

Older Adults and HIV/AIDS

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With the advancement and the usage of effective antiretroviral therapy (ARV), this has permitted the majority of ill individuals to live to old age. Further, there is emerging evidence that shows that a large percentage of HIV infections occur in the elderly as the majority of these people are less likely to exercise safe sex. Further, later life variations in their body, such as fluctuations in the reproductive system and the immune system, enhance their vulnerability to HIV acquisition. However, despite increased longevity arising from the use of ARV's, there is a massive difference in the life expectancy of HIV-positive and HIV-negative individuals. The role of this paper will be to examine the older adults with HIV/AIDSs while at the same time discussing the issues faces by this sub-population that include health status and challenges receiving healthcare, housing, and other pertinent issues. The paper will also offer plausible solutions to how nurses can intervene with this sub-population as well as the suggested health care system to assist this sub-population. Indeed living with HIV/AIDSs at an older age is linked with a number of encounters in the array of physical, clinical, and immunological.

Older Adults Population

According to “Healthy People 2020” (2020), as more people in the United States live longer, this has led to a rise in the number of chronic conditions that majorly affects these people. Such prolonged disorders include heart disease, cancer, chronic bronchitis or emphysema, stroke, diabetes mellitus, and Alzheimer’s disease. About 14.5% of the entire US population that translated to 46.3 million people was aged 65 or older in the year 2014, and the number is projected to reach 23.5%, equivalent to 98million by 2060 (“Healthy People 2020”, 2020). With older adults experiencing changes in their immune systems, arising from the chronic conditions, this can lower their quality of life, thereby contributing to a leading cause of death

among the population. Other conditions, such as HIV/AIDS are also affecting the older population, thereby affecting their way of life.

Literature Review

Over the years, HIV/AIDS has shifted to a chronic yet manageable condition because of the advent of antiretroviral in the mid-1990s. According to High et al. (2012), the disease management has allowed most of the infected individuals to live to old age with more infections occurring among children as most members of the cohort are least likely to contract the virus. Further, the later life changes in the immune system and the reproductive tract can enhance susceptibility to HIV acquisition among the older adults. Research by the Centers For Disease Control and Prevention (2010) indicated that by 2010 nearly half of the individuals in the United States (US) and dependent areas with diagnosed HIV were 50 years and above. Such data is supported by independent research conducted by Iqbal (2010), which indicated that the proportion of persons living with HIV aged 50 years and above has changed to more than 17% over the previous decade. In Sub-Saharan Africa, it is estimated that the proportion will become triple by the year 2010 with data indicating that HIV related illness and death is higher among the older patients in comparison to their younger cohorts. With treatment options shifting

between the elderly and the young patients, including eating from ART, and hospital income survey among the older patients, this has led to the progression of HIV/AIDS in this cohort.

According to Mphahlele (2014), since HIV's discovery in the 1980s, it was largely regarded as young people's disease. However, in the past decades, the epidemiology of the sick population is progressively changing with an upsurge in the number of aging patients. The primary explanation for the epidemiological change in the population living with HIV is the advancing of the use of highly active antiretroviral therapy (HAART). However, the mortality and morbidity are mostly attributed to AIDS but other complications arising from cancer, renal disease, liver disease, and other infections affecting older adults. In comparison to the younger adults, HIV/AIDS is usually diagnosed at advanced stages (Mphahlele, 2014). Some of the factors that are linked with late or missed diagnosis among individuals in this population include lack of consciousness of HIV/AIDS sick status in this population, the failure among health care providers to suspect HIV/AIDS in the population, overlooking of HIV symptoms with other symptoms associated with aging, and the lack of regular HIV screening in this population.

Impacts of Aging and HIV on the Immune system

With aging, this has serious implications on the organs responsible for the development of the human immune system, such as the thymus. Coupled with HIV infection that inhibits the progress of thymus and the maturation of T cells, this highlights the impact of aging on the immune system (Glynn, 2004). This partly describes why when an older adult is infected with HIV, its progression is usually more pronounced. HIV infection and the continuous use of antiretroviral drugs have also been linked with fat and metabolic variations, which has been shown to lead to an increased risk of cardiovascular diseases (CVDs) (Glynn, 2004). Aging has also been shown to a physiological decline in renal and liver function. Therefore, it is common to find older adults with HIV experiencing renal and hepatic insufficiencies. The older adults are also at risk of other conditions such as diabetes, hypertension, and hepatitis C, thereby compounding the effects of renal insufficiency in this cohort. Even with HAART's continued use, the liver disease still leads to high morbidity and mortality among HIV/AIDS with liver-related morbidity and mortality accounting for more than four times among HIV-infected people than the younger ones (Glynn, 2004). Studies also show that liver disease rates are also higher with older individuals co-infected with HIV and viral hepatitis. Because of the common health

conditions affecting older adults, older adults are confronted with the challenge of managing numerous medications to manage HIV and the other conditions affecting their health.

Issues Faced by Aging People with HIV/AIDS and Challenges to Receiving Health Care

Aging comes with a lot of challenges. When aging is compounded with HIV infection, this makes the aging people susceptible to the development of other chronic diseases such as cardiovascular disease, declining liver and kidney function, and mental health conditions. The chronic health and mental concerns associated with aging are set to become progressively vital since the population of older adults worldwide is set to increase. According to the World Health Organization (2019), the population of the globe's aging adults is set to double from about 12% to 20%, which will amount for an upsurge from 900 million to 2 billion people over the age of 65. Further, according to HIV.gov (2019), of the estimated 1.1 million individuals with HIV in the U.S in 2018, the aging population individuals aged 65 years and above accounted for 20% approximately (220,000). The older people living with HIV/AIDS encounter unique physical and mental health difficulties that are associated by their age. Various could issues face aging adults living with HIV/AIDS; they range from loneliness, social isolation as adult children are busy with their lives, retirement that leads to a loss of self-worth, grief stemming from the loss

of a spouse or a life partner, lack of being accustomed to issues of changing financial capabilities, and inability to manage every activity of living such as shopping and cooking (HIV.gov, 2019).

Housing Challenges Faced by Aging Older Adults Living with HIV

The aging older adults have limited resources and social support, which makes it problematic to secure and maintain stable housing. According to Chell and Vothello (2012), the lack of affordable housing is among the critical social issues affecting a large number of individuals living with HIV/AIDS. Some individuals experience job loss because of discrimination or the exhaustion and hospitalization arising from HIV-related illnesses. The high cost of care also exacerbates the housing instability and the increased risk of vagrancy among aging HIV-positive individuals (Chell & Vothello, 2012). The lack of stable housing affects the overall HIV outcomes as the lack of safe, decent, and affordable housing makes it hard for such individuals to access medical care and other supportive services.

Health Related Issues

The aging adults with HIV/AIDS also deal with health issues that range from chronic health conditions, physical injuries, to cognitive health and mental health. According to The

Live to Care Hub (2019), older adults are at risk of these conditions because of various life stresses. While effective HIV treatment has decreased the risk of opportunistic infections, non-AIDS conditions are more common among those with long-standing HIV infection (HIV.gov, 2019). Moreover, HIV increases the risk of several age-related diseases as well as causing chronic inflammation throughout the body. According to HIV.gov (2019), chronic inflammation is closely associated with other health conditions that include cardiovascular disease, lymphoma, and type 2 diabetes. While researchers are continuously investigating the cause of the inflammation even when people are being treated for their HIV disease, this puts the aging population's health at risk.

HIV.gov (2019) notes that HIV and its associated treatment methods can profoundly impact the brain. The major impact is that aging people with HIV can experience dementia with deficits in attention, language, motor skills, memory, and other cognitive functions. This can significantly affect the individual's quality of life. The aging population is also at risk of late diagnosis, which means they get to start their treatment late and possibly more damage caused to their already weakened immune system (HIV.gov, 2019). As a result, this can lead to poorer prognosis and shorter survival rates after HIV diagnosis. Some of the reasons for late diagnosis

are that the healthcare providers can fail to test the older people for HIV infection.

Furthermore, aging adults can exhibit HIV symptoms for several years while disregarding HIV as a virus. According to a CDC report, in 2012, 35% of individuals aged 50 and above already had late stage infection (LAI) when they received their diagnosis (CDC, 2012).

Social Isolation

Aging adults with HIV/AIDS are more socially isolated compared to their younger counterparts. Often, older American adults rely on their families to provide care during times of illness. In contrast, aging HIV positive individuals provide a lot of tension for them to receive emotional and instrumental social support from their friends and family (Chell & White, 2012). There is a great concernment of their status arising from the stigma associated with HIV/AIDS. Social isolation leads to the loneliness that is associated with an increased risk of hospitalization and mortality. Social isolation can lead to other health outcomes that include depressive symptoms, as this sub-population is highly dependent on their care.

Home Intervention with the Older Adults Living with HIV/AIDS

Among the aging adults with HIV, nurses are among the individuals that play an essential role in the maintenance and promotion of the health of the different groups of community

patients through the provision of writing aids, etc. Certainly, understanding the challenges and the obstacles that the aging adults with HIV face in their daily living can enhance care.

Intervention Measures

Certainly, there is a continuum of factors that influence the care provided to older patients living with HIV/AIDS, some arising from the nurse and other factors arising from the hospital environment. According to Stinson, Low, Walker, and Shinkel (2002), some of the factors that have led to the lack of care for the aging patients with HIV/AIDS is the lack of enough staffing within the practice. Addressing the issues affecting the older adults living with HIV/AIDS requires a patient centered approach that improves the overall care provided to this group of people. Such strategies can include understanding the patients needs and abilities and the need for coordinated efforts among the primary caregivers. Further, nurses who are the primary caregivers at the hospital level should also understand the vital role played by nurses in maintaining the health and well-being of older people living with HIV/AIDS. The nurses include the family members and friends that can always provide the necessary information about the condition affecting the older adult, their previous illness, and their behavior and attitudes. All the information provided by the nurse about the patient should be included in the discussion about

the patient's treatment and care options (Stover et al., 2009). Implementing a holistic approach that recognizes that an individual is dependent on their care can make it easy for the older adult to proceed with care at home should they wish to continue living in the community.

Second, hospitals should implement clinical risk management measures that help reduce the occurrence of adverse events (Stover et al., 2009). The primary aim of clinical risk management measures includes reducing the severity of adverse patient and corporate events through active management of risks. The risks can prevent the provision of care to older adults and the efficient use of clinical resources. Third, nurses should undergo continuous education and training on the components of good clinical governance (Stover et al., 2009). As a result, this can make the nurses provide effective care that understands older people's needs. Further, the training can also enable nursing professionals to understand individuals with additional care needs. Lastly, nurses can improve HIV/AIDS care through advocacy of policy changes that facilitate client-provider relationship. Such treatment advocacy can help engage the aging adults living with HIV into care and support their adherence to antiretroviral therapy (ART).

Since aging people with HIV/AIDS have several co-morbidities, health professionals must identify these needs and issues and commence appropriate care and treatment of the

individual (Stover et al., 2009). The co-morbidities often result in complex care requirements, and they must become diet-controlled, and if the test turns positive, they obtain a comprehensive assessment. The care should provide care based on the information gathered from the comprehensive assessment. Further, the care should be patient centered and interdisciplinary in approach (Stover et al., 2009). Certainly, this means that the goals of the older adult living with HIV/AIDS and their care, where appropriate, should be the focus of the care plan with the interdisciplinary approach requiring all health professionals to work together in the provision of care, thereby meeting the aging people living with HIV goals.

Conclusion

The above analysis has highlighted some of the challenges experienced by older adults living with HIV/AIDS. With the number of older adults expected to increase because of the effectiveness of HAARTs that increase longevity, living with HIV poses a lot of physical, clinical, and immunological challenges to older adults. Therefore, it is important that the nursing profession be trained to meet the needs of these groups of people that are continuously neglected during health care leading to high mortality rates. Since the older adults also have a number of chronic conditions affecting them, the health care professionals should implement a

**Include research that involves the older adults' caregivers as they are best placed to deal in the
practice of care.**

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