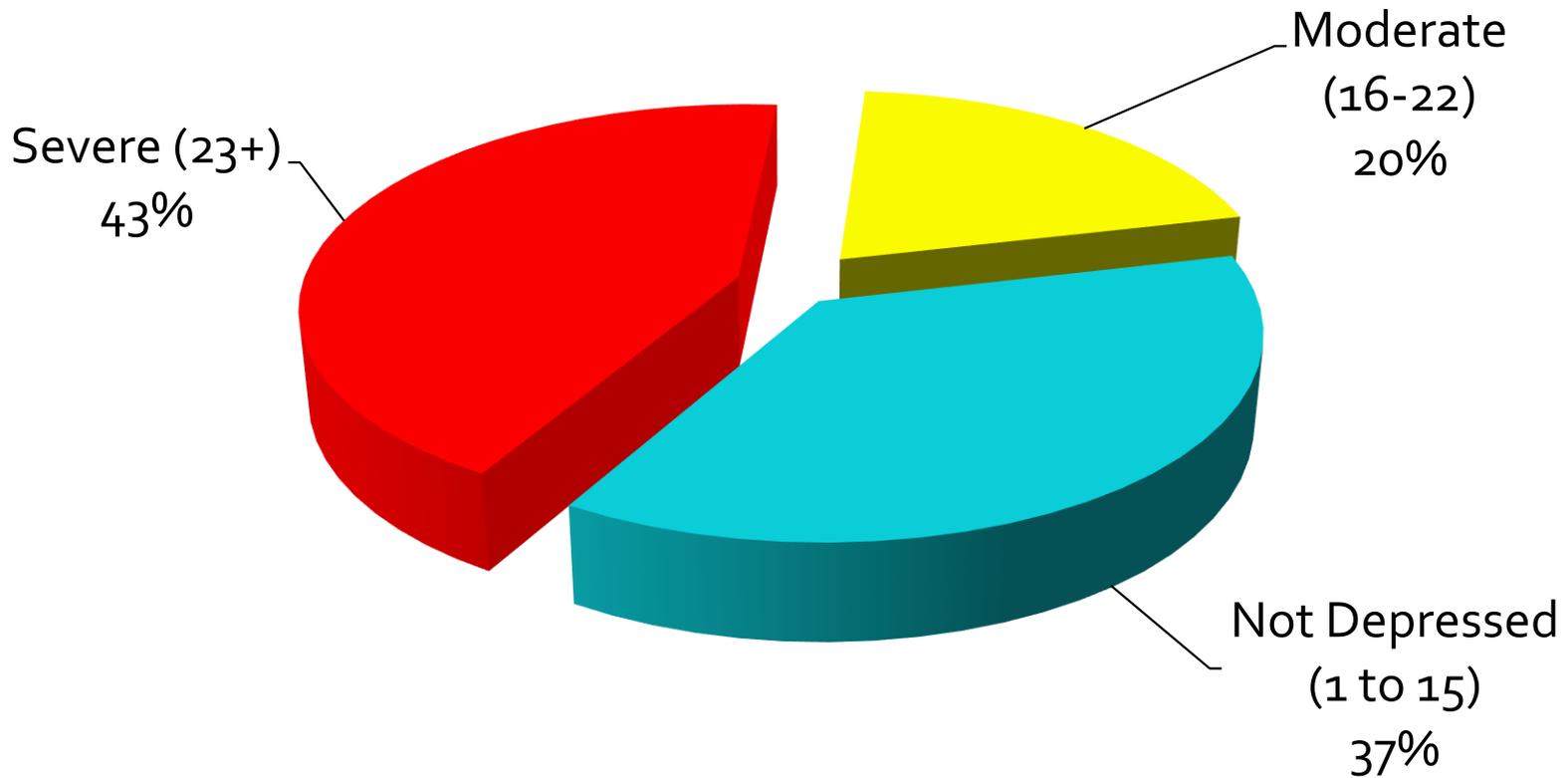


Mean number of AANCC	0.78	1.13	1.33	1.56	1.93	0.76	0.75	1.11	1.03	1.51
Number of participants	187	129	100	59	58	197	129	84	66	41

Depression (52%)

- The most frequently reported comorbid condition in ROAH
- 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

CES-D Symptoms of Depression: ROAH



Predictors of Depression

- Grov et al. (2010) examined three main factors with regard to depression using the ROAH study:
 - Loneliness
 - Stigma
 - Health-related Quality of Life (i.e., pain, physical functioning, energy/fatigue, memory/cognition, and social functioning)
- Depression was dichotomized at 23 on the CES-D scale, i.e., severe depressive symptoms

Impact of Loneliness, Stigma and Health on Depression

- Gender, Sexual Orientation, and Race/Ethnicity were not significantly related to depression
- Age was negatively related to depression, with odds of CES-D > 23 decreasing by 4% for each year of age
- Higher levels of cognitive functioning, greater energy/less fatigue, and less pain were related to lower odds of being depressed (1%-3%/unit)
- Both higher perceived HIV stigma and loneliness increased the odds of being depressed (1%-6%/unit)

Loneliness in ROAH vs. Others

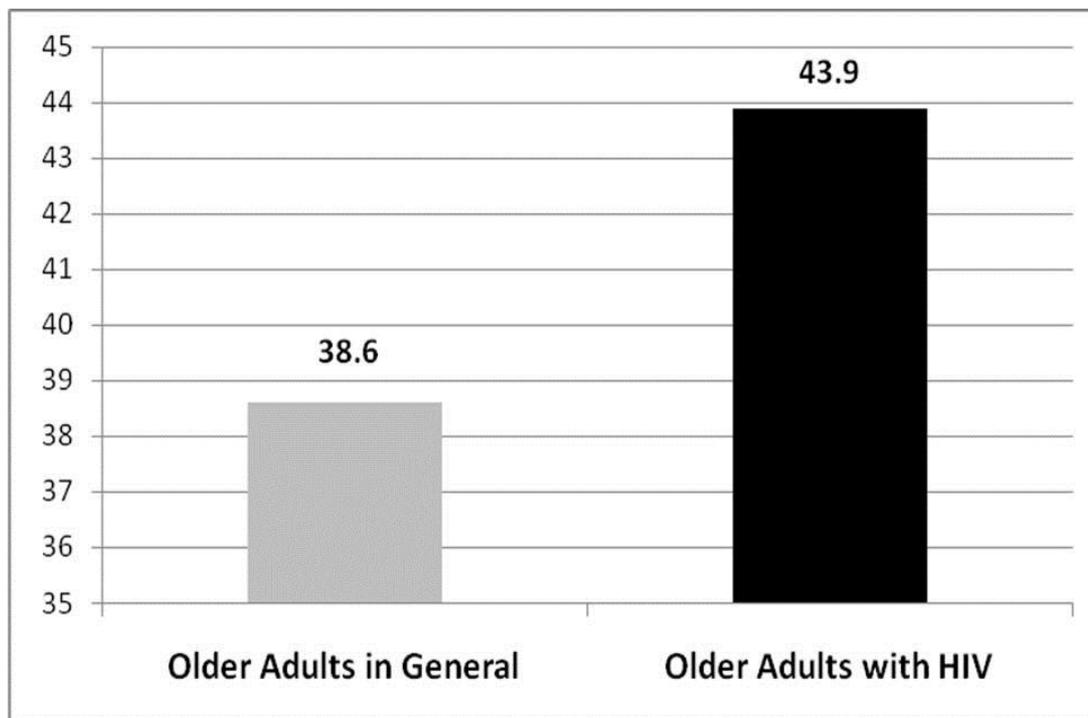
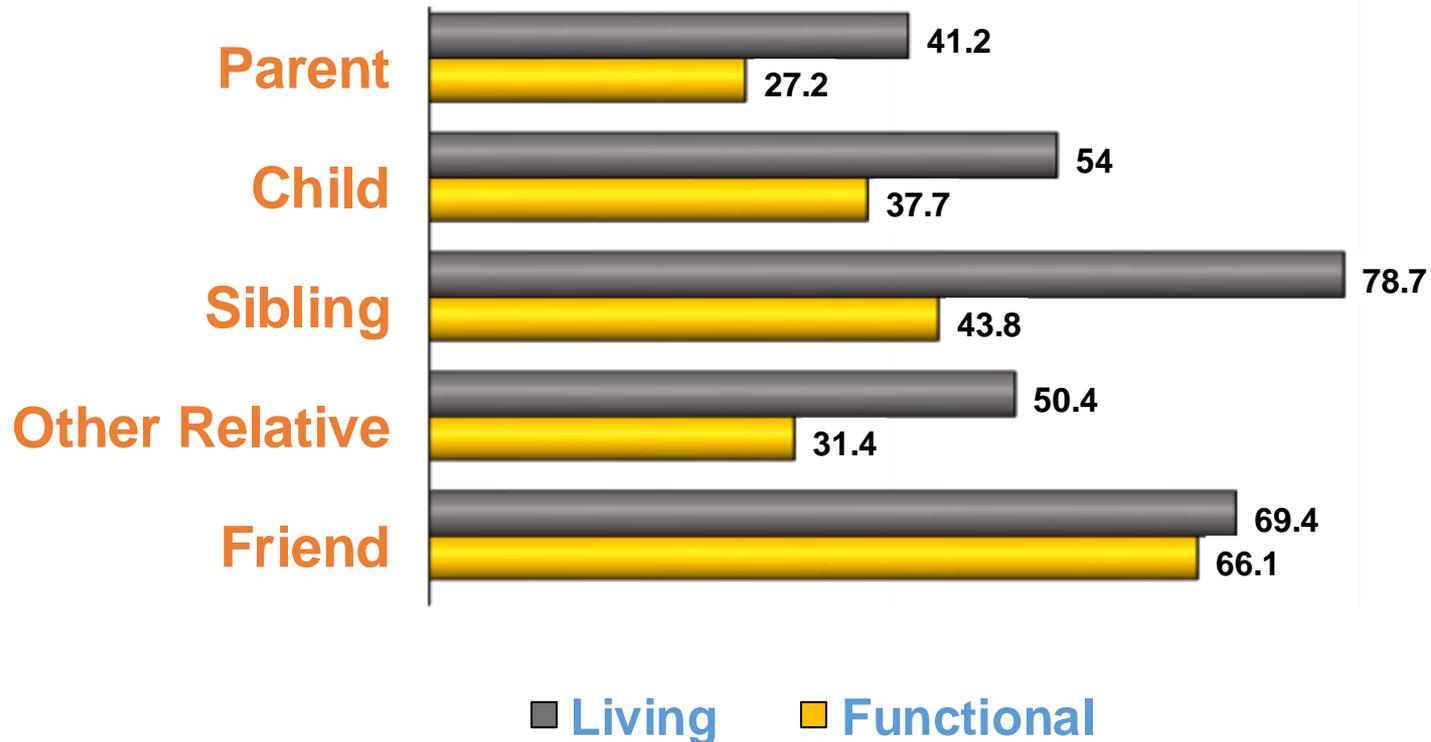


Figure 1 Comparison of UCLA Loneliness Scale Scores between Older Adults with HIV and Community Dwelling Elderly as reported in Adams et al. (2004).

ROAH: Social Networks



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)

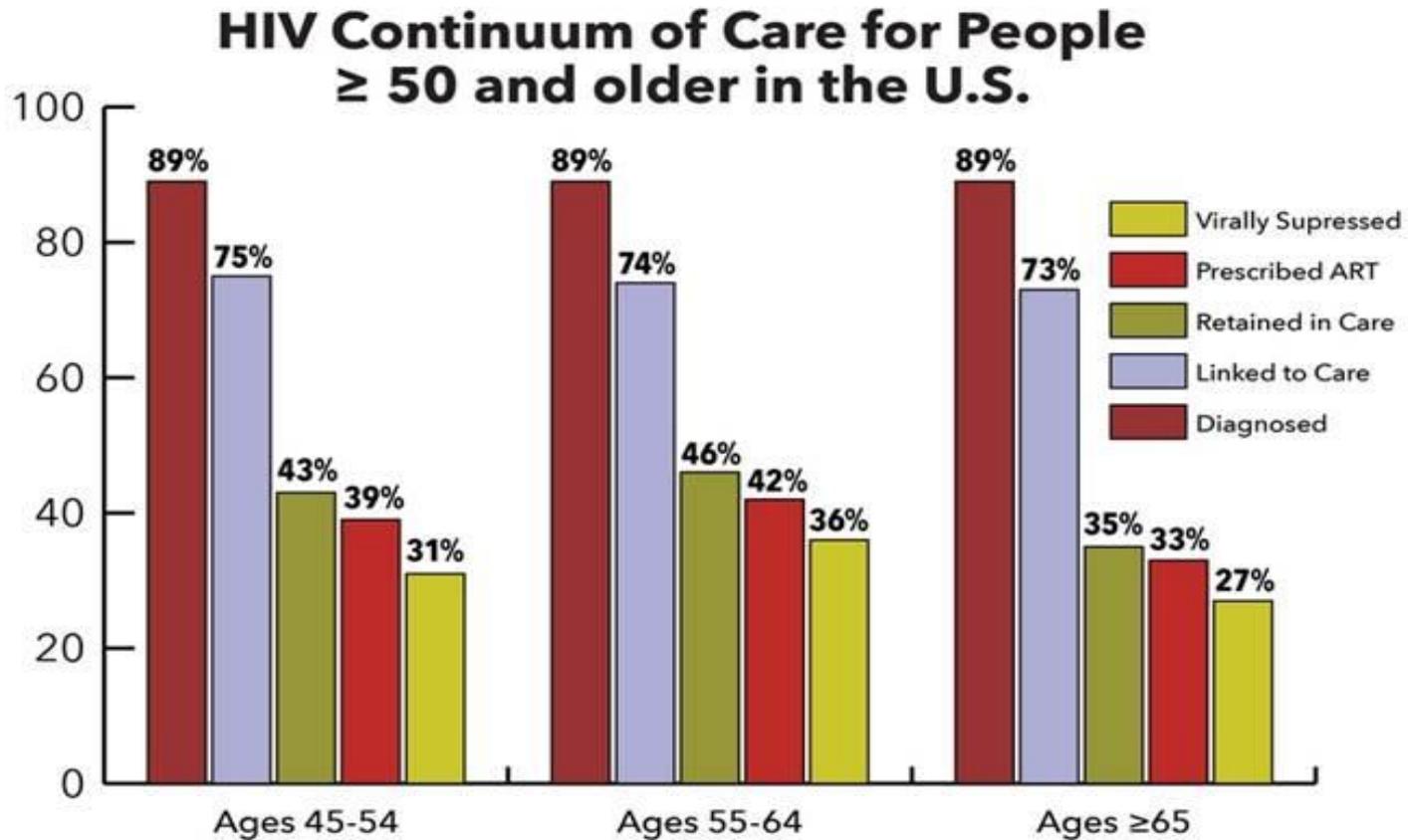
Depression, Treatment Adherence & Care

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

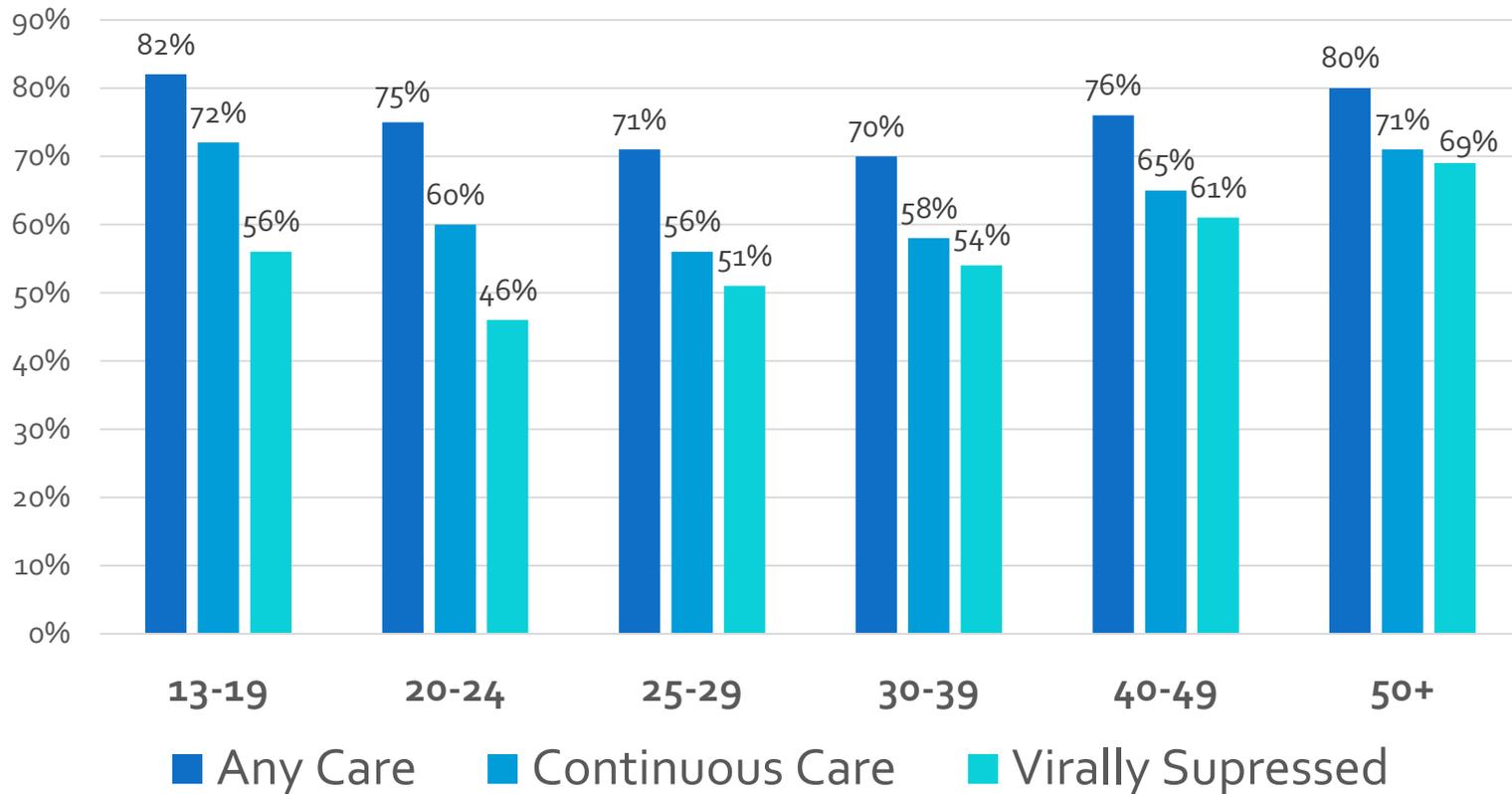
Are HIV+ Patients in Care?



Reference: <http://www.cdc.gov/hiv/risk/age/olderamericans/>

Disclaimer: The original version of this bar graph was taken from the CDC website and modified to display data for the 45 years and older population only.

HIV Care Engagement by Age: New York State



Source: BHAIE, New York State Dept. of Health AIDS Institute, 2015

Demographic Retention Factors

- Poorer care retention is associated with:
 - Minority race/ethnicity
 - **Younger age**
 - Heterosexual identity
 - Low Education/Income
 - Lack of Health Insurance



Clinical Retention Factors:

- Poorer retention is associated with:
 1. Higher CD₄ cell counts
 2. **Not having an AIDS diagnosis (i.e., CD₄ < 200 or presence of opportunistic infection)**
 3. Detectable Viral Load and AIDS defining CD₄ count
- While seemingly contradictory, patients may skip appointments if they are feeling well (1 & 2) or if they are ill (3)
- Poor health may be due to missed appointments in a reciprocal manner

Other Retention Factors

- Other factors related to poor retention:
 - History or current injection drug use
 - **Low perceived social support**
 - Less engagement with health care provider
 - Shorter follow-up after initial appointment
 - Unemployment
 - **Mental/psychiatric illness**
 - Child care
 - Transportation
 - Hospitalization
 - “Other” (i.e., forgot, last minute social engagement, etc.)

CARE RETENTION STRATEGIES

Care Coordination Model

- Uses “navigators” to help individuals negotiate the structural barriers of the health care system such as:
 - Difficulty making appointments
 - Difficulties with transportation
 - Inconvenient appointment times
 - Long waits for appointments
 - Conflicts with work or family responsibilities



Supportive Services

- Numerous supportive services have been associated with better retention in care including:



- Case management
- Mental health/Substance abuse
- Transportation
- Advocacy
- Drug assistance programs
- Food/nutrition

Care Engagement and Retention is **CRITICAL** for Older Adults with HIV

- Average rate of retention in New York State was 72%, ranging from 20% to 100% in ambulatory clinics based on self-report (NYS DOH)
- Care Retention may be even more critical for Older Adults with HIV:
 - Greater risk for concurrent AIDS diagnosis
 - Greater prevalence for multiple co-morbid conditions requiring treatment in addition to HIV
 - Potential for multimorbidity warrants regular screening for high incidence non-AIDS related conditions

TESTING AND PREVENTION FOR OLDER ADULTS

Older Adults are Sexually Active but Sexual
Health and Risks are Often Neglected in
Clinical Settings!

National Social Life, Health and Aging Project (NSHAP) 2005-2006

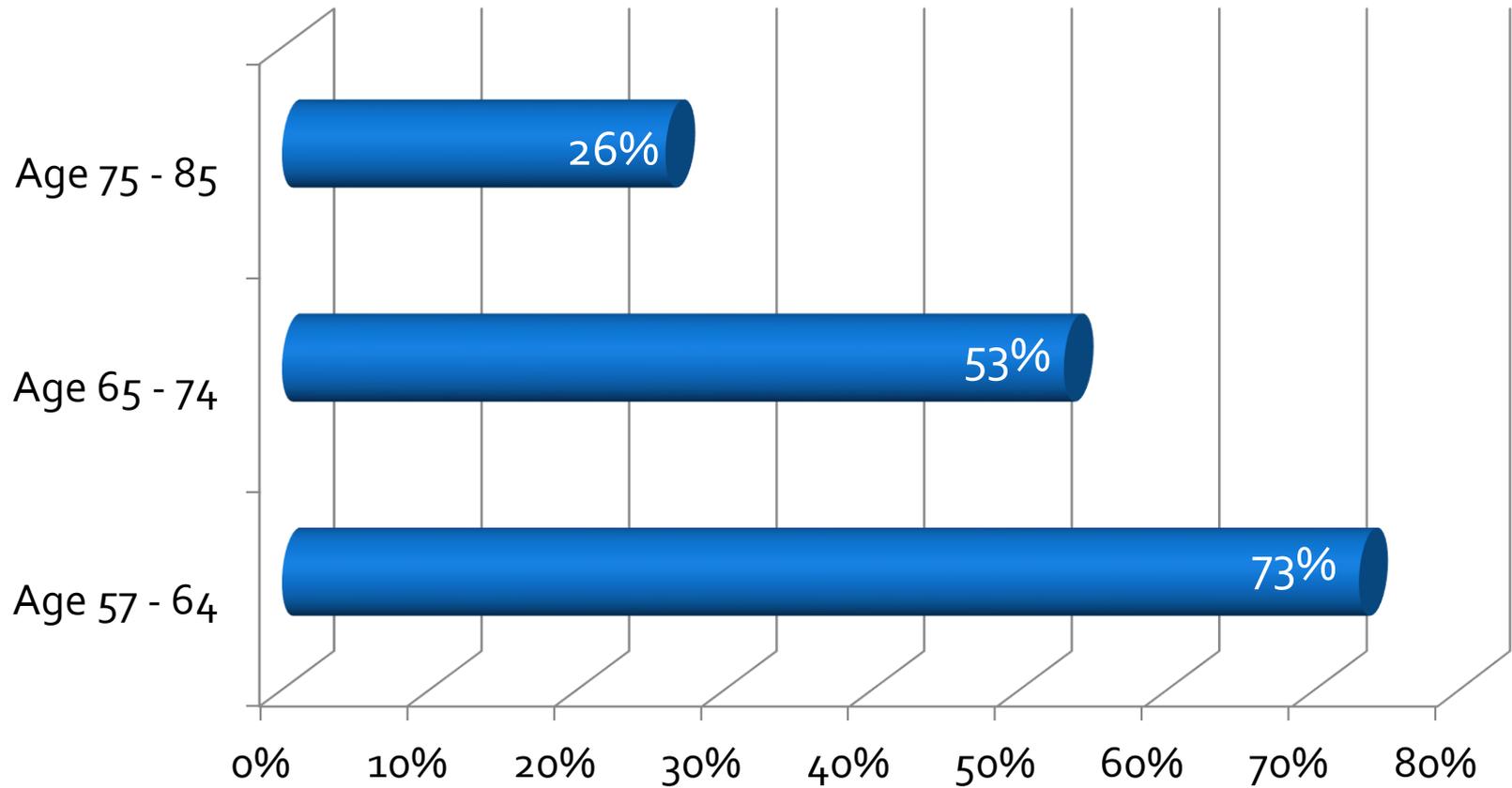
Lindau ST, Schumm LP, Laumann EO, Levinson W, O'Muircheartaigh CA, Waite LJ. **A study of sexuality and health among older adults in the United States.** *N Engl J Med.* 2007;357(8):762-774

Waite LJ, Laumann EO, Aniruddha D, Schumm LP. **Sexuality: measures of partnerships, practices, attitudes and problems in the National Social Life, Health and Aging study.** *Gerontology Soc Sci.* 2009;64B(S1), i56-i66.

Larson B, Makelerski J, Brennan-Ing M. (2011). **Sexual activity and health among Older LGBT Adults.** Workshop presented at Aging in America, Washington DC.

Sex in Later Life????

Sexually Active



Men's aging and sexual health...

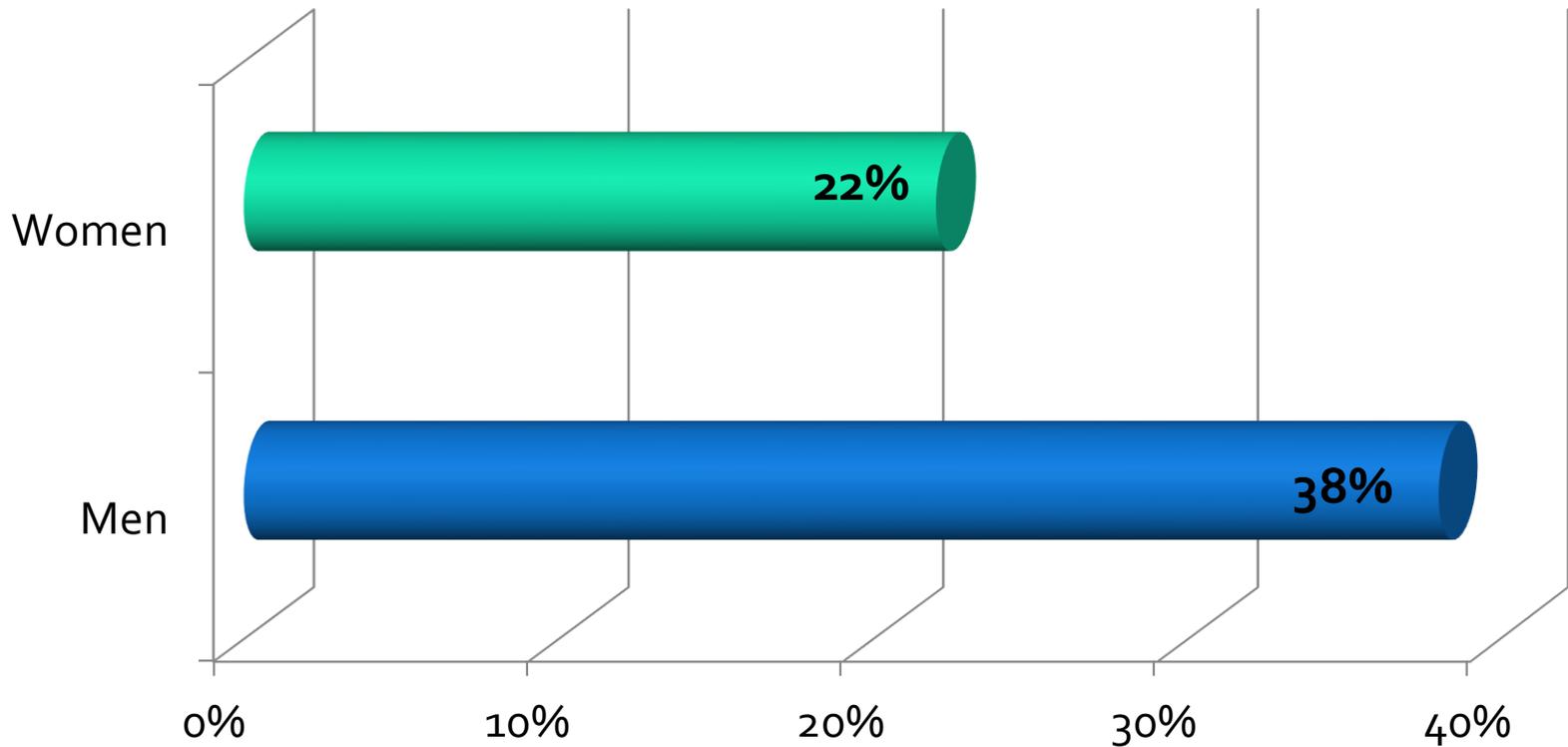
- Older widowers who recently lost wives are more likely to have an STD compared to married peers:
 - Within six months-1 year: 16% more likely to have an STD
 - Since 1998, STDs among widowed men increased 83%!!! (ED drugs released in 1998—coincidence???)
 - Most common STD among widowers: Gonorrhea
- Approximately 1/2 of men over the age of 40 experience erectile dysfunction (ED)
 - ED can make proper condom use problematic

Women's aging and sexual risk....

- Many older women don't use protection during sex after menopause because there is no risk of pregnancy
- With age, natural lubricant decreases and vaginal walls become thinner... putting women at greater risk for STDs
- HIV/STDs have easier entry to the bloodstream of women compared to men during vaginal intercourse

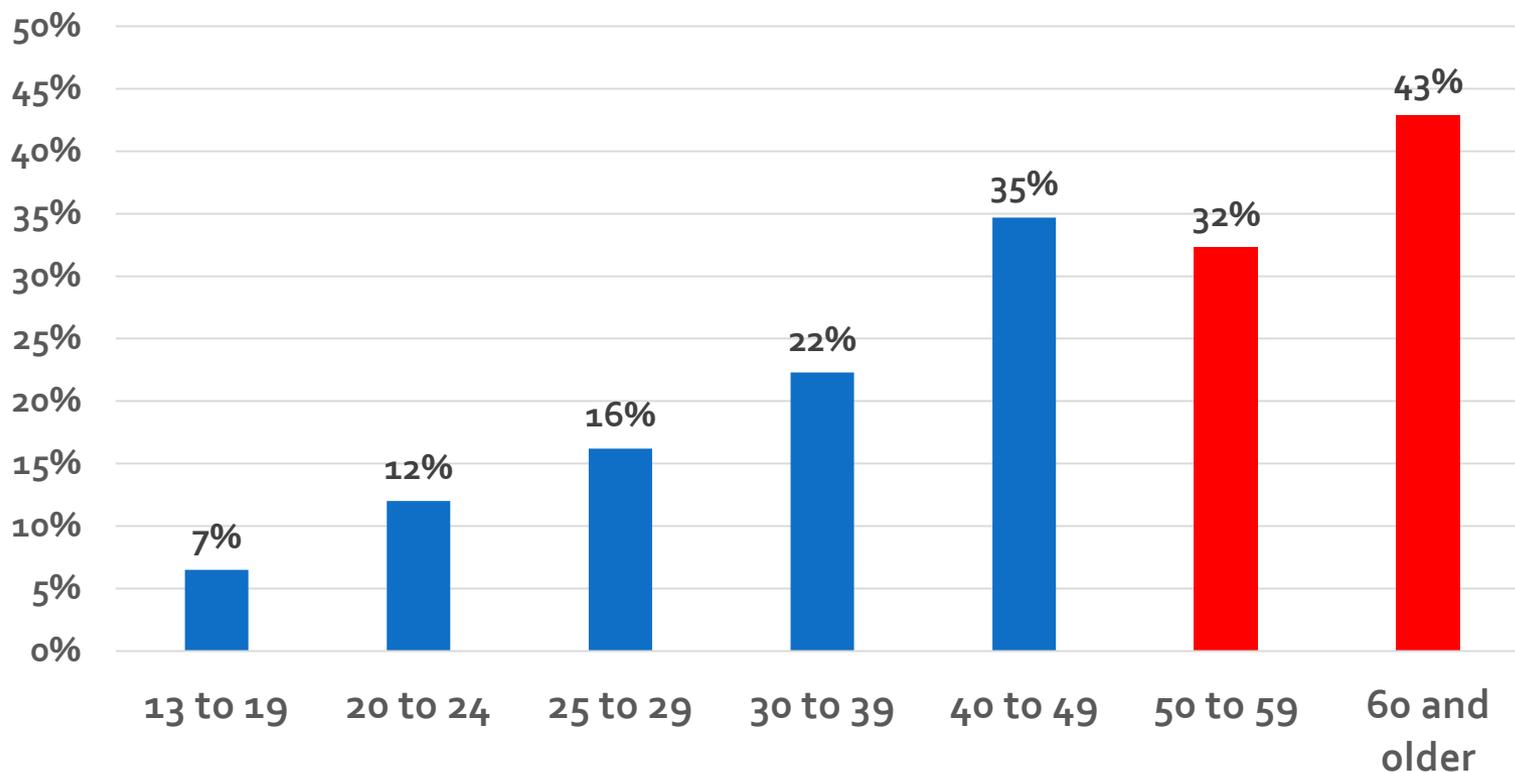
Doctors Don't Discuss Sex with Older Adults: NSHAP

Ever Discussed Sex with MD after Age 50



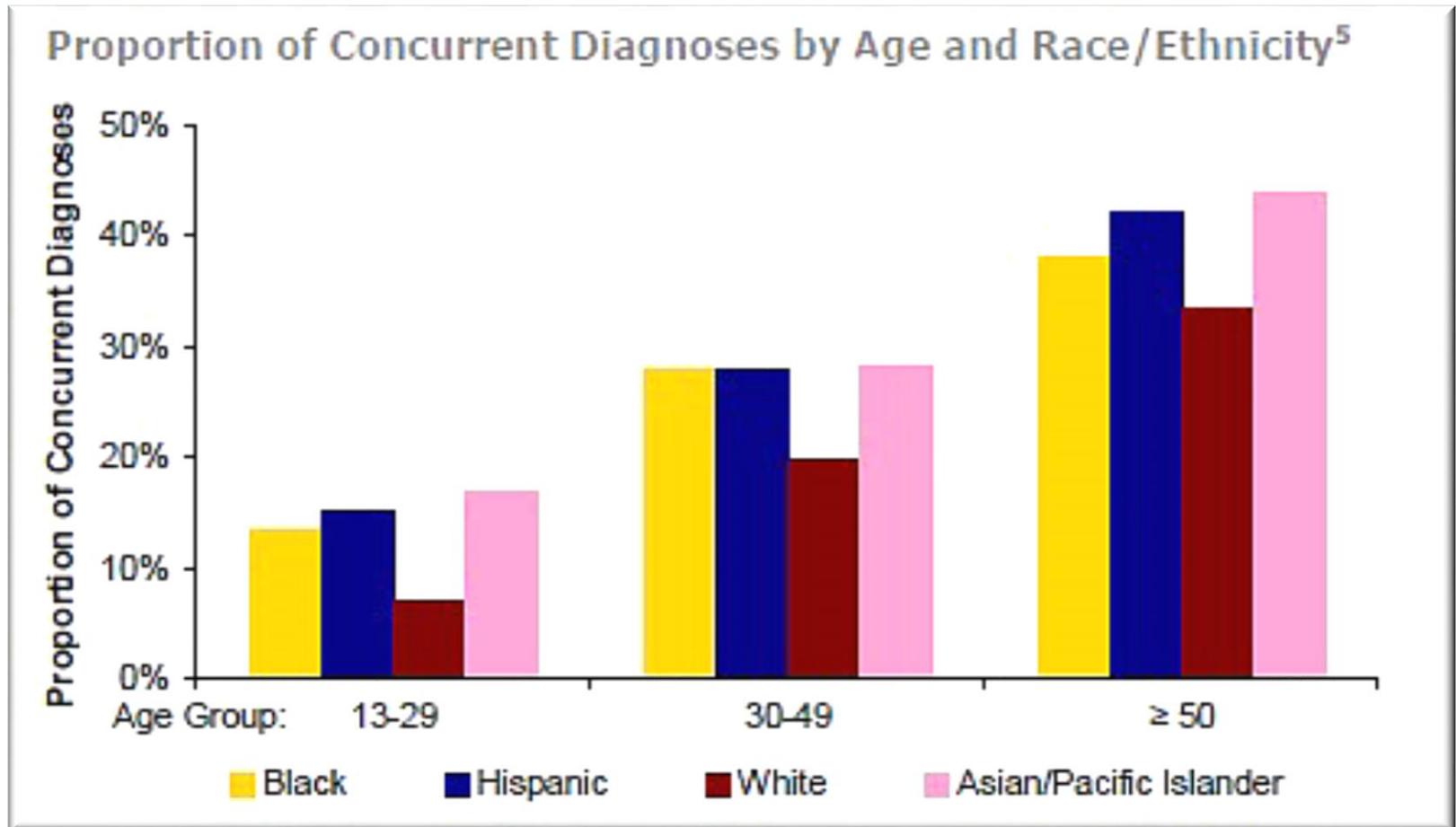
Older Adults are Not Being Tested in a Timely Manner for HIV: New York State 2013

Percent Concurrent HIV/AIDS Diagnosis

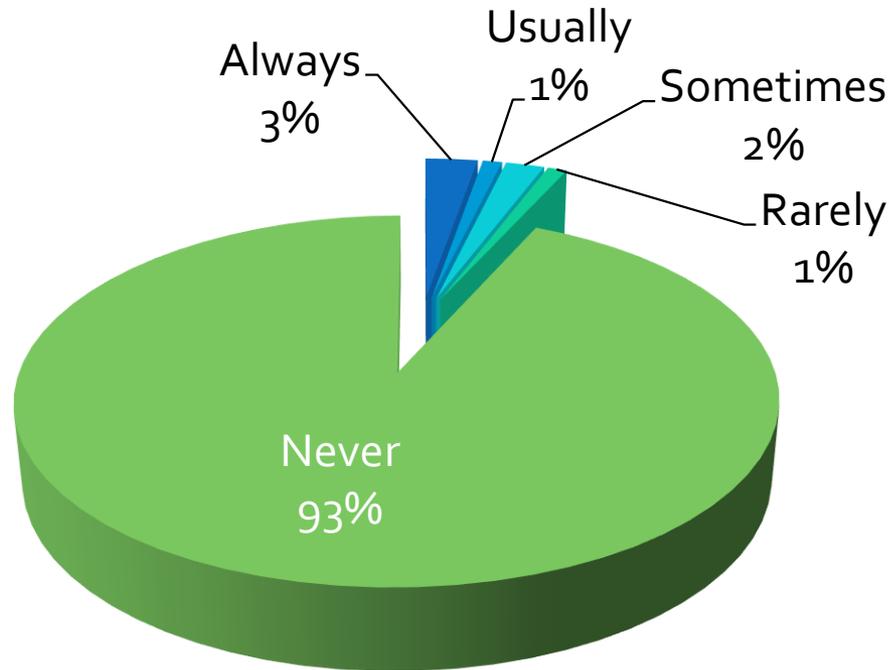


NYS HIV/AIDS Annual Surveillance Report: For Cases Diagnosed Through December 2013. *Bureau of HIV/AIDS Epidemiology, AIDS Institute, New York State Department of Health (2015).*

Health Disparities in Concurrent AIDS Diagnoses by Age and Race/Ethnicity: NYC



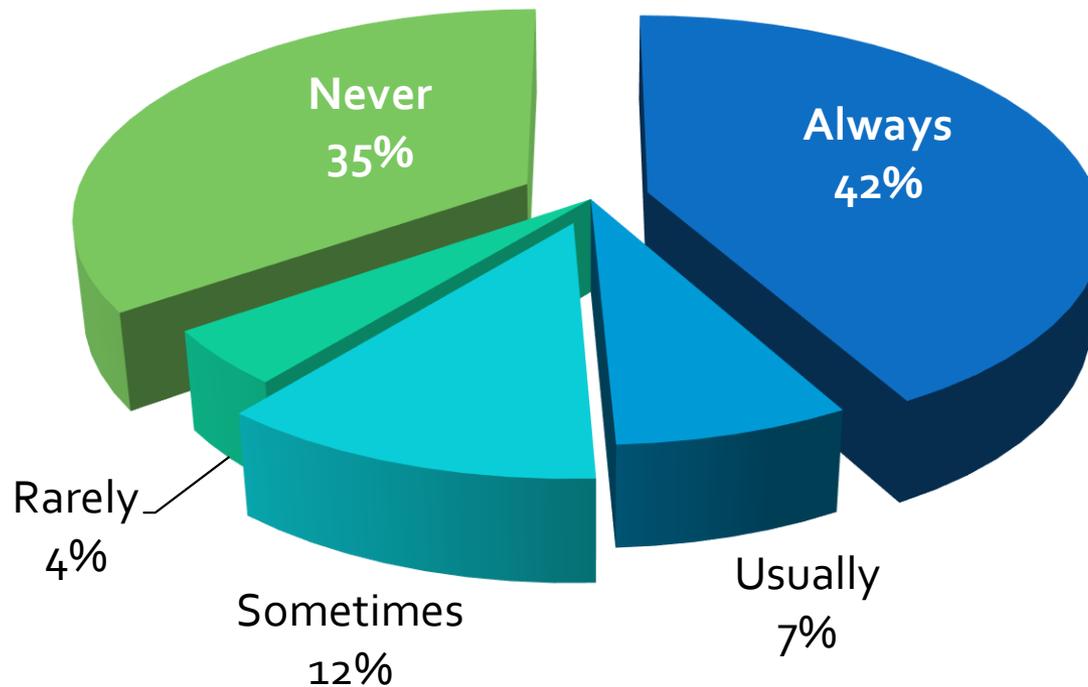
Vaginal Intercourse: Condom Use



Lindau ST, Schumm LP, Laumann EO, Levinson W, O'Muircheartaigh CA, Waite LJ. **A study of sexuality and health among older adults in the United States.** *N Engl J Med.* 2007;357(8):762-774

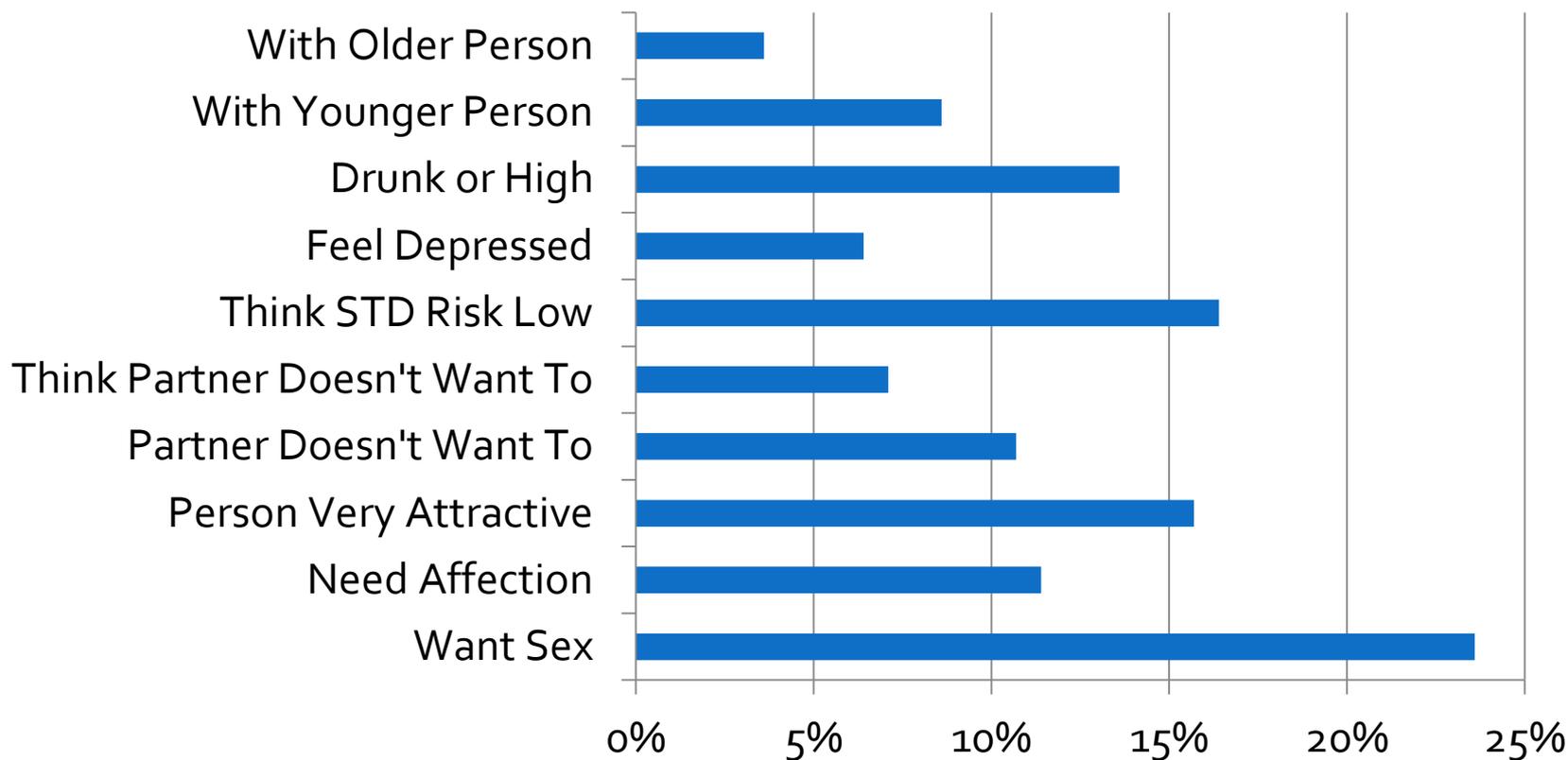
Waite LJ, Laumann EO, Aniruddha D, Schumm LP. **Sexuality: measures of partnerships, practices, attitudes and problems in the National Social Life, Health and Aging study.** *Gerontology Soc Sci.* 2009;64B(S1), i56-i66.

Gay & Bisexual Men: Anal Sex Used a Condom



Brennan M, Seidel L & Karpiak S E (2011). *The Health and Psychosocial Needs of Older LGBT Adults*.

Gay & Bisexual Men: Reasons NOT to Use a Condom



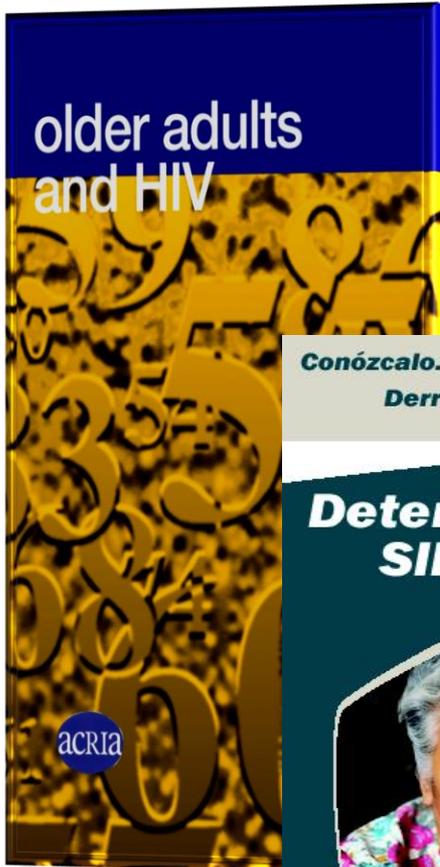
Brennan M, Seidel L & Karpiak S E (2011). *The Health and Psychosocial Needs of Older LGBT Adults*.

Treatment as Prevention

- An undetectable viral load in the blood significantly reduces the chance of HIV transmission
- However, there is still a small risk of sexual HIV transmission
- The link between viral load in blood and semen/vaginal fluid is not conclusive
- Most studies done in heterosexuals, not taking into account risks of anal sex
- For those who are HIV-negative, Pre-Exposure Prophylaxis (PrEP) is available to prevent HIV infection and Post-Exposure Prophylaxis (PEP) is available after exposure to HIV
- PrEP is a good alternative to condoms for men with erectile dysfunction (which makes condom use difficult)



ACRIA's HIV Older Adults Materials



**Conózcalo. Combátalo.
Derrótelo.**

**Detenga el
SIDA.**

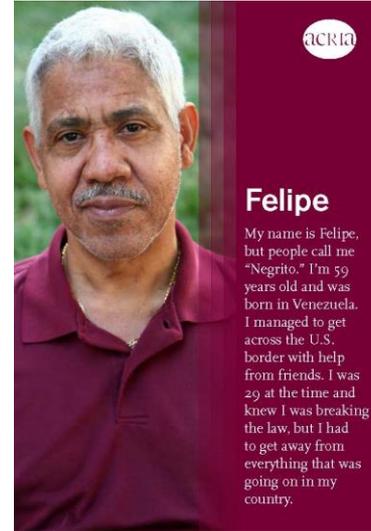
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Funded in whole by the New York City
Department of Health and Mental Hygiene



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Felipe

My name is Felipe, but people call me "Negrito." I'm 59 years old and was born in Venezuela. I managed to get across the U.S. border with help from friends. I was 29 at the time and knew I was breaking the law, but I had to get away from everything that was going on in my country.

Las personas mayores también pueden tener VIH....



Pedro

My name is Pedro, but my friends call me Pete. I was born and raised in the South Bronx by very religious parents. They thought all homosexuals were going to hell, so I never told them I was gay.

En la Ciudad de Nueva York, dos de cada tres personas VIH positivas tienen 40 ó más años de edad, y una de cada tres tiene más de 50.



ACRIA

Brenda

My name is Brenda. I'm a 59-year-old grandmother living in Harlem. Some years ago, I met a man who I thought was wonderful. We were both doing drugs - in fact that's how we met.

Su Comunidad Necesita de su Sabiduría

Para Detener el SIDA



Social Messaging Campaign on Facebook:

<http://www.facebook.com/pages/Age-is-not-a-condom/321362084583364>

Thank You!

For further information please contact:

Mark Brennan-Ing, PhD
Director for Research and Evaluation
ACRIA: Center on HIV and Aging
575 Eighth Avenue, Suite 502
New York, NY 10018
(212) 924-3934 ext 131
mbrennan@acria.org

www.acria.org

