



HIV & AGING

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January 31, 2019

SF HIV FOG



Question- raise your “paddle”:

How many people in the room
currently work with PLWH who are
50 years of age or older?

Question- raise your “paddle”:

**How many people in the room work
with aging populations who are HIV
negative?**

Question- raise your “paddle”:

Are there any differences between PLWH who are aging, and aging clients who are HIV negative?



Learning Objectives:

1. Describe the HIV+ Aging population.

2. Identify aspects of normal aging.

3. Describe 5 key medical considerations for HIV+ adults over 50 year of age.



4. Discuss Stigma and special considerations for aging populations.

5. Explain how to connect a patient to Aging services at Ward 86/Golden Compass Program.

PLWH and Aging Population- USA

47%

HIV+ over 50

1 in 6

New Dx >50+

42%

New Dx- Black/African American, >50

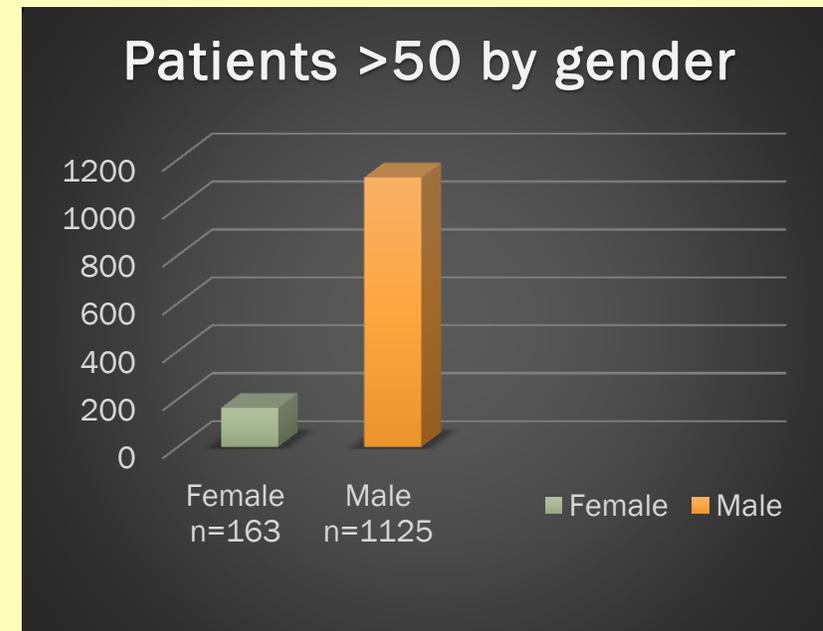
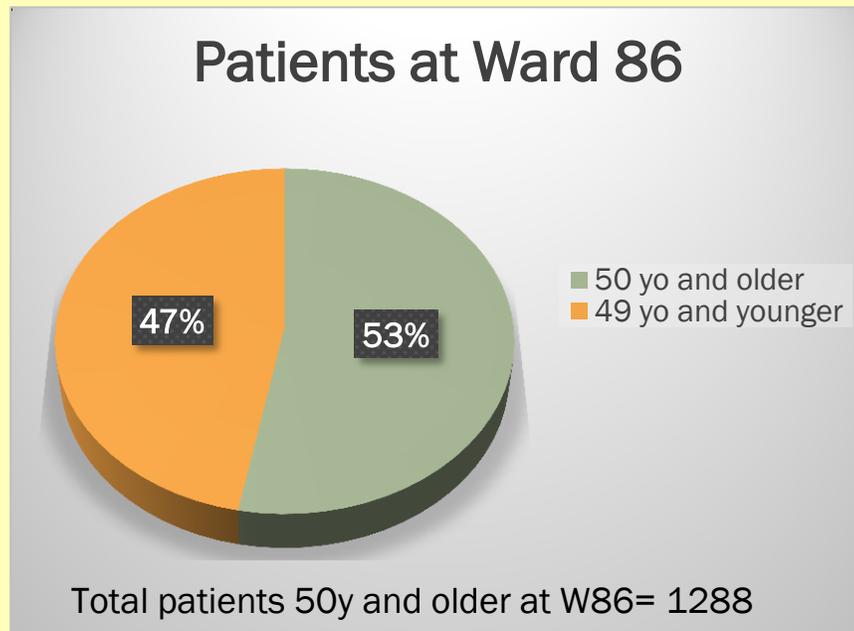
49%

New Dx- Gay/Bisexual men >50

25%

New Dx- female, >50

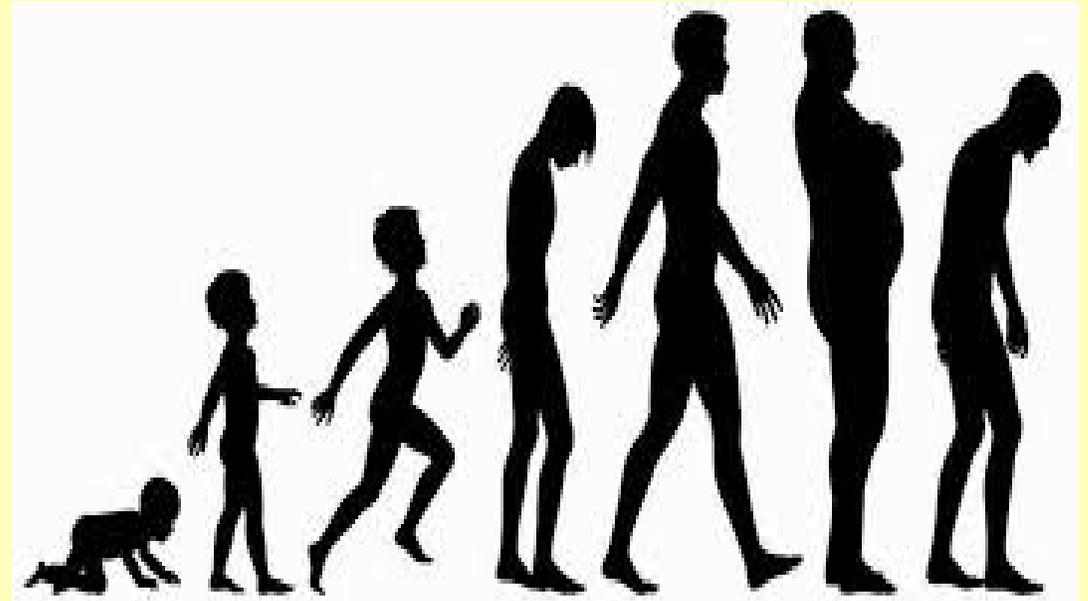
PLWH and Aging Population @ Ward 86



- Average age at initial Aging Clinic visit at Ward 86: **64** (range: 40-81).

Common Age-related Presentations:

- Multiple chronic conditions.
- Changes in physical or cognitive abilities.
- Increased stressors-increased vulnerability.
- Polypharmacy (5 or more medications).



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TOP 5 MEDICAL CONSIDERATIONS

HIV & AGING

#5- The Big Picture: Aging Earlier

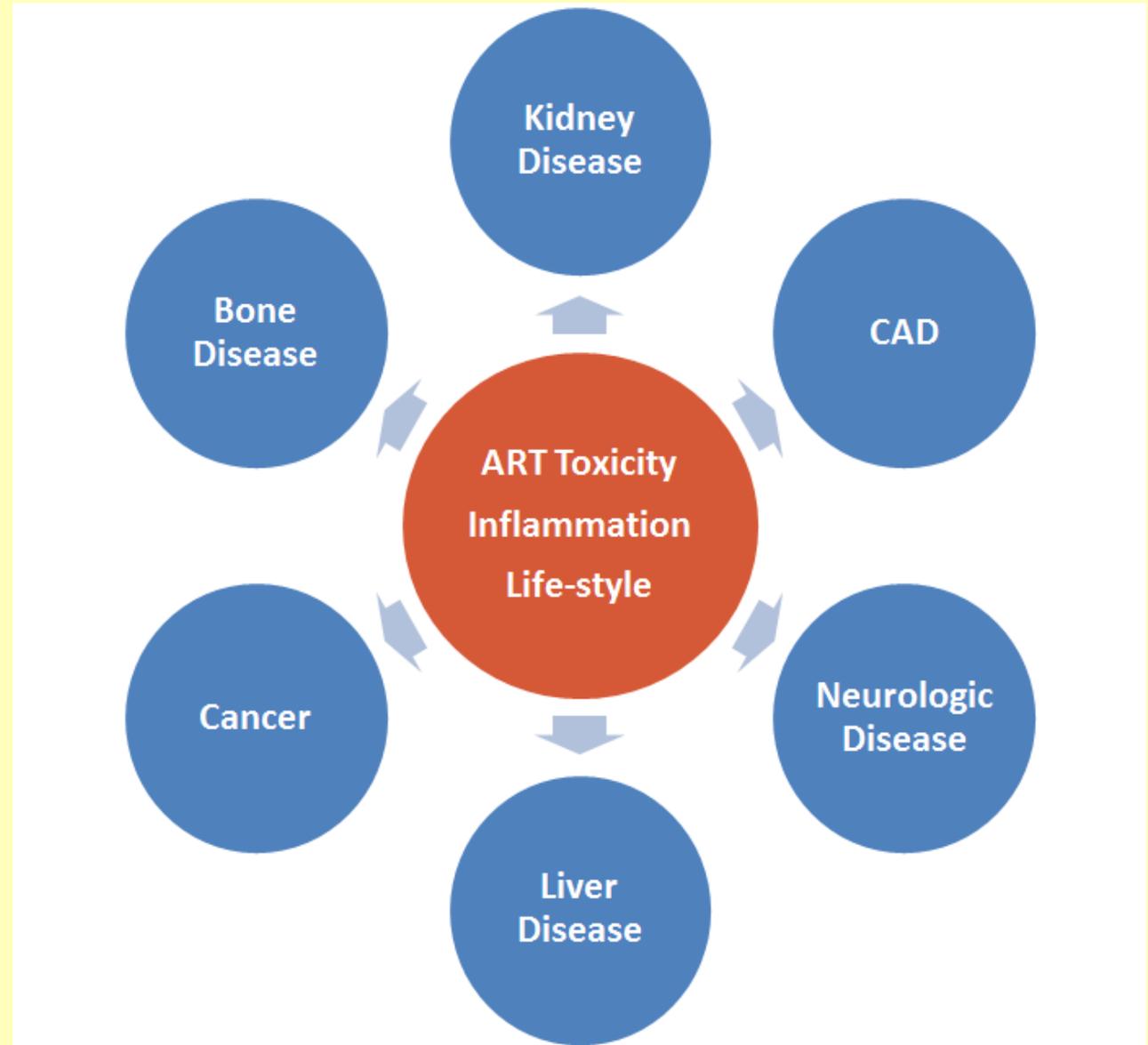
- Earlier than average onset of age-related chronic disease and frailty.
- Similar to those seen in very old but otherwise healthy people.
- Like old age- HIV is associated with chronic low level inflammation.



#4 – HIV Associated Non-AIDS conditions (HANA)

Comorbidities and geriatric conditions occur at younger ages in HIV+ population.

50 years and older vs 65 years and older for general population.



#3- Medications

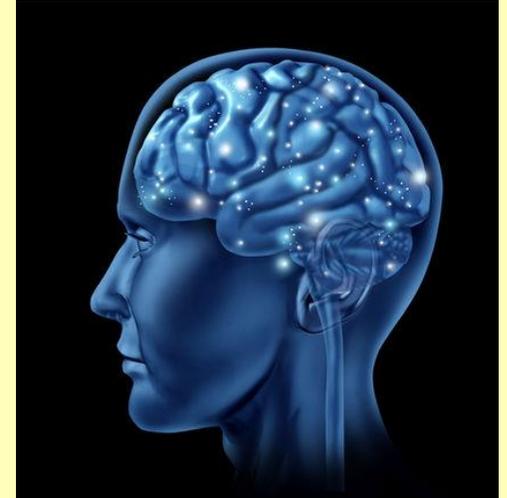


- Everyone should be on therapy/ART at any age.
- Although older folks can be diagnosed later, treatment adherence and viral suppression is better than those under 50, except in setting of cognitive impairment.
- CD4 response to ART may be blunted in older population, especially if delayed dx.
- No age specific first line regimen.
- Pill burden- HIV burden decreased but offset but non-ART pills.
- REMEMBER- Older adults can have increased sensitivities at standard doses, and increased sedation (ie: benzodiazepines).

(Greene, 2018)

#2- Cognitive Changes- HAND

- AIDS-related dementia now rare.
- HAND (HIV- Associated Neurocognitive Disease) is common.
- Usually not debilitating, but negative impacts on quality of life.
- Increased risk of HAND in long term survivors.
- WHAT is HAND?
 - *Deficits in executive functioning, attention, language, information processing, motor skills, memory.*
 - *Not always evident on assessment (ie: MOCA).*



#1- Mental Health and Stigma

- Depression more common in HIV+ than HIV- adults.
- Cognitive changes can be low-level but frustrating.
- Ageism +
 - *homophobia*
 - *Racism*
 - *sexism*
 - *substance use*
 - *loss of social networks*
 - *isolation*
- Stigma



Stigma

-negative attitudes and assumptions may negatively impact:

- quality of life
- self image
- behaviors
- tx adherence
- disclosure



Stigma & Intersectionality: Aging and HIV

- Identity Stigmas increase isolation: Ageism and HIV
- Aging and feeling “slower”: patients need more time to process their creativity and self directed solutions.

INTERVENTIONS TO ADDRESS STIGMA @ WARD 86:

- Classes that aim to create psychic well being: “Brain Health”, “Telling your Story”
- Community by volunteering: patient advisory committee
- Honoring patient experiences, creating space for patient to express themselves.

How is Ward 86's Aging Clinic (The Golden Compass Program) Addressing these concerns?

Medical Support

- Initial consultation and follow up with Geriatrician.
- Targeted assessment with Nursing.
- Medical evaluation with Pharmacist.
- Cardiology Clinic
- Targeted Referrals to DEXA scans, Vision, Hearing, Dental,



Social Support

- Cognitive assessments and referrals to neurocognitive testing.
- Case management referrals.
- Exercise classes.
- Social and support groups.

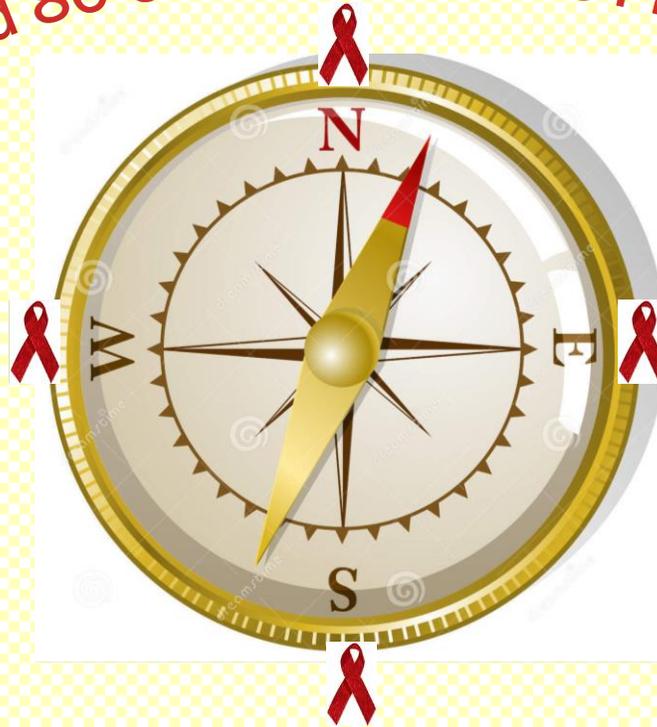
Golden Compass Classes



- Who? Anyone in SF who is HIV+ and 50 years or over.
- Patients and/or community health workers can call 415-206-2473 to RSVP, or get more information.

- **Movement and Exercise:** Wednesdays, 10am, ZSFGH Wellness Center.
- **Women's Group:** 2nd and 4th Tuesdays, SVMH, Female identity only.
- **Brain Health:** Fridays, 10 week class. Starts in February. Ward 86, 4th floor.
- **"Telling Your Story"**- this Friday, Ward 86, 4th floor.

Ward 86 Golden Compass Program



Helping People Living with HIV Navigate their Golden Years

Golden Compass Clinic: Friday afternoons, Ward 86. Specialty (aging) visit with Dr. Meredith Greene for patients age 50+.

Call 415-206-2400 to make an appointment (Ward 86 front desk) or talk to your doctor.

Questions? Call 415-206-2473

QUESTIONS?

- Mary Shiels- Mary.shiels@ucsf.edu
- Helen Lin- Helen.Lin@ucsf.edu
- Golden Compass Information: 415-206-2473

Thank you!