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

Julie Gumowski, RN, BSN
Margaret Caplan, M.D.
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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 older
  - 15% of new HIV/AIDS diagnosis occurs in persons age 50 and older.
  - Speculation by 2015: 50% of HIV/AIDS patients may be age 50 years and older.
  - Important public health concern among older adults.
  - Racial/ethnic disparities.

1. 2012 DHHS Guidelines
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

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

- Patients >50
- All Patients

<table>
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<th>Clinic Years</th>
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<td>2015-2020</td>
<td>2600</td>
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<tr>
<td>2020-2025</td>
<td>3000</td>
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**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

![Pie chart](chart.png)

**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

**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

¹Balestre et al. AIDS 2012.
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 complicate by polypharmacy

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
- Select Resources
  - Other websites:TheBody.com, hivoverfifty.org/, www.nyahof.org

**“Do not regret growing older. It is a privilege denied to many.”**

Author Unknown

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- “There’s No Other Hospital Like It”
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