

Improving Care for Older Adults Living with HIV

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OBJECTIVES



- Epidemiology, Prevention
- Key issues facing older adults with HIV
- What are we Going to do About it? Intro to Golden Compass Program

THE “GRAYING OF AIDS”

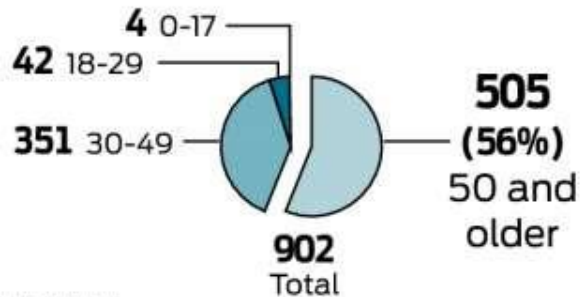
- In San Francisco 60% of PLWH are age 50+
- 19% are age 65 or older
- 11% of new HIV infections

Living with HIV in San Francisco

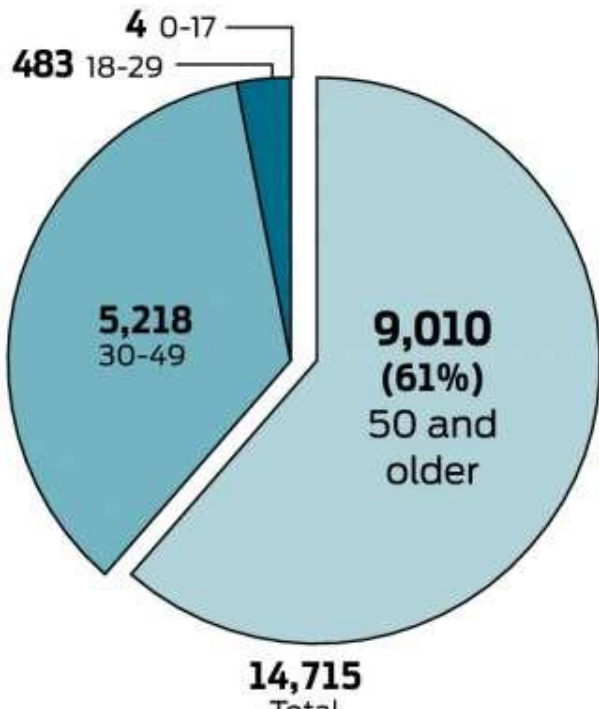
San Francisco's population of people living with HIV is getting older – well over half are at least 50 years old. The face of people aging with HIV differs dramatically between men, who have always made up the bulk of the AIDS epidemic, and women.

AGE

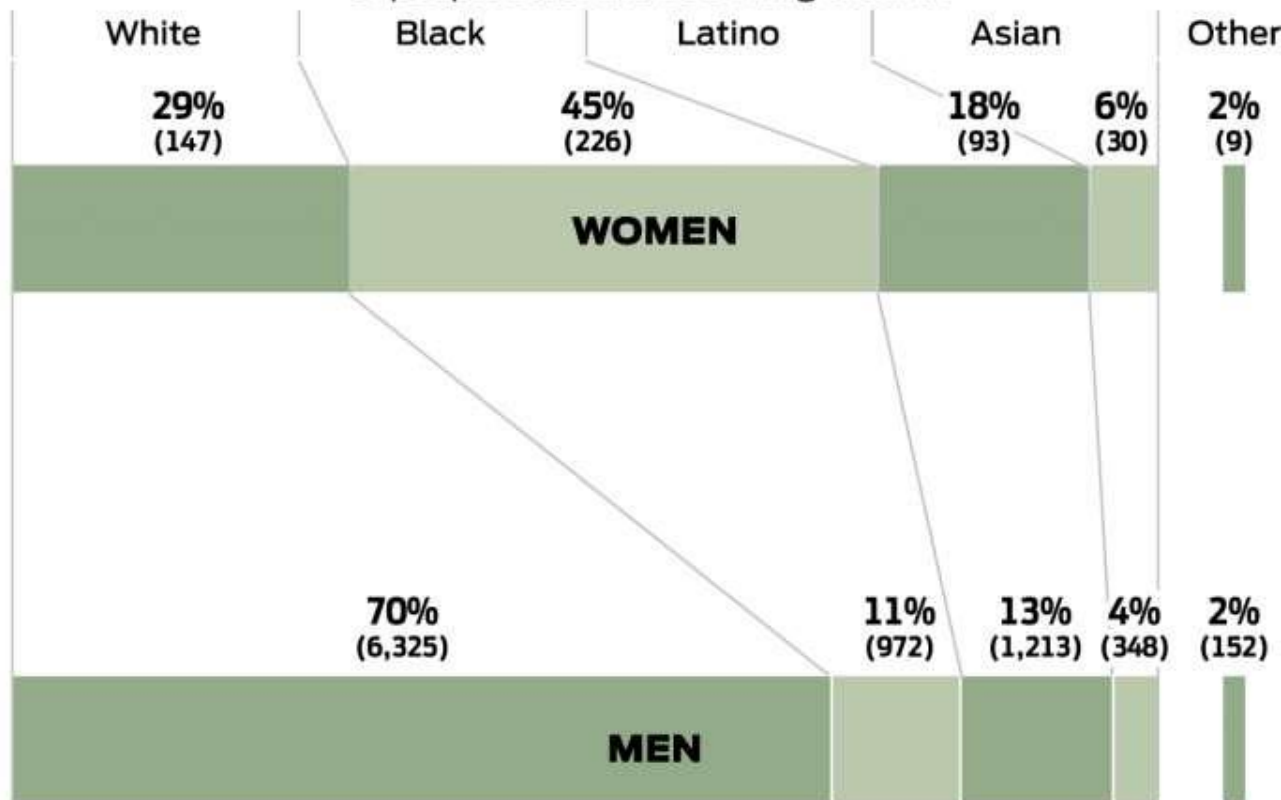
FEMALE



MALE



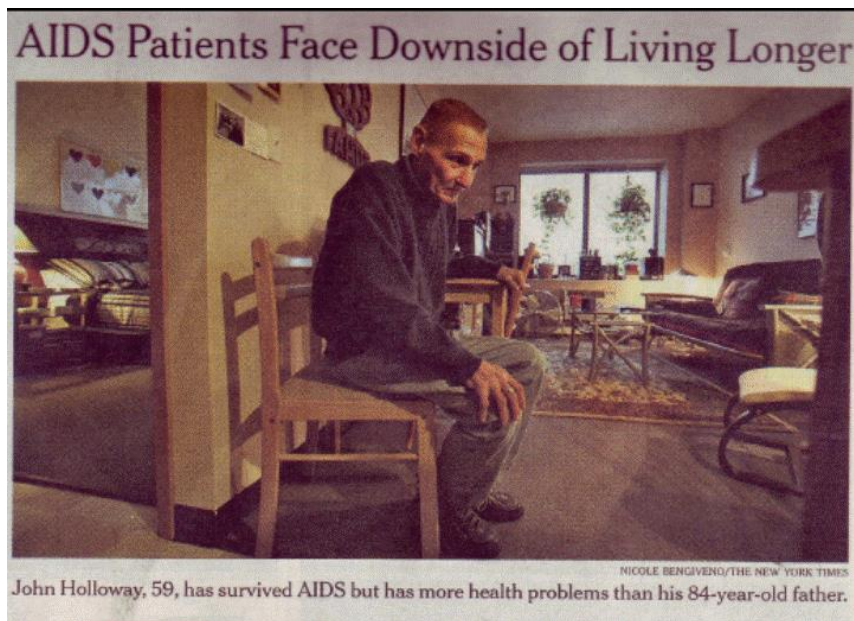
DEMOGRAPHIC BREAKDOWN of people older than 50 living with HIV



Black women are much more impacted by HIV than white women. They make up 45 percent of all women age 50 and older who are HIV-positive, but only 6 percent of the total female population in San Francisco. Latinas are also over represented among women with HIV.

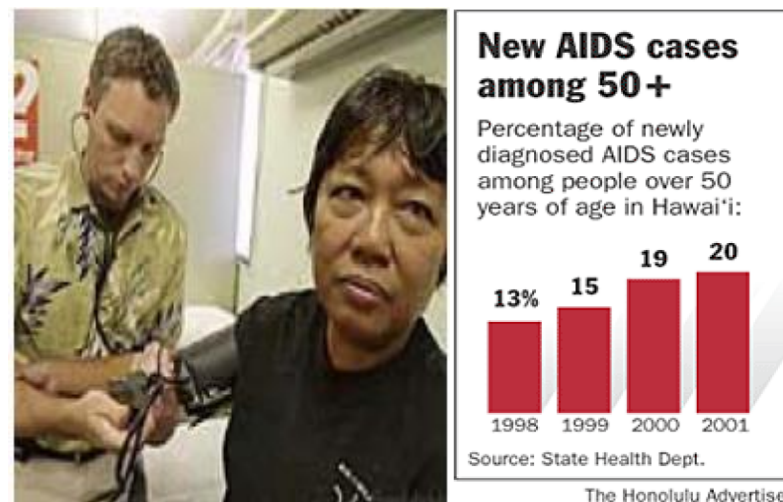
DIFFERENCES EXIST IN OLDER HIV+ ADULTS

Aging with HIV



The New York Times 2007

Infected with HIV at older age



 HonoluluAdvertiser.com

Posted on: Wednesday, June 26, 2002

Gray wave of AIDS puzzles Hawai'i

The Honolulu Advertiser 2003

BIGGEST CHALLENGE FOR OLDER ADULTS IS IN DIAGNOSIS

HIV CARE CONTINUUM:

THE SERIES OF STEPS A PERSON WITH HIV TAKES FROM INITIAL DIAGNOSIS THROUGH THEIR SUCCESSFUL TREATMENT WITH HIV MEDICATION



WHY DIAGNOSES IN OLDER ADULTS ARE DELAYED

- **Underestimation of risks**
 - Providers
 - Patients
- **Lack of Knowledge about HIV**
- **Misdiagnosis “normal aging”**

SCREENING FOR HIV IN OLDER ADULTS

Current Guidelines:

CDC: Routine opt-out screening ages 13-64

USPSTF: Screen age 15-65

- But only 25% of adults age 50+ screened HIV
- Screening has been shown to be cost-effective up to age 75
- HIV and Aging Consensus Project recommends screening all ages (no upper limit)

PREP IN OLDER ADULTS

- No study has focused specifically on PrEP in older adults
- Kaiser Permanente PrEP clinic has included age range into late 60s
- Better adherence to PrEP?- in study of IDU in Bangkok age 40-59 group better than younger ages

**WHEN
IT COMES
TO SEX...**

AGE IS NOT A CONDOM

Talk to your doctor about your sex life.

Learn more. Be safe. Get tested.

NYS 800-541-AIDS NYC 800-TALK-HIV
800-541-2437 800-825-5448

ageisnotacondom.org



ACRIA

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BEYOND VIRAL SUPPRESSION

AIDS.gov



HIV/AIDS
BASICS

FEDERAL
RESOURCES

NEW
MEDIA

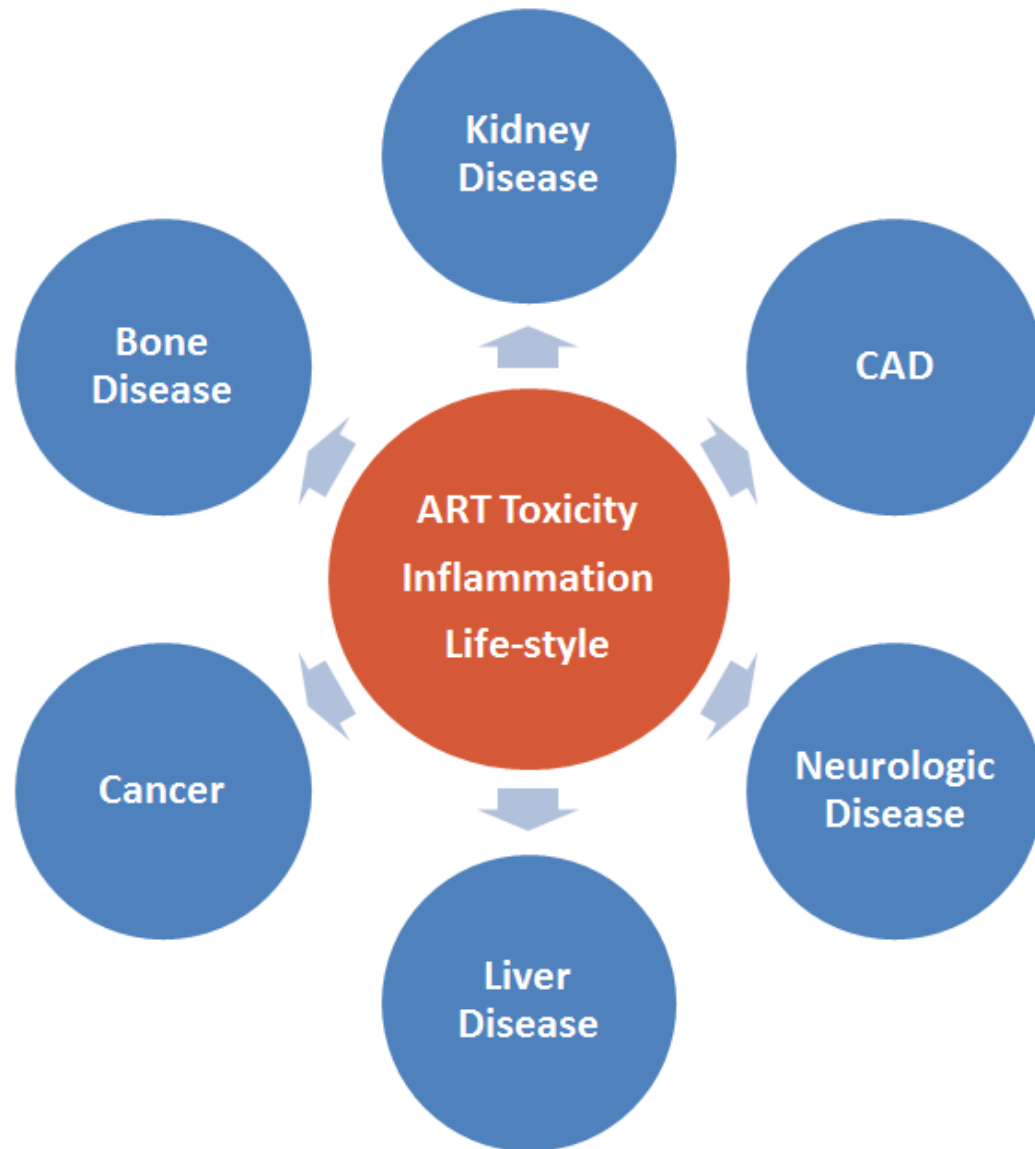
NEWS
EVENT

HIV CARE CONTINUUM:

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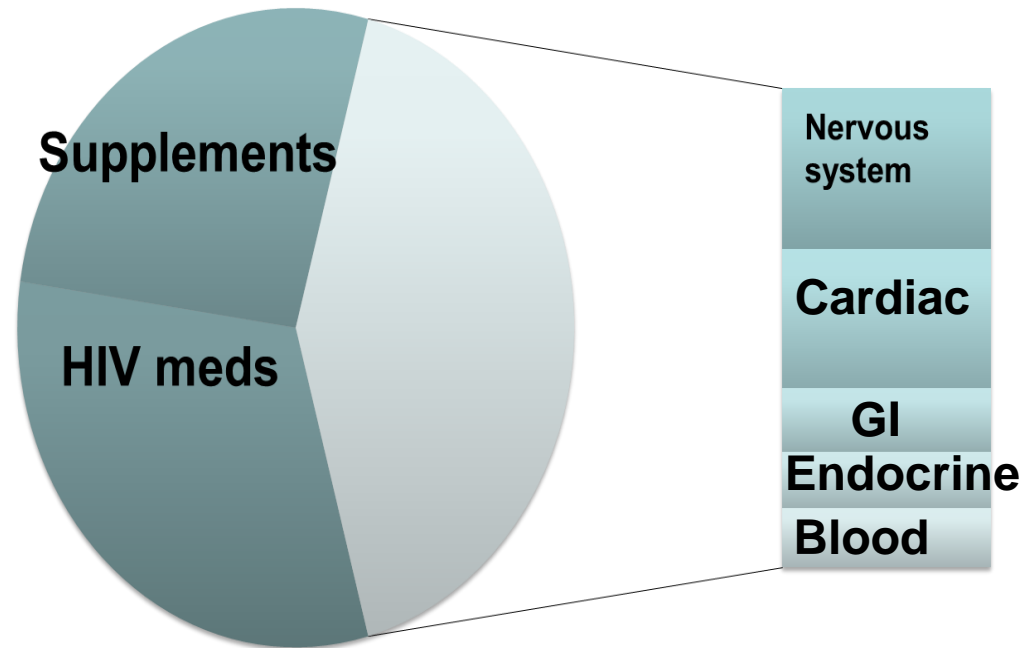
AGING WITH HIV: MEDICAL COMPLEXITY



POLYPHARMACY

5 OR MORE MEDS

- More Likely to have side effects
- Medications can interact with other medications
- Affects on adherence?



POLYPHARMACY

- **248 patients underwent medication review with pharmacist**
- Average 14 medications
 - 11 non- HIV meds
 - 16% taking more than 20 meds
- 63% had at least one potentially inappropriate medication
- 9% had a contraindicated drug-drug interaction

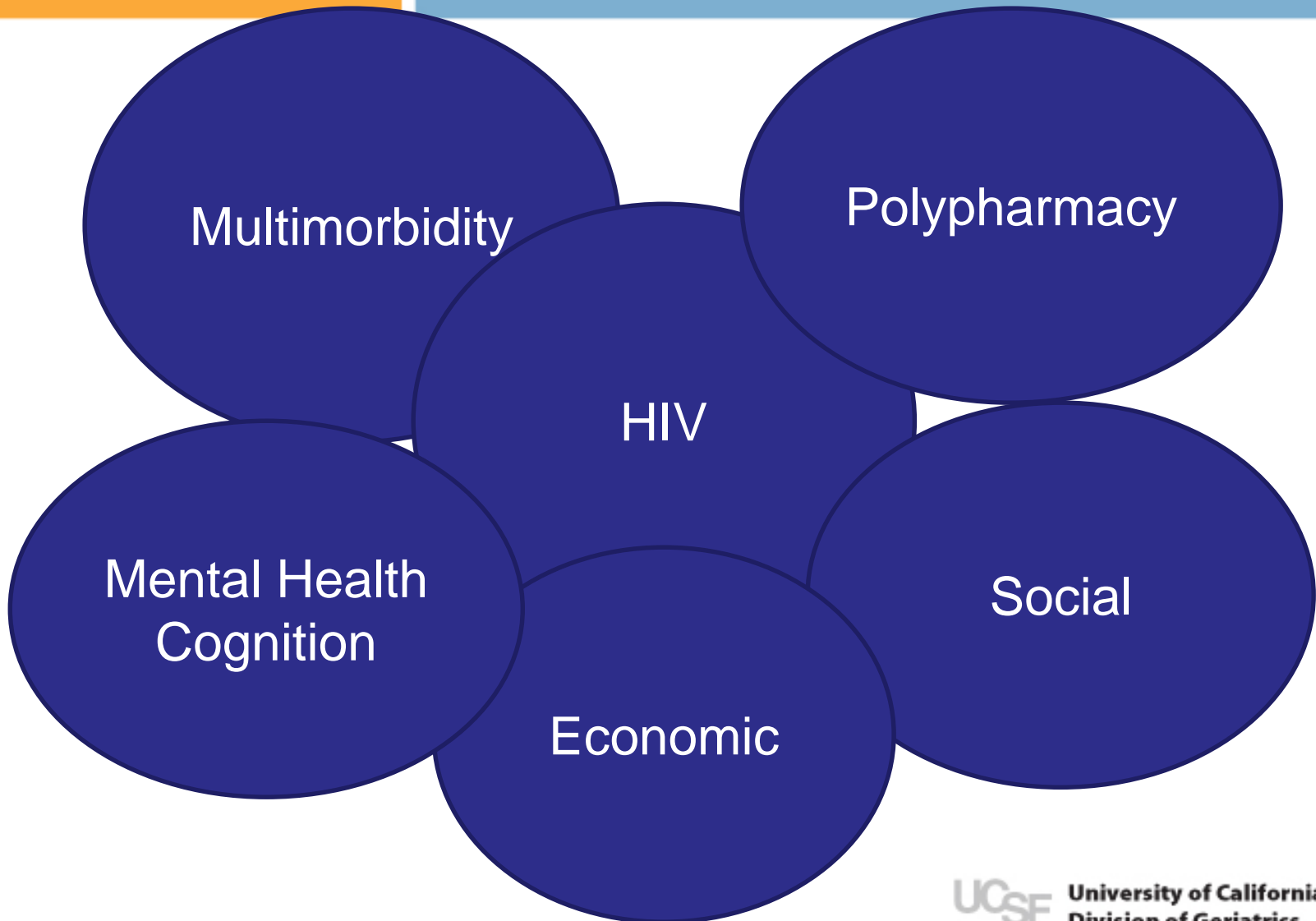
GERIATRIC CONDITIONS COMMON

Geriatric Condition	Percent PLWH (n=359)
≥1 Fall in past year	40%
Need help ≥1 Activity of Daily Living (ADL)	12%
Need help ≥1 Instrumental Activity Daily Living (IADL)	39%
At least Mild Sx Loneliness	58%
Possible Memory Problem	34%
At least mild Depression	55%

CONSIDER PSYCHOSOCIAL CHALLENGES

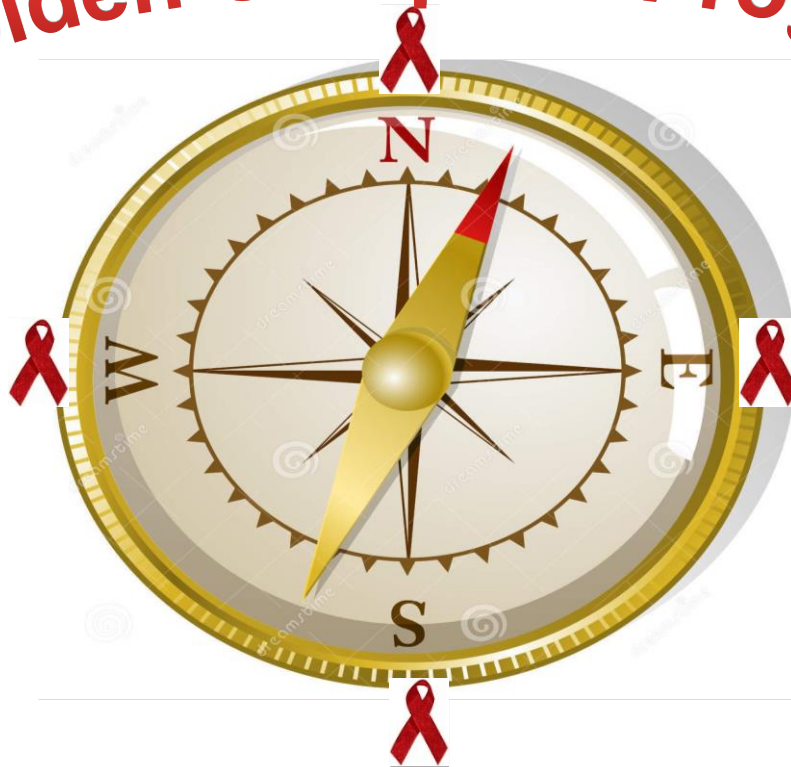
- Depression more common among HIV+ than HIV-
- Stigma from HIV, homophobia, substance use, add ageism
- Loss of social networks, feelings of loneliness

AGING ISSUES



NEW HIV & AGING PROGRAM

Golden Compass Program



Helping People Living with HIV Navigate their
Golden Years

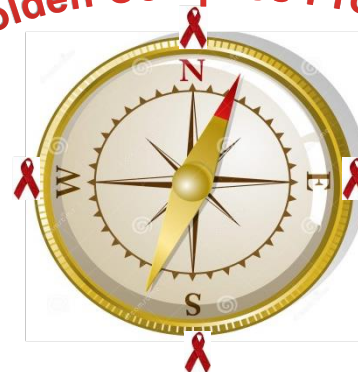
THEMES FOR GOLDEN COMPASS

- Need for support/overcoming isolation
 - Invisibility/Needing to be Heard, stigma
- Self-management/ proactive with own health-especially around other chronic conditions
- Want of holistic services– which includes CAM but also exercise, mental health
- Desire specific space for older adults
- Knowledge of aging issues and HIV by providers

GOLDEN COMPASS “POINTS”

- North: Heart and Mind
- East: Bones and Strength
- West: Dental, Hearing, Vision
- South: Network and Navigation

Golden Compass Program



GOLDEN COMPASS PROGRESS

Formal Launch on February 3

- Weekly Geriatrics consultation clinic
- Dedicated cardiologist
- Brain Health classes
- Fitness Classes
- Improved processes vision/hearing/dental
- Monthly support Group
- Coordination HIV & Aging Services

SUMMARY

- Increasing population of older adults with HIV
- Delayed diagnosis is still a problem in the care continuum
- Increased medical challenges and psychosocial issues
- Need to better integrate HIV & Aging services

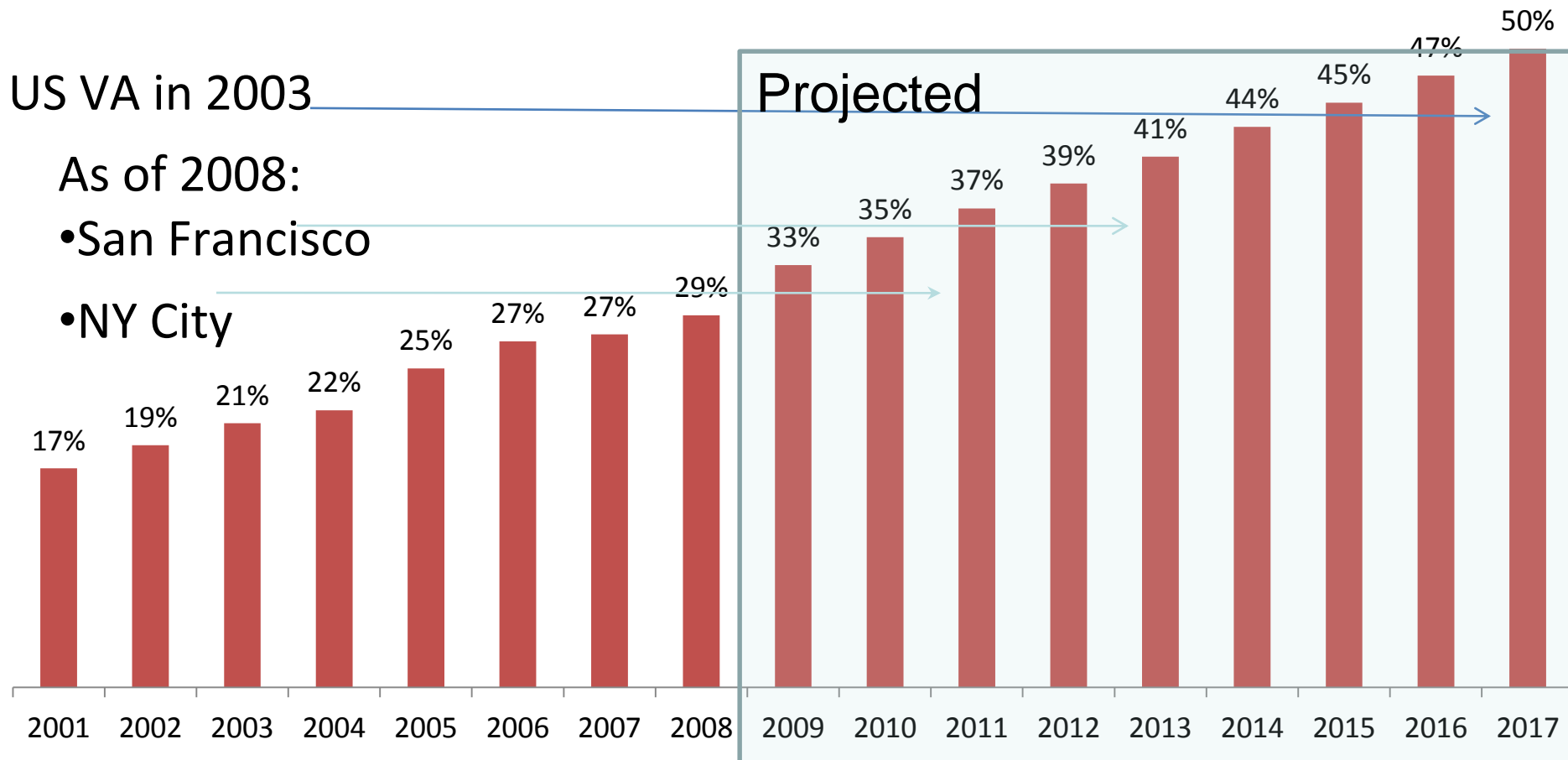
Questions?



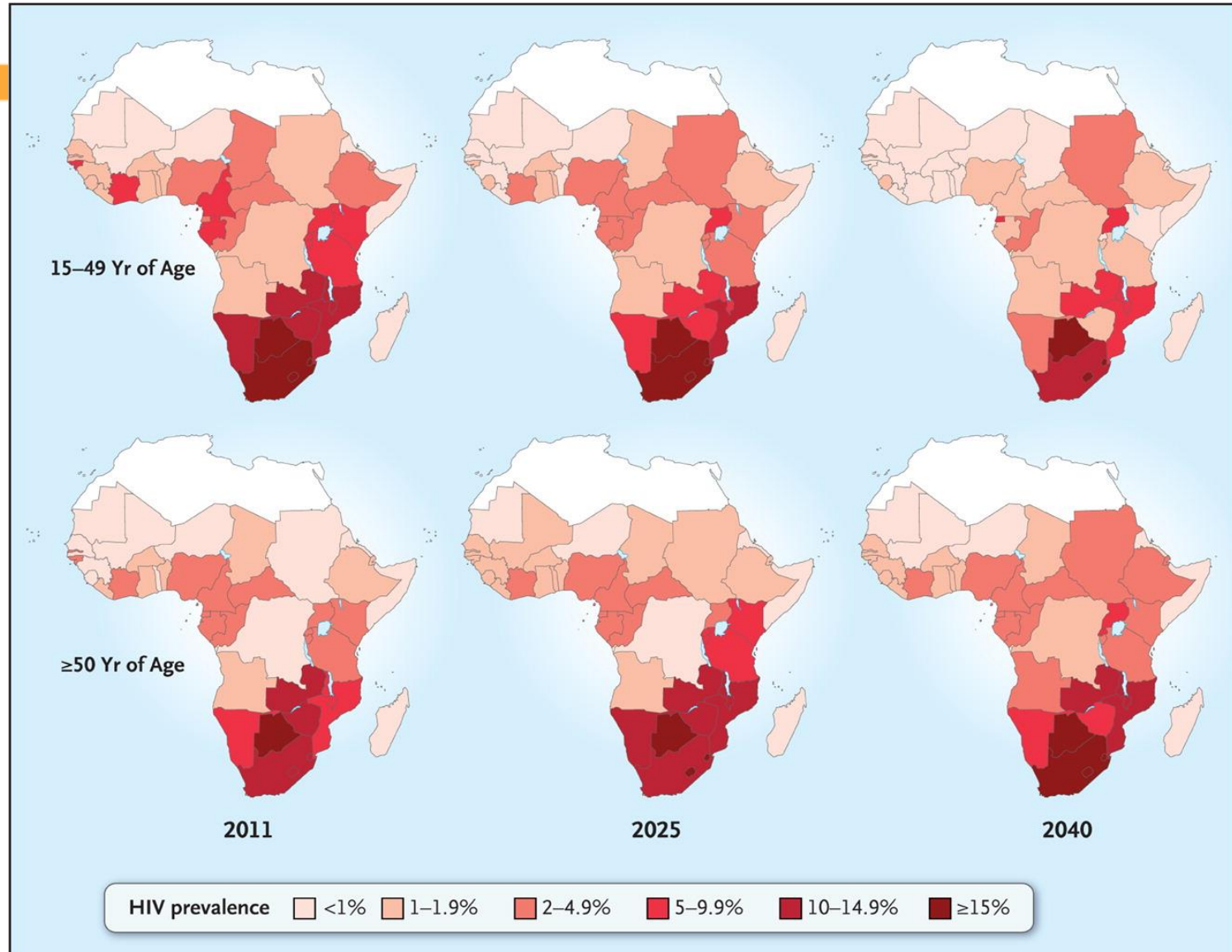
HIV HAS NO AGE LIMIT.

Image:NHAAAD
2013 poster

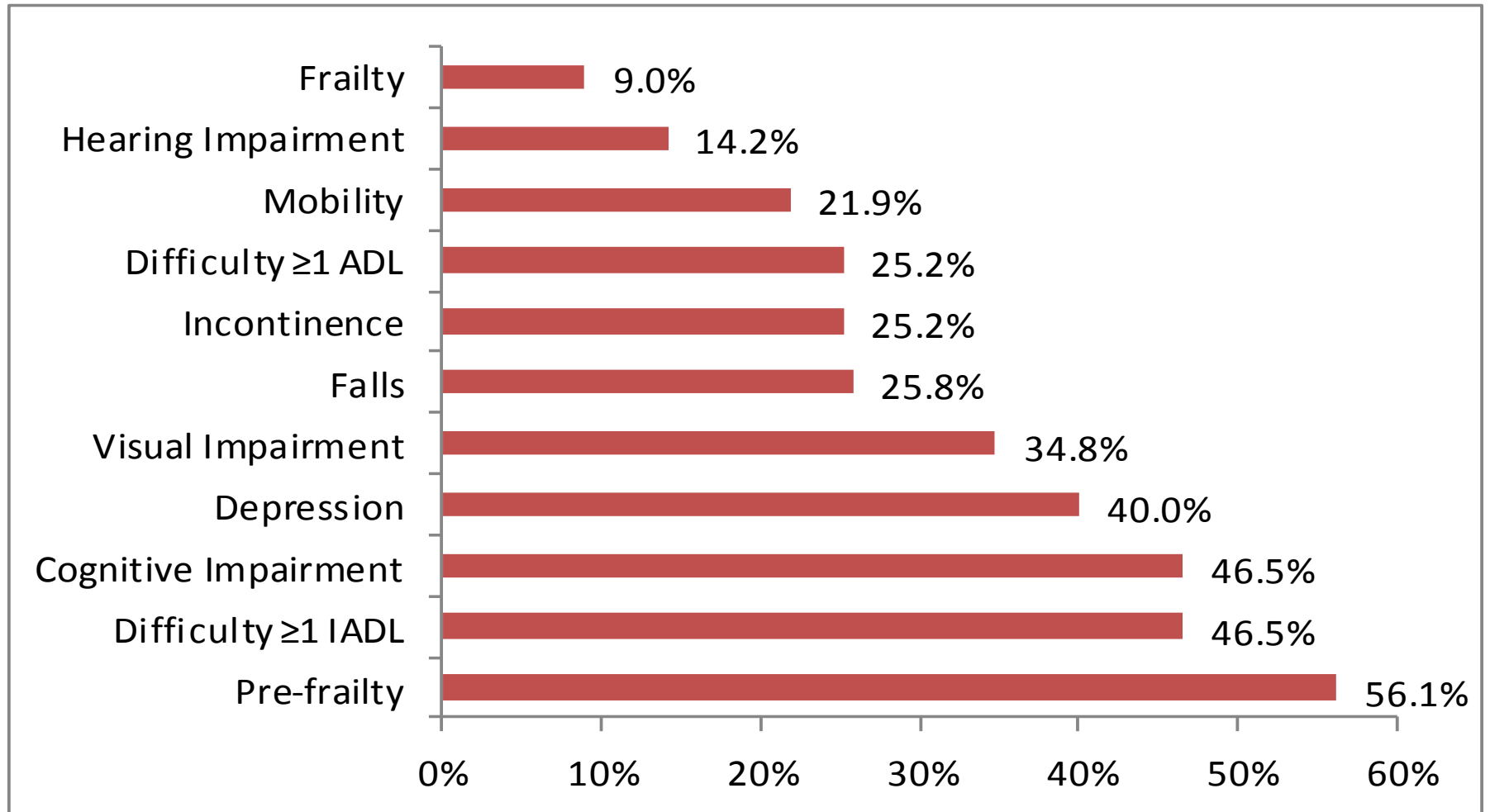
Percentage of Adults Age 50+ Living With HIV United States 2001-2017



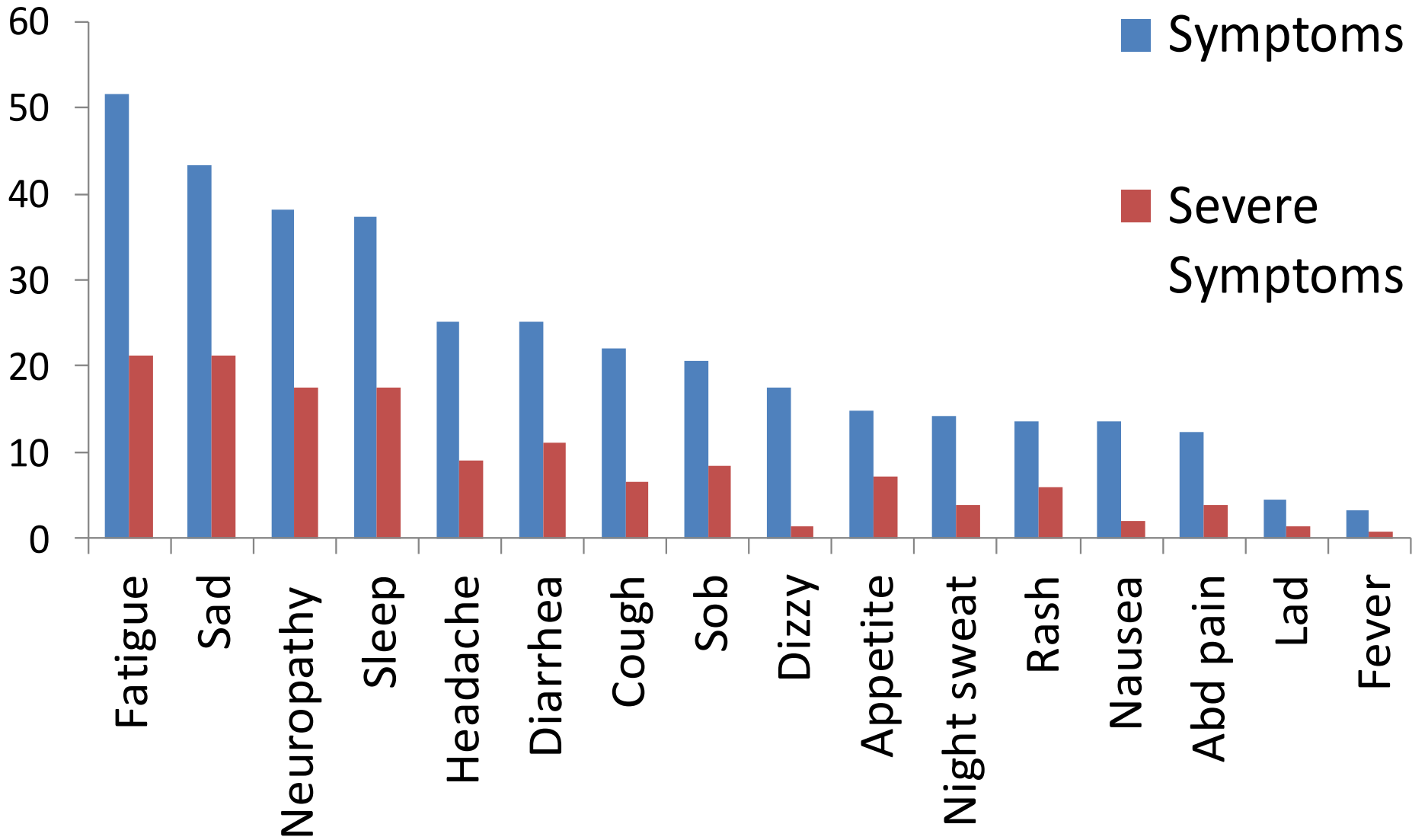
Worldwide Predictions



GERIATRIC SYNDROMES COMMON IN OLDER ADULTS LIVING WITH HIV



Symptom burden: Presence and Severity of Symptoms



People Age Differently



There is more variety among older people than any other age group

Changes with HIV Similar to Changes with Age

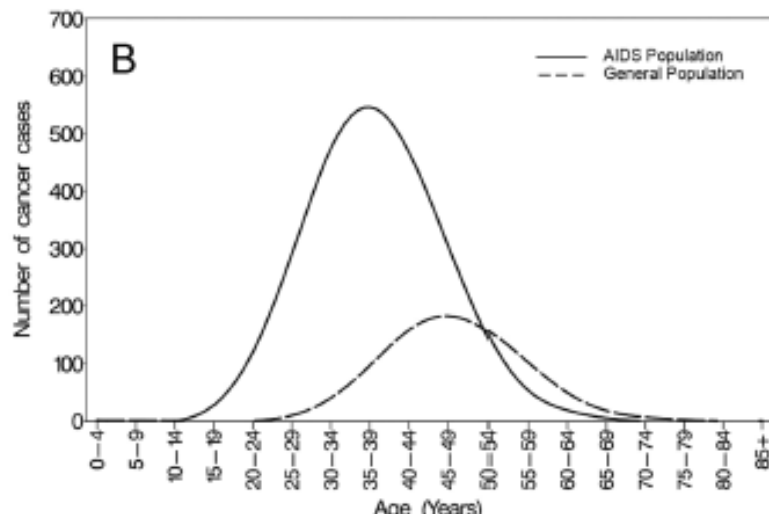
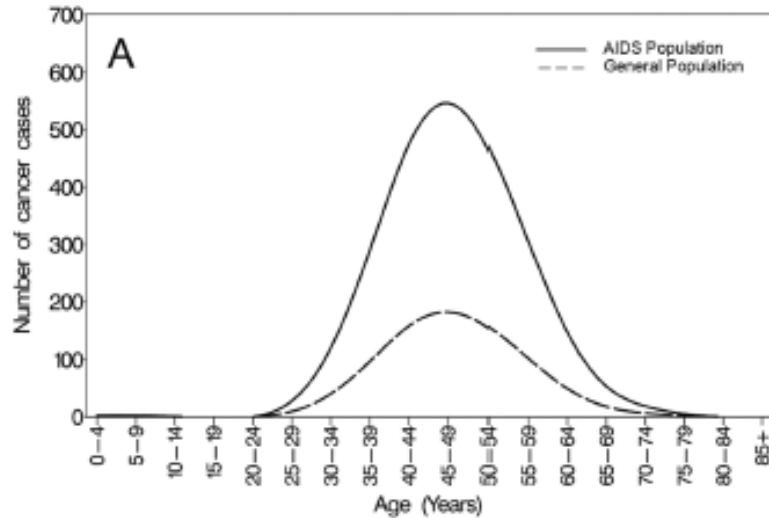
Related to HIV itself or Treatment

- Stiffness in arteries
- Decreased bone density
- Changes with fat and muscle mass
- Changes in immune system
(immunosenescence)

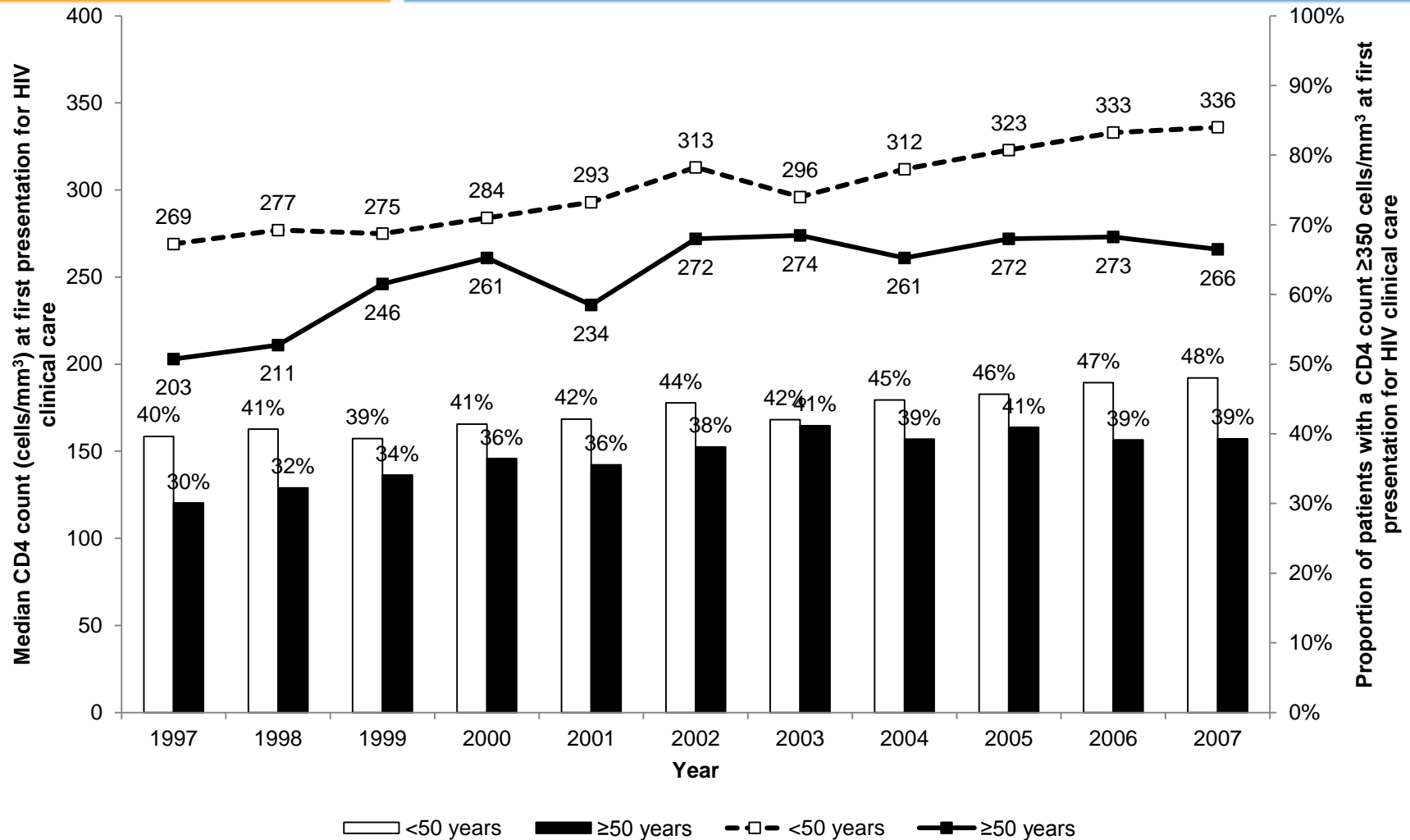
Changes with HIV Similar to Changes with Age

- Changes may relate to theories of aging:
 - “Inflammaging” role of inflammation/aging as inflammatory process
 - Mitochondrial damage theories (HIV meds)
- Not all the same as normal aging process

Accelerated or Accentuated Aging with HIV?



DELAYED PRESENTATION BY AGE (NA ACCORD)



Human Immunodeficiency Virus Infection Newly Diagnosed at Autopsy in New York City, 2008–2012

Chitra Ramaswamy,¹ Tanya M. Ellman,^{3,4} Julie Myers,^{1,3} Ann Madsen,² Kent Sepkowitz,⁵ and Colin Shepard¹

¹Bureau of HIV/AIDS Prevention and Control, ²Office of Vital Statistics, New York City Department of Health and Mental Hygiene, Long Island City,

³Division of Infectious Diseases, Department of Medicine, Columbia University, College of Physicians and Surgeons, ⁴ICAP, Columbia University, Mailman School of Public Health, and ⁵Department of Medicine, Memorial Sloan-Kettering Cancer Center, New York

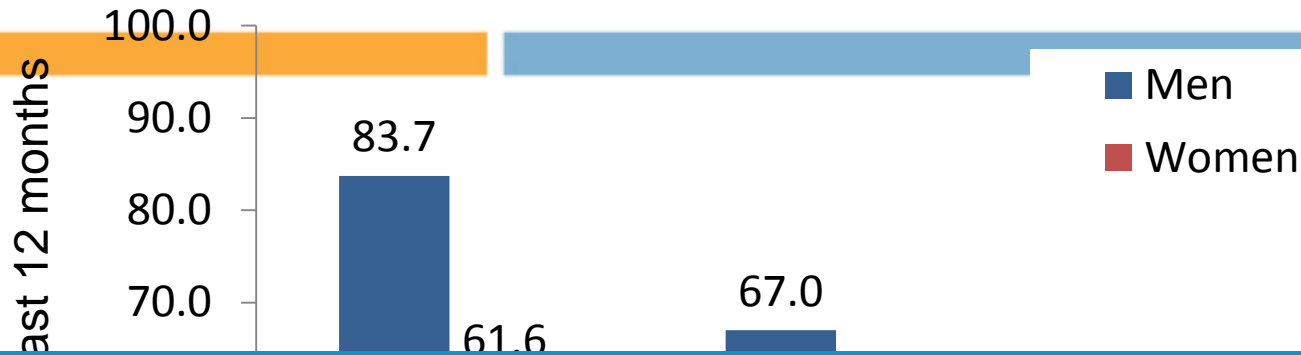
Background. Studying the most extreme example of late diagnosis, new HIV diagnoses after death, may be instructive to HIV testing efforts. Using the results of routine HIV testing of autopsies performed by the Office of Chief Medical Examiner (OCME), we identified new HIV diagnoses after death in New York City (NYC) from 2008 to 2012.

Methods. Population-based registries for HIV and deaths were linked to identify decedents not known to be HIV-infected before death. Multivariable logistic regression models were constructed to determine correlates of a new HIV diagnosis after death among all persons newly diagnosed with HIV and among all HIV-infected decedents receiving an OCME autopsy.

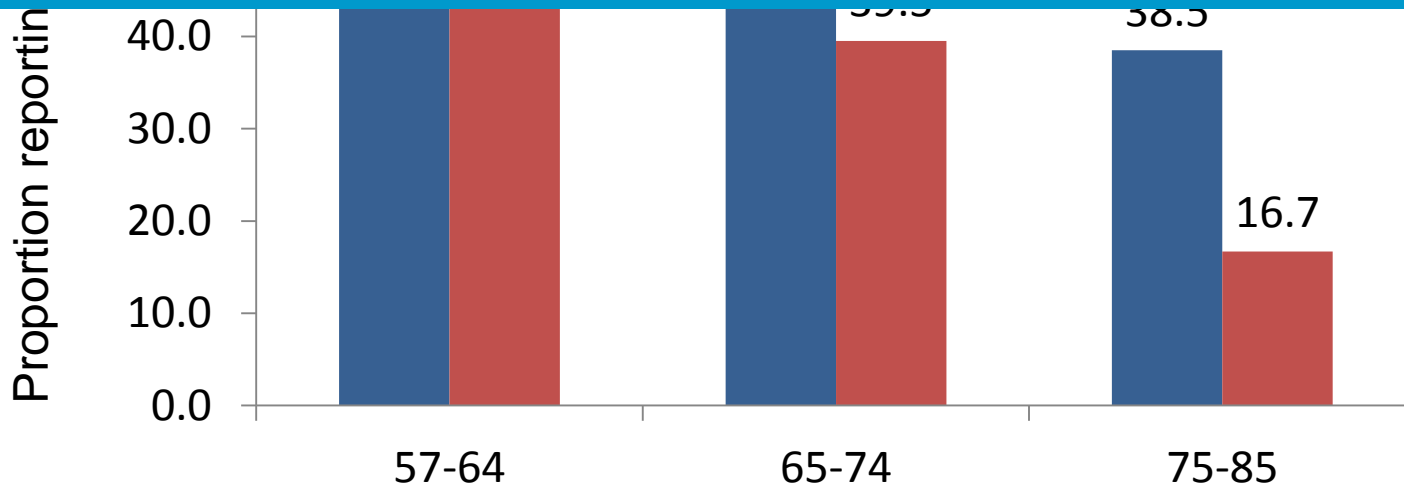
Results. Of 264 893 deaths, 24 426 (9.2%) were autopsied by the NYC OCME. Of these, 1623 (6.6%) were infected with HIV, including 142 (8.8%) with a new HIV diagnosis at autopsy. This represents 0.8% (142 of 18 542) of all new HIV diagnoses during the 5-year period. Decedents newly diagnosed with HIV at OCME autopsy were predominantly male (73.9%), aged 13–64 years (85.9%), non-white (85.2%), unmarried (81.7%), less than college educated (83.8%), and residents of an impoverished neighborhood (62.0%). **Of all HIV-infected OCME decedents aged ≥ 65 years ($n = 71$), 22.0% were diagnosed at autopsy. The strongest independent correlate of new HIV diagnosis at autopsy in both multivariable models was age ≥ 65 years.**

Conclusions. Human immunodeficiency virus diagnoses first made after death are rare, but, when observed, these diagnoses are more commonly found among persons ≥ 65 years, suggesting that despite highly visible efforts to promote HIV testing community-wide, timely diagnosis among older adults living in impoverished, high-prevalence neighborhoods may require additional strategies.

PROVIDERS: SEX IS NOT ONLY FOR THE YOUNG



Only 38% of men and 22% of women discussed sex with provider



OLDER ADULTS ENGAGE IN RISKY BEHAVIORS BUT OFTEN UNDERESTIMATE THEIR RISK

- Older adults less likely to use condoms than younger adults- even with multiple sex partners
 - Among older adults in high risk sex, 65% did not believe were at risk for any STI
- 70% sexually active unmarried women reported no change in behavior due to risk HIV/AIDS
- 15% of HIV infections in 50 and older from IDU, still may engage in risky behaviors including sex for drugs
 - In a study of late initiates in CA 56% sample over age 50

ONCE DIAGNOSED HOW DO WE DO? LINKAGE & RETENTION IN CARE FOR OLDER ADULTS

Better!

- Older adults more likely to be retained in care demonstrated in multiple settings:

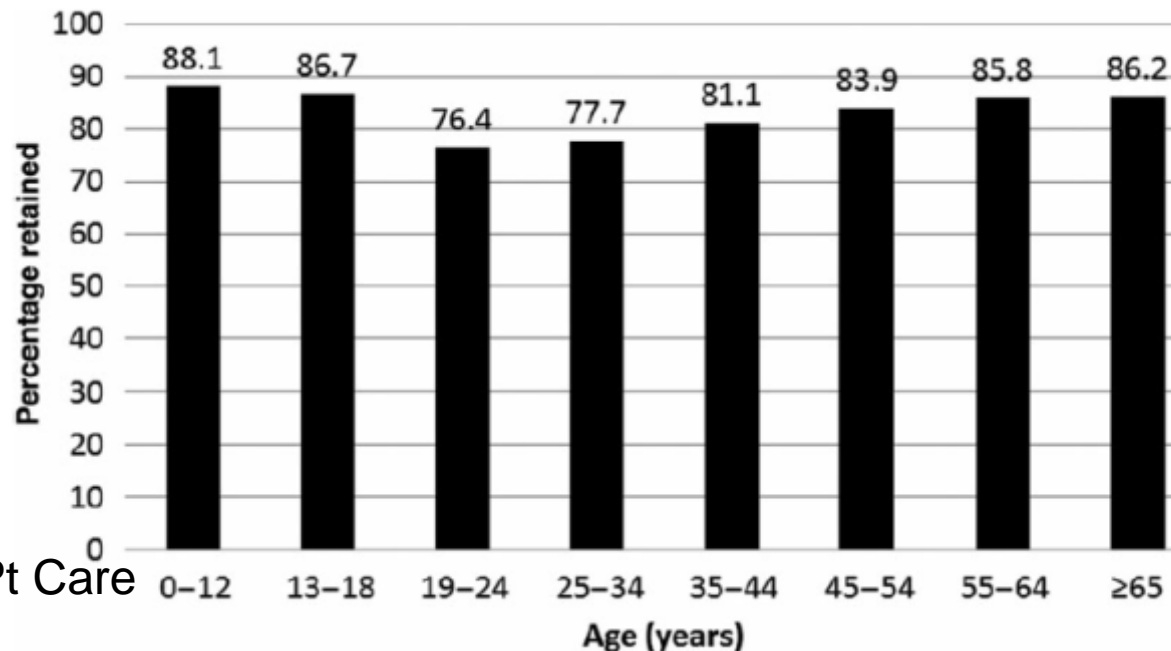
- Kaiser

Permanente

- NYC

- Ryan White

Clinics:





NORTH



Heart and Mind

- Specialty medical care at Ward 86 for conditions that may differentially affect older patients with HIV.
- Introduction of a bimonthly Cardiology Clinic and a designated weekly Psychiatry and Memory Clinic.



EAST

Bones and Strength

- Directed by an HIV-trained Geriatrics specialist (Dr. Meredith Greene). Focus on
 - Issues of frailty in older HIV-infected patients and how to increase safety and strength
 - Reduced bone density mass in older patients and how to strengthen bones through exercise and medications
 - Management of neuropathic or other pain syndromes in older patients; and provision of regular fitness activities (such as Yoga, taichi)



WEST

Dental, Hearing and Vision

- We will facilitate these important services for our patients including
 - Regular Optometry clinic on site for vision checks, eye health checks and glasses
 - Facilitation of linkage to Audiology and Dental services



SOUTH



Network and Navigation

- Social networking for our patients, with food and activities provided on a monthly basis
- We will hold regular peer support groups, with a social work associate where peers and the associate will help navigate members to resources throughout the city (in fitness, eye health, pain management, orthopedics, etc.).

MEET MR. H

74 y/o diagnosed with HIV 1984

“When you got HIV in those days it was a death sentence. That was what was expected—you would die. To live even 5 years was a surprise to me...”

MR. H'S MEDICAL HISTORY

- CD4 count 440, viral load undetectable
 - Has been on ARVs since 1988 (AZT)
 - Current: FPV/r, TDF/FTC
- Htn, CKD, osteoporosis, depression, hx anal SCC
- 9 meds w/ ART: testosterone, bupropion, cholesterol meds, prn lorazepam
- Quit his job when diagnosed with HIV; reports isolation from loss of friends