

The Journey of HIV-Infected Patients Over 50: Implications for Nursing Care



Julie Gumowski, RN, BSN
Margaret Caplan, M.D.
November 17, 2012



SAIC-Frederick

Objectives

- To discuss the prevalence of the rising incidence of HIV in the 50 and older age group.
- To present data from persons enrolled in HIV clinical trials.
- To recognize the health issues unique to the 50 and older HIV infected patient.
- To list some teaching strategies for clients greater than 50 years of age.

Introduction

- **HIV disease: Chronic Disease**
 - Patients are aging with their HIV disease on effective antiretroviral therapy (ART)
- **Changing Demographics for HIV/AIDS**
 - Growing group of HIV infected patients who are diagnosed after age 50.
 - Important public health concern among older adults with challenges to prevention (stigma, underestimated risk, etc.)

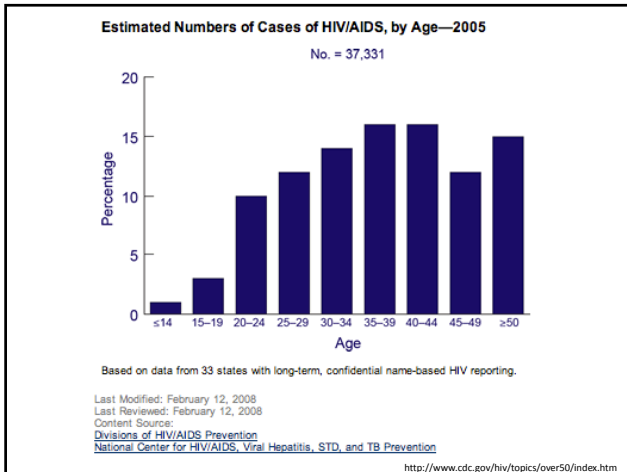
The Aging Demographics

- **In U.S. currently ~30% of HIV/AIDS patients are 50 or older¹**
 - 15% of new HIV/AIDS diagnosis occurs in persons age 50 and older.²
 - Speculation by 2015: 50% of HIV/AIDS patients may be age 50 years and older.³
 - Important public health concern among older adults.
 - Racial/ethnic disparities.


¹2012 DHHS Guidelines

²CDC (2007) *HIV/AIDS Surveillance Report, 2005*. Vol 17. Rev ed.

³J Acquir Immune Defic Syndr, Vol 60, Supplement 1, July 1, 2012.



Clinical Center Profile



- More than 450,000 patients since opening in 1953
- 240 beds, 11 out-patient clinics
- Every patient is on a research protocol
- NIAID:
 - Infectious disease clinic
 - >40 HIV related protocols

<http://clinicalcenter.nih.gov/>

Case Study #1

- **Mr. X is a 72 year-old male diagnosed with HIV/AIDS at age 68 years-old.**
 - At time of entry into care, his CD4 cell count was 86 cells/mm³ with HIV RNA viral load of 390,370 copies per mL.
 - Risk factor: Frequent unprotected sex, numerous female partners
 - Concomitant diagnosis of latent TB infection.

Case Study #1 (continued)

- **Currently:**
 - Labs
 - CD4 cell count 462 cells/mm3 and HIV VL < 50
 - ART
 - efavirenz + emtricitabine+ tenofovir 1 tab daily
 - Social status:
 - Retired, lives at senior citizens home.
 - Enjoys spending time with his grandchildren.
 - Now uses condoms whenever sexually active.

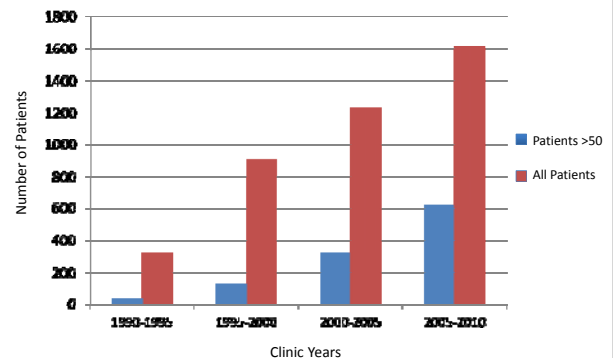
Case Study #2

- **Mr. Y is a 54 year-old male with long-standing HIV-infection diagnosed in 1986.**
 - He has been living with HIV since age *23 years-old*.
 - Risk factor: MSM.
 - Participated in multiple clinical trials since diagnosis.
 - Other ongoing issues include hypertension, hyperlipidemia, and memory loss.

Case Study #2 (continued)

- **Currently:**
 - Labs
 - CD4 cell count 501 cells/mm3 and HIV RNA VL < 50 copies per mL.
 - ART
 - tenofovir/FTC, darunavir, ritonavir, raltegravir
 - Social status:
 - Retired. College graduate.
 - Lives with male partner of 22 years.

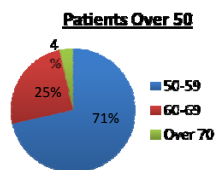
HIV Clinic Age Distribution



NIAID Intramural Clinic Statistics

• HIV Clinic:

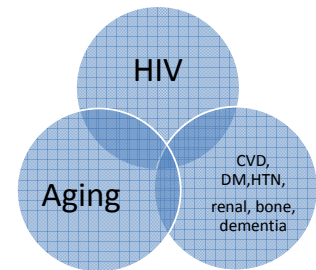
- Approx. 1240 current HIV+ active patients.¹
- In April 2012, there were 798 patients > age 50.
 - 228 >age 60 with 43 dx'd after age 50
 - 28 > age 70 with 19 dx'd after age 50



¹As of September 2012

Health Issues Unique to >50

- As age increases, some of the co-morbid conditions increase as well
- With ↑ of co-morbid conditions → leads to an increase in # of noninfectious complications seen in the older HIV patient



Aging and the Immune System

- With diagnosis after age 50, patients may present with lower CD4 count & more advance disease.
- They may have less of immune recovery after initiating antiretroviral therapy.¹

¹Balestre et al. AIDS 2012.

Implications for Practice: Awareness

- HIV Nurses need:
 - Awareness of psychosocial concerns in their HIV-infected patients >50
 - Stigma and isolation
 - New diagnosis at late age
 - Social isolation issues
 - Discrimination and stigma
 - Reluctance for testing, to seek services
 - Living with HIV as a chronic disease

Implications for Practice: Patient Education

- HIV Nurses and clinicians need to consider:
 - Discussion of risk factors
 - Knowledge of HIV/AIDS
 - Strategies for prevention
 - “Age is not a condom”
 - Understanding risk
 - Safe sex practices/use of condoms
 - Lifestyle factors: Encourage healthy diet, daily exercise, smoking cessation, limiting alcohol use, and screening for elder and drug abuse.

Implications for Practice: Testing

- HIV Nurses and clinicians need to consider:
 - Testing concerns
 - Consider testing for HIV >50
 - Consider testing for HIV >64 (though guidelines state 13 up to age 64)
 - Discrimination and stigma in this vulnerable age group can lead to later testing
 - Consider HIV for an earlier diagnosis (rather than thinking as part of a “normal” aging process)

Implications for Practice: Medications

- Recognize the 2012 DHHS guidelines:
 - Antiretroviral therapy (ART) is recommended in patients >50 years of age, regardless of CD4 cell count (BIII).
 - Closer monitoring anti-retroviral therapy (ART) for side effects of medications and drug interactions, which may be complicated by polypharmacy

¹2012 DHHS Guidelines

Conclusions

- HIV nurses need to be aware of how HIV may influence all domains of health in aging.
- The chronicity of HIV disease combined with the co-morbidities in an aging population has an impact on HIV nursing.
- Opportunities for nursing research for this growing population.

HIV Research in Adults >50

- Data from HIV clinical trials in people over 50 is limited.
- Per CDC, care of adults ages 60-80 limited data.
- Participation in HIV research protocols needs to be more inclusive of the older patient.

Select References

- CDC.gov
- DHHS guidelines – www.aidsinfo.nih.gov
- Select Resources
 - National HIV/AIDS and Aging Awareness Day September 18th <http://aids.gov/news-and-events/awareness-days/index.html#awareness-national-hiv-aging>
 - Other websites: TheBody.com, hivoverfifty.org/, www.nyahof.org

“Do not regret growing older.

It is a privilege denied to many.”



Author Unknown

Acknowledgements



- Colleen Hadigan, M.D.
- Allison Franks
- Frank Maldarelli, M.D.
- Irini Sereti, M.D.
- Virginia Sheikh, M.D.

The staff and patients of the
NIAID/CC HIV Clinical Research Program at the
National Institutes of Health

- **“There’s No Other Hospital Like It”**

**The Journey of HIV-Infected Patients Over 50:
Implications for Nursing Care**

