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 expectance of HIV-positive and HIV-negative individuals. The role of this paper will be to examine the older adults with HIV/AIDs 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/AIDs 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 [redacted]

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[illegible]

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are that the healthcare providers can fail to test the older people for HIV infection. Simultaneously, aging adults can mistake HIV symptoms for normal aging while disregarding HIV as a cause. According to a CDC report, in 2018, 37% of individuals aged 50 and above already had late-stage infection (AIDS) when they received their diagnosis (CDC, 2018).

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 illnesses. In retrospect, aging HIV positive individuals perceive a lot of barriers for them to receive emotional and instrumental social support from their friends and family (Cahill & Valadéz, 2013). There could concealment 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 carers.

Nurses 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 [illegible]

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holistic approach that involves the older adults' caregivers as they are best placed to aid in the provision of care.

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