

## Older Americans and HIV

Individuals aged 50 and older account for over 11% (81,000) of AIDS cases in the United States. According to the Centers for Disease Control and Prevention (CDC) AIDS cases among individuals over the age of 50 have increased 22% since 1991. The CDC also estimates that 14% of all individuals living with HIV infection are over the age of 50. Notably, in the state of Florida, 25% of all HIV cases occur in older heterosexuals. Surveys reveal that the older American population does not view itself at risk for HIV transmission and is also less likely to take precautions to protect against HIV infection. Older Americans encounter two stigmas related to HIV/AIDS: First, they face AIDS-related stigma as people are reluctant to discuss HIV/AIDS, disclose their status and consequently inform others that they are living with HIV/AIDS. Secondly, older individuals face ageism in general. They may be misdiagnosed by medical professionals and have limited access to HIV tests, information and age appropriate messages. Between limited HIV prevention programs for people over 50 and the stigma surrounding the virus, older people are increasingly susceptible to HIV/AIDS.

The predominant mode of HIV transmission among older Americans is through men who have sex with men; however, a significant number of older Americans are exposed to the virus through heterosexual contact as well as injection drug use. While some people living with HIV/AIDS over 50

were previously living with HIV and have aged into this population group, the majority of HIV and AIDS infections among older Americans are new infections.

### Medical Attention

Since older individuals often face a host of health issues, medical providers may not distinguish HIV-related illnesses from other age-related symptoms. For example, some doctors mistakenly assume that night sweats and depression are only symptoms of menopause rather than HIV/AIDS. Other physicians have diagnosed AIDS-related dementia or neuropathy incorrectly as early onset Alzheimer's disease. Ultimately, HIV/AIDS misdiagnosis occurs much more frequently among older Americans.

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Doctors and other medical personnel may underestimate the HIV-related consequences of risky behavior for older Americans. Physicians may wrongfully assume that older individuals are not sexually active or involved in injecting drug use. Studies indicate that 40% of primary care physicians do not assess HIV risk in persons over 50. Yet the University of Chicago conducted a survey on the sexual behaviors of older individuals and found that 60% of men and 37% of women reported engaging in sexual intercourse a few times per month.

## Prevention

Many people assume that older people are immune to HIV/AIDS—including older Americans themselves. To combat the spread of HIV/AIDS among this population, the National Institute on Aging recommends that doctors and other health care professionals provide patients over 50 with information on HIV transmission and at risk behavior. In addition, medical providers should review a patient's sexual and substance use history. Subsequently, they should encourage voluntary HIV testing and provide risk reduction counseling, particularly since older individuals may mistake HIV symptoms for symptoms associated with aging. According to recent studies, sexually active heterosexual adults over 50 are one-sixth as likely to use condoms and one-fifth as likely to get tested as younger, sexually active age groups. The lack of HIV testing among older Americans often results in an HIV diagnosis much later, at a point when the illness may have significantly progressed and treatment may be less helpful.

Sexual encounters between older individuals also increase the potential of HIV infection among this population. Many women over 50 are less concerned with using barrier protections (condoms) because they are unlikely to get pregnant. Older women's thinning vaginal walls also increases their susceptibility to HIV and other STDs. This is compounded by the surge in Viagra use among older men, who often receive the drug without receiving HIV prevention messages. Over the past two years, there have been over 17 million Viagra prescriptions. This dramatically increases the likelihood of sexual activity and subsequent HIV transmission.

## Women and Communities of Color

Like other populations affected by the HIV/AIDS epidemic in the United States, the virus disproportionately affects women and people of

color who are over 50. Women tend to be more vulnerable than their male counterparts. Through 1999, 9.5% of all women diagnosed with AIDS were over the age of 50. Two-thirds of those women living with HIV were infected through heterosexual activity and the use of shared drug paraphernalia infected the remaining one-third. In general, older women are less likely to use family planning clinics and drug treatment programs that often identify individuals infected with HIV/AIDS through testing. Infrequent testing among older women makes it more difficult to identify those living with HIV/AIDS and provide these women with appropriate treatment.

Individuals over 50 from communities of color are also disproportionately affected by HIV/AIDS. More than half (52%) of older Americans living with HIV/AIDS are either African-American or from Hispanic/Latino descent. Among HIV/AIDS cases in men over the age of 50, 49% are among men of color. Seventy percent (70%) of women over the age of fifty living with HIV/AIDS are women of color. These numbers highlight the need for HIV prevention education messages that reach people of color over the age of 50.

## Conclusion

Like all Americans, individuals over the age of 50 who are sexually active are at risk of HIV infection. Among the many challenges that affect this population, HIV/AIDS awareness is the most urgent. Older Americans need to hear the message that HIV can affect them. These messages should include prevention, care, and outreach. Additionally, medical providers (including doctors, pharmacists, and nurses), counselors, therapists, and advocates need on-going education to improve the misconceptions about HIV and its prevalence in this population. In absence of a cure, HIV prevention and appropriate medical care are the only viable solution to limit new infections in older Americans.

