HIV & Older Adults

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HIV is Ageless.

Get Tested.

GMHC

FIGHT AIDS. LOVE LIFE.
Older Adults & HIV

- HIV+ individuals aging in place
- Older adults have increased risk for depression and multiple co-existing conditions
- 17% of all newly diagnosed cases of HIV are among adults age 60 and older
- 25% of individuals living with HIV are age 50 and older
- By 2015, more than 50% of persons with HIV will be age 50 and older
Older Adults & HIV (con.)

- More rapid disease progression
- Slower response to treatment
- Increased frailty
- Increased risk carcinomas/other cancers
- Increase of age-associated conditions
- Multiple medications; complex drug regimens; medication adherence
- Lack of research on HIV+ older adults
Trends in Annual Rates of Death due to HIV Infection by Age Group, United States, 1987–2009

Note: For comparison with data for 1999 and later years, data for 1987–1998 were modified to account for ICD-10 rules instead of ICD-9 rules.
Trends in the Percentage Distribution of Deaths due to HIV Infection by Age Group, United States, 1987–2009

Note: For comparison with data for 1999 and later years, data for 1987–1998 were modified to account for ICD-10 rules instead of ICD-9 rules.
Age-Adjusted* Rate† of Death due to HIV Infection by State, United States, 2009

*Standard: age distribution of 2000 US population
†Per 100,000 population.
New HIV + infection in Older Adults

- Physical changes related to aging (i.e. thinning of vaginal wall)
- Myths about older adults and sex
- Myths about older adults and drinking/drug use
- More rapid progression in late life because of decline in immune function with age
Number of Cases Per Year Per Age Group

- <13
- 13–14
- 15–19
- 20–24
- 25–29
- 30–34
- 35–39
- 40–44
- 45–49
- 50–54
- 55–59
- 60–64
- >65

2004: blue
2005: red
2006: green
2007: purple
Aging with HIV

- Stigma
- Healthcare providers not proactively screening for HIV/sexual activity/drug or alcohol use
- Multiple co-existing conditions
- No specific treatment guidelines—just recommendations
- Veterans
HIV & Ethnic Minorities/Racial Groups

- More than half of all people with HIV/AIDS are African-American or Hispanic/Latino
- Very steep increase in newly diagnosed cases of HIV among women
- Among persons age 50 and older, African-Americans are 12 times as likely as White Americans to have HIV
HIV & Dementia

- ADC: Aids-Dementia Complex
- HIV-Associated encephalopathy
- Frequency declined with HAART~20%
- Caused by HIV Virus itself—causing general inflammation
- Symptoms similar to HIV+ as well as other disorders (depression)
- Use of HAART can delay or prevent onset
HIV and Diabetes

- HIV drugs (protease inhibitors) can increase risk for TYPE II diabetes
- Diabetic neuropathy very difficult to distinguish from HIV-neuropathy
- Increasing impact on racial/ethnic minority groups
HIV and Cardiovascular Disease

- Acceleration of atherogenic and thrombotic processes—all ages
- Twice as likely to have MI
- Chronic inflammatory state leads to premature aging of cardiovascular system
- HIV heart usually “5-15 years older” than patient’s age
HIV and Bone Loss

- HIV disease likely reason for decreased bone density (HIV+ men & women)
- The longer an individual lives with disease, worse the bone loss
- Significant risk for bone fractures, including hip fractures
The Bluebird of Happiness long absent from his life, Ned is visited by the Chicken of Depression.
A syndrome, a cluster of emotional, physical and behavioral symptoms characterized by sadness, low self esteem, loss of pleasure, and sometimes difficulty functioning
BRAIN AND NERVES
- Headaches, feelings of despair, lack of energy, sadness, nervousness, anger, irritability, increased or decreased eating, trouble concentrating, memory problems, trouble sleeping, mental health problems (such as panic attacks, anxiety disorders and depression)

SKIN
- Acne and other skin problems

MUSCLES AND JOINTS
- Muscle aches and tension (especially in the neck, shoulders and back), increased risk of reduced bone density

HEART
- Faster heartbeat, rise in blood pressure, increased risk of high cholesterol and heart attack

STOMACH
- Nausea, stomach pain, heartburn, weight gain

PANCREAS
- Increased risk of diabetes

INTESTINES
- Diarrhea, constipation and other digestive problems

REPRODUCTIVE SYSTEM
- For women—irregular or more painful periods, reduced sexual desire. For men—impotence, lower sperm production, reduced sexual desire

IMMUNE SYSTEM
- Lowered ability to fight or recover from illness
Depression & HIV

- “NORMAL”
- 20-48% of people with HIV+ will have Major Depression
- Higher rates of depression in older adults
- Testosterone
- Symptom Similarity
DEPRESSION & HIV

- Most frequently observed co-occurring disorder (8-14% general population)
- 50% of HIV+ individuals
  - WOMEN
- Increased Mortality
- Substance Abuse (only co-existing condition with a higher prevalence than depression)
DEPRESSION & HIV

- CD4
- Risky Behavior
- Medication adherence
- Self-Management—Diet & Exercise
Potential Triggers for Depressive Episode in HIV+ Individuals

- Learning of HIV + Status
- Disclosure of Status to Family/Friends
- Introduction of Medication
- Occurrence of additional physical illness
- Recognition of new symptoms/progression of disease (i.e. CD4 decrease)
- Hospitalization
- Major life Changes
- Diagnosis of Aids
HAART & DEPRESSION

- Pre & Post HAART eras and mortality rates
- Medication adherence
# HIV Medication & Side Effects

<table>
<thead>
<tr>
<th>HIV Medication</th>
<th>May Trigger</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interleukin</td>
<td>Depression, disorientation, confusion, coma</td>
</tr>
<tr>
<td>Steroids</td>
<td>Mania or depression</td>
</tr>
<tr>
<td>Efavirenz (Sustiva)</td>
<td>Decreased concentration, depression, nervousness, nightmares</td>
</tr>
<tr>
<td>Stavudine (Zerit, d4T)</td>
<td>Depression or mania, asthenia</td>
</tr>
<tr>
<td>Zidovudine (Retrovir, AZT)</td>
<td>Mania, depression</td>
</tr>
<tr>
<td>Interferon</td>
<td>Neuasthenia fatigue syndrome, depression</td>
</tr>
<tr>
<td>Zalcitabine (Hivid)</td>
<td>Depression, cognitive impairment</td>
</tr>
<tr>
<td>Vinblastine</td>
<td>Depression, cognitive impairment</td>
</tr>
</tbody>
</table>
HIV and Suicide

- 20% of HIV + individuals have suicidal ideation
- Impact of HAART
- Impact of substance use and abuse
- Veterans
National Strategy for Suicide Prevention

Guidelines set by the NIH and Surgeon General for implementation by 2005, including:

- Increase proportion of primary care clinicians and other healthcare providers who routinely assess the presence of lethal means in the home (5.1)
- Incorporate screening for depression, substance abuse and suicide risk as a minimum standard of care for assessment in primary care settings, hospice, and skilled nursing facilities for all federally-supported healthcare programs (7.9)

- http://www.mentalhealth.org/suicideprevention
Treatment Guidelines for Older Adults with HIV

- HIV and Aging Consensus Project: Recommended Treatment Strategies for Clinicians Managing Older Patients with HIV

Sponsored by: American Academy of HIV Medicine (AAHIVM); AIDS Community Research Initiative; American Geriatrics Society (AGS)

http://www.aahivm.org/hivandagingforum
Case Study: The Perezas

- Mr. Pereza: CAD, Stroke, Diabetes, Hypertension, falls
- Mrs. Pereza: Breast Ca, Diabetes, Zoster, Osteoporosis, hypertension
  - Review of Symptoms
  - Social
Factors Impacting Disease Progression in Older Adults

- Immutable: mental status; organ system function; immune function

- Mutable: time of diagnosis; appropriate therapy; treatment of depression; nutritional needs
STRESS

- Is it worth losing a T-cell?
- Strategies must be individualized
- Sometimes less is more
  - Breathing
  - Listening to music
  - Walking
  - Eating chocolate
STRESS

- Social Support
- Thresholds
- Coping—substance use
- Nutrition
- Meditation
- SLEEP