

April 2002

Impact of AIDS on Older Populations

Incidence of HIV in older people

- There is growing evidence that older people are increasingly being infected by HIV/AIDS, but available data does not often explain how the epidemic is affecting this population group. For example, although 83% of all AIDS deaths in the world have occurred in sub-Saharan Africa, very little is known about the epidemiology of HIV/AIDS among older people in this region. In the USA, 10% of all reported AIDS cases occur among people over the age of 50, with a quarter of these over 60. In Western Europe, nearly 10% of new infections declared between January 1997 and mid-June 2000 were among the over-50 group, with these figures dropping at 4.3% in Central Europe and 0.7% in Eastern Europe.
- Older women appear to have higher incidence than older men, and during a recent five-year period the number of new cases in this group increased by 40%. More than half of the infected over 50 are of African American and Hispanic origin, indicating greater risks among minority groups.
- However, available figures do not reflect at what age this population group was infected, and many of those over 50 were probably infected when they were younger and may have had the virus for years before being tested. By the time they are diagnosed, their infection may be in its most advanced stages.

Risk and vulnerability of older people

- The dominant risk factor among the 50+ age group is the same as for other age groups – **heterosexual sex**. Specific risk behaviours, such as unprotected sex, multiple sexual partners, sexually transmitted infections, and substance abuse are also present in this age group.
- According to the US-based Centers for Disease Control and Prevention (CDC), age accelerates the progress of HIV to AIDS and blunts CD4 cell response to antiretroviral therapy. **Age-related conditions**, such as osteoporosis, increase the risk of severe complications.
- Older people tend to view **condoms** primarily as a contraceptive measure, and women who no longer fear unwanted pregnancy may not insist on their use. Women also undergo physical changes with age that affect their vulnerability to HIV. In the post-menopausal stage, their vaginal walls are thinner and lubrication is often reduced. Many doctors believe older women are more vulnerable to vaginal trauma

during intercourse, and thus at greater risk of contracting HIV.

- **Early symptoms** of HIV infection – fatigue, poor memory, shortness of breath, sleeplessness, weight loss – may be mistaken for signs of ageing, thus preventing those infected from seeking early medical interventions that would help them stay healthy and avert HIV transmission risk.
- Health providers often fall into the trap of **age stereotypes**, which can be a problem in prevention and diagnosis. Health care workers are less likely to ask older patients about their sexual behaviour and do not provide the prevention information they would routinely offer younger patients. Nor do **prevention education** programmes target older people. Social barriers to discussions on sexuality become even stronger with age, because of an increasing denial of sexual needs. Consequently, there are few effective strategies for this population group. Older people also have less knowledge about the basic facts on HIV/AIDS and its prevention. In a CDC study of a hotline service, only 6% of callers were from the older population, and nearly 50% wanted more information about HIV/AIDS risks.
- In addition, coping mechanisms among older people are weaker, as they are more prone to depression and less inclined to join support groups.

Impact of HIV/AIDS on the elderly

- The advent of HIV or AIDS imposes caring responsibilities upon older people which they might not otherwise have to contend with. AIDS causes changes in family structures due to the death of young parents. This in turn often leaves grandparents as the sole authority figures in a family, with the added burden of providing economic support and psychosocial care to orphaned children. In many societies, the opposite is supposed to happen.
- There is also inadequate support for grandparents and other older family members and friends in many societies. Governments do not usually provide economic support or subsidies for grandparents forced to care for sick or orphaned children.
- In addition, there is a significant lack of legislation on care for the elderly, such as pensions and other forms of assistance for grandparents, adding to the broader social burden carried by societies already hard hit by an AIDS epidemic.

Actions to be taken

A number of strategies and behaviours can be adopted to help mitigate the risk of HIV to older people and the impact of HIV/AIDS on those already infected:

- Reducing stigma surrounding the sexual needs of older people to enable them to discuss these issues more easily with their health providers and families.
- Integrating HIV programming into services for the ageing, including the integration of secondary prevention education (prevention among HIV-positive people) into specialized care services.
- Educating HIV service providers regarding ageing and the provision of age-sensitive services.
- Identifying areas of research specifically looking into the interactions between

age and HIV.

- Involving older persons in research on prevention and care.

For more information, please contact Anne Winter, UNAIDS, Geneva, (+41 22) 791 4577, Dominique De Santis, UNAIDS, Geneva, (+41 22) 791 4509 or Andrew Shih, UNAIDS, New York, (+1 212) 584 5012. You may also visit the UNAIDS website, www.unaids.org, for more information about the programme.