



A New Population at Risk for HIV: The Aging Population of Riverside County

Key Findings

- Over twenty percent of those with HIV or AIDS in Riverside County are 50 years or older at time of diagnosis.
- Older adults may go undiagnosed and untreated for HIV due to misperceptions of risk by individuals or their providers.

Introduction

Diagnosis of HIV or AIDS at older ages presents new challenges for HIV medical care and service providers. Older persons are less knowledgeable about HIV/AIDS and condom use. They are less likely to consider themselves at risk for infection or get tested for HIV.

Individuals living longer while being treated for HIV infection may begin to develop chronic health conditions related to aging at an accelerated pace. These issues present new challenges to prevention and treatment strategies formerly focused solely on younger age groups.

Percentage of the At-Risk Population

According to the Centers for Disease Control and Prevention (CDC), 15% of newly diagnosed HIV/AIDS cases in the United States during 2005 were among adults 50 years or older. Older racial/ethnic minorities are considered a disproportionately affected at-risk population, with HIV infections rates significantly higher among older Blacks and Hispanics compared to white older Americans.¹ Unlike national trends, in Riverside County, over 20 percent of those newly diagnosed with HIV or AIDS are 50 years or older and 82% of the newly diagnosed cases among those 50 or older are white. Further, over one third of prevalent HIV/AIDS cases in Riverside County are in this age group. More than 25% of the one million HIV-positive adults in the U.S. are 50 or older, with this age group anticipated to account for more than half of all prevalent cases by 2015.

Risk Factors²

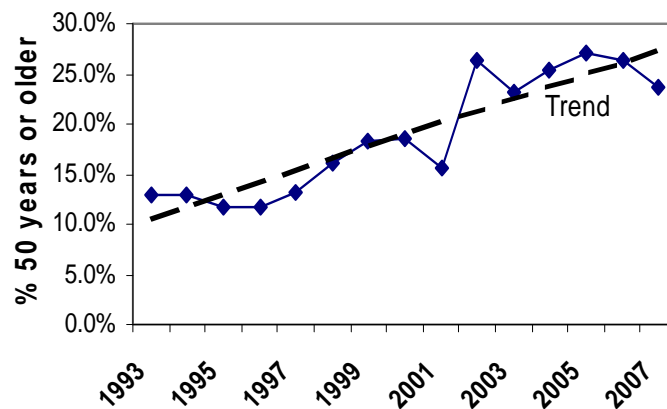
- Increased sexual activity related to divorce or death of a spouse and widespread availability of erectile dysfunction treatments
- Lack of knowledge about HIV/AIDS
- Fear of discussing safe sex options
- Drug use and lack of understanding transmission risks
- Lack of perceived risk among health professionals or misdiagnosis
- Stigma may be more severe among peers

Any sexually active person is at risk of HIV, regardless of age. With many older persons becoming more sexually active, a new at-risk population without adequate knowledge of their risks is emerging. Older adults are more likely to have misconceptions about HIV transmission risks including injection drug use. Those at older ages may be more susceptible to infection due to lowered immune systems and physiological issues, such as the thinning of vaginal walls and decreased lubrication in menopausal women. Older women may also be at risk for HIV infection due to the non-use of condoms related to the absence of pregnancy risk. They are less likely to get tested for HIV and their providers are less likely to consider them at risk of infection. Finally, there may be more perceived stigmatization among older adults should one become infected that may make them less likely to seek testing and treatment.

Complications of living with HIV at older ages

Treating HIV/AIDS at any age is complex and it can be more difficult for those contracting the virus in their later years. Although research on aging with HIV is limited, preliminary findings indicate increased risk of memory problems, depression, liver, bone and kidney disease among those 50 years or older.³ This may be a reason that HIV is not suspected in older populations who are not traditionally perceived to be at risk of infection. Older adults already under treatment for chronic conditions such as diabetes or high blood pressure increases the risk of drug interactions with their HIV therapies.

Proportion of AIDS cases Age 50+ at Time of Diagnosis, Riverside County



Source: State of California HARS reporting system.

Future Directions: Addressing needs

As the population ages in Riverside County, targeted prevention and testing programs are needed for those 50 years and older. Assessment of risk factors particular to those in Riverside County will likely indicate where programs would have the most impact. Further investigation into whether there are populations that are missed by testing (specifically minorities and women) is needed. Finally, since older Americans account for over one third of the annual AIDS deaths across the nation, it is imperative that to test and treat these populations.² In a future brief, the HIV positive population who are reaching their 50's and 60's will be profiled and the complicated interaction between aging and HIV treatment will be explored.

From the desk of Carolyn Lieber— Public Health Program Director, HIV/AIDS

As highlighted in this Brief, rates of HIV infection are increasing in adults 50 and older. Although this development represents unique challenges in the treatment and management of HIV disease for this population, it more urgently underscores the need for the medical community to adopt the Center for Disease Control and Prevention's recommendations for universal HIV testing of all adolescent and adult populations. Without universal testing, we will continually be surprised in learning of a new population impacted by HIV that was previously thought to be at low risk. HIV is an insidious disease that relies on stigma and denial to maximize its transmission in populations through delayed identification and treatment. Universal testing for HIV can significantly impact the spread of the disease by bringing a greater number of infected individuals into treatment and providing more robust data for the development of targeted education and prevention programs.

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Reference:

¹ Linley L et al. *HIV/AIDS Diagnoses among persons fifty years and older in 33 states, 2001-2005*, National HIV Prevention Conference; Atlanta, 2007.

² Centers for Disease Control and Prevention. *HIV/AIDS among Persons Aged 50 and Older*, Atlanta: CDC, 2008.

³ Karpiak, S.E., *Research on Older Adults with HIV*, New York: AIDS Community Research Initiative of America, 2006.



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