

The face of HIV is getting gray hair

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Current estimates reveal that approximately 11-15% of people in the United States with HIV infection are over the age of 50. This population is made up of (1) patients who were infected at a younger age and whose lives have been extended by HAART and (2) patients with newly diagnosed infection (which is often delayed). Prevalence data from Africa (Tanzania) among inpatients over age 55 approaches 20% among men and 15% among women. A blinded seroprevalence study in NYC among patients over age 60 who died in the hospital of other causes than HIV revealed an HIV-positive rate of 5% (none of these patients were ever suspected of being infected). The data on mode of transmission and risk behaviors is conflicting and is often reported as missing in the elderly. MSM (men who have sex with men), IDU (injection drug use) and heterosexual contact are now more common than transfusion among the elderly. The fastest growing risk groups are African American men and women who are often at increased risk during heterosexual intercourse due to vaginal wall tears from decreased hormonal support.

The elderly typically undergo extensive medical evaluations prior to a diagnosis of HIV often times because diseases that older people get (anemia, myelodysplasia, dementia, and occult malignancy) can present in similar fashion to HIV. It is estimated that up to 10% of cases of HIV among the elderly present with HIV dementia. While our younger patients often request HIV testing themselves, studies show that age is directly correlated with lack of HIV awareness and that HIV testing in the elderly is almost always based on provider recommendation not patient request. While many health care providers do not acknowledge it, older people are having sex and they are not having sex safely. When the same risky behaviors are compared across age groups, older patients are 1/6 as likely to use condoms than younger patients, and often because there is no concern for pregnancy risk.

Older patients are diagnosed later in the course of their infection, often with AIDS (CD4 count <200); this means that many patients have had HIV for at least 10 years placing their sexual partners at risk. The elderly present with the same opportunistic infections (OI's) as their younger counterparts. Indeed, they receive HAART therapy less often even though studies have shown they are often more compliant than younger patients. The elderly often have reduced drug tolerance due to decreased renal and hepatic function and typically experience more adverse drug reactions to antiretrovirals.

FAST FACTS ON HIV & THE ELDERLY

1. Account for at least 11-15% of HIV cases in the US
2. Are sexually active and do not perceive their risk for HIV infection
3. Are diagnosed with advanced disease and lower CD4 counts
4. Women and African-American men with HIV are growing in number
5. Have reduced survival compared with their younger counterparts
6. Mount a weaker immune response and progress faster to AIDS
7. Typically do NOT request HIV testing despite high-risk behavior
8. Often undergo extensive work-ups before HIV is diagnosed
9. Experience more adverse events from HAART