The Aging Woman and HIV/AIDS: Increasing Risk and Incidence

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Educational Objectives

1. Discuss the increasing incidence of HIV in the aging population.

2. Describe the ways HIV affects the aging person.

3. Identify implications for HIV education and risk assessment of the older population.

Background

The number of older adults in the U.S. with HIV/AIDS is increasing. The most recent statistics from the Centers for Disease Control (1999) place the number of adults ages 50 and over with AIDS at about 10% of all persons with AIDS. It is likely that there are many more cases of HIV/AIDS in the over-50 population that are unknown. Older adults often put themselves at risk without realizing it when, after the death of a spouse, divorce, or separation, they begin to seek out sexual relationships. Many seniors have never been tested and do not consider themselves at risk for HIV and AIDS.

The transmission of HIV through sex with an infected partner is a change from the past when most elderly people were exposed to HIV only through contaminated blood transfusions. Since 1986, when the nation’s blood supply was made much safer, older adults generally become infected and transmit the disease via heterosexual and homosexual sex, intravenous drug use, or by being the sexual partner of an intravenous drug user. Women over 50 are particularly at risk because of vaginal thinning and dryness that occur during menopause. These changes predispose them to small abrasions or tears in the vagina during sexual intercourse, putting them at greater risk of infection. Over 70% of infected older women are of African American or Latina heritage (CDC, 1999).

Older adults know less about how HIV is spread than any other age group (National Institute on Aging, 1999). Consequently, they do not get tested for HIV regularly. Men who have sex with men, adolescents, and young adults are the major focuses for HIV health education. This means that sexually active seniors are not receiving crucial information about HIV testing, the use of condoms, and the importance of not sharing needles. Perhaps the reasons for the lack of health education to this group are cultural misconceptions that older adults are not sexually active, therefore, not at risk for HIV. While the waning of hormones and the decline of health may lead many older adults to forgo sex, new developments in the treatment of sexual impotence and loss of libido are allowing older adults to continue to lead active sex lives. A new pharmaceutical product for men, Viagra, helps them to sustain an erection facilitating the sex act. The use of testosterone for men, and small doses of testosterone for
women to increase libido, is gaining popularity for aging men and post-menopausal women who thought their sex lives were over forever.

Case Study

When Doreen's husband died suddenly ten years ago, she thought it was the most devastating event that she would ever experience. Now, years later, when one talks to the 60+ year-old, attractive widow and grandmother of four, one senses a certain tentativeness, almost sadness. She still recalls clearly the day when her entire life changed forever…. February 9, 1997. It was on that day that she received a letter from a health insurance company to which she had applied for new coverage. The letter told her that she was denied coverage because of a certain "risk" factor. She quickly consulted her family doctor who carried out a number of tests, including a test for HIV antibodies. The HIV test came back positive.

Doreen does not fit the usual description of a woman with HIV. She was a virgin on her wedding night, and she remained monogamous until her husband's untimely death. She waited several years before beginning to date again, and then dated only those men who were friends of her friends and family. On several occasions, she was intimate with a man she met at a senior's dance, a friend of a friend, but that was a number of years ago. She relates now that this behavior was so unlike her, but that she was lonely and he was "such a gentleman" to her. They did not use condoms. She thinks that this is probably the man who infected her.

Doreen began treatment right away on the advice of her physician. She has suffered from side effects and adverse reactions, and her medications have had to be changed several times. Several years went by after Doreen's diagnosis before she began to wonder if her symptoms of fatigue and aches and pains were related to HIV or aging. She still finds it difficult to talk about her diagnosis with anyone except her physician. To this day, even her children do not know of her HIV positive status.

Discussion

Older adults with HIV/AIDS were likely infected with the virus years before being tested. Many are already in more advanced stages of HIV/AIDS at the time of their diagnosis. Signs and symptoms of the disease, such as fatigue and weakness, may be mistaken as problems related to the aging process. Health professionals almost never ask their aging patients about drug use or unprotected sex. They need to. Prevention and risk-reduction education aimed at the older adult needs to be stressed. Also, assessment of at-risk practices promotes quick and effective diagnosis and treatment of HIV. As we age, our immune systems become less effective, and, for this reason older HIV/AIDS patients do not live as long as younger people who contract the virus. Medical treatment should be started as soon as possible in order to increase the chances of living longer.

Older adults with HIV may be prone to more severe depression than younger people with the disease (National Institute of Aging, 1999). They need assistance to cope with the emotional aspects of having this stigmatic disease. They may intentionally disengage from family and friends because of shame. Jane Fowler, a 65-year-old woman infected with HIV, is one of the founders of the National Association on HIV Over Fifty (NAHOF). She learned of her diagnosis over 10 years ago when she was a
successful 55-year-old career woman. She states, "...due to the dual stigma of living with a sexually transmitted disease and of being 'old', ...the dual stigma makes it especially difficult for seniors to disclose to family and friends, thereby forfeiting support that might be forthcoming" (Fowler, 2000). Older adults with HIV/AIDS need an outpouring of support and understanding from family, friends, health professionals, and the community, especially since their disease may progress quicker than in younger individuals. Additionally, many older women, as caregivers to grandchildren, are providing care at a time when they themselves need to turn to others for support. The grueling responsibilities of caring for children at an older age may be physically, emotionally, and financially devastating. It can hasten progression of any chronic illness or disease.

Conclusion

In conclusion, while there is no cure for HIV/AIDS, there are promising new treatments and resources available that support older adults with HIV/AIDS. The true assurances of successful outcomes, however, are awareness, health education, and early intervention. Behaviors such as condom use, making sure sexual partners are HIV negative, not sharing needles, and getting tested are the keys to prevention, reduction of risk, and successful treatment of HIV in older adults.

Resources

The following resources are just a few that may provide information about HIV/AIDS.

Nat’l Assoc. of HIV Over Fifty
c/o Midwest AIDS Training & Education Center
808 S. Wood Street, MSC 779
Chicago, IL 60612
(312) 996-1373
www.hivoverfifty.org

AARP
601 E St. NW
Washington, DC 20049
(202) 434-2260
www.aarp.org/griefandloss

CDC National Prevention Information Network
P.O. Box 6003
Rockville, MD 20849
(800) 458-5231
(800) 243-7012 TTY
www.cdcnpin.org or www.cdc.gov (select option for data and statistics)
Study Questions

1. Discuss the ways that HIV affects older adults. What are some of the unique problems encountered by older adults with HIV/AIDS?

2. Discuss the appropriateness of resources available specifically for this population. What special factors need to be considered when developing HIV/AIDS prevention/risk reduction programs for the older population?

References