HIV Screening in the Geriatric Population

Joanna K Bradley
April 15, 2010
Geriatrics Presentation
Objectives

- Discuss epidemiologic data regarding HIV prevalence and incidence in the elderly population
- Discuss risk factors for HIV in the geriatric population
- Review screening guidelines and recommendations for elderly population
Epidemiology

- People older than 50 years old make up:
  - 24% of those living with HIV
  - 15% of new HIV diagnoses
  - 30% of people living with AIDS
  - 35% of all deaths of people with AIDS
Epidemiology

- It is predicted that in 2015, more than 50% of those with HIV will be greater than 50 years old.
- New AIDS diagnoses are rising at a faster rate in those older than 50 as compared to those in younger age groups.
Unrecognized HIV

- Study included 257 patients older than 60 years old admitted to a NY Hospital.
- Patients had no known HIV or AIDS previously but did come from a high prevalence area.
- Patients expired from causes unrelated to HIV.
- 6.2% of men and 8.9% of women were found to be HIV positive.
Limitations in Data

- Prevalence of HIV in the elderly population may be higher than is currently reported.
  - The elderly population is rarely tested for HIV.
  - HIV in the elderly may be underreported secondary to being mistaken for another disease process.

- Elderly patients are often diagnosed at late stage in their disease.
  - It is unclear upon diagnosis how long they have had latent infection and when they were infected.
Risk Factors in the Elderly Population

- Men who have sex with men
- IV drug use
- Heterosexual activity
  - the fastest growing group and greatest among women
  - In people >50 years with at least 1 risk factor for HIV, <15% used condoms consistently
  - Atrophic/dry vaginal wall more susceptible to HIV infection
- Blood transfusion
USPSTF Screening Guidelines

- Routine voluntary HIV screening in all persons ages 13-64 years old regardless of risk.
- For all other age groups, patients should be tested at least once if risk factors are present.
- No recommended frequency of screening due to lack of data.
Who should be tested?

- Any patient who receives health care in a high-prevalence or high-risk clinical setting
- Men who have had sex with men after 1975
- Men and women having unprotected sex with multiple partners
- Past or present injection drug users
- Men and women who exchange sex for money or drugs or have sex partners who do
- Individuals whose past or present sex partners were HIV-infected, bisexual, or injection drug users
- Those undergoing treated for STD
- Persons with a history of blood transfusion between 1978 and 1985
- Persons who request an HIV test despite reporting no individual risk factors
How are we doing?

- 40% of doctors rarely or never ask patients over 50 about HIV risk factors compared to 6.8% in patients under 30.
- In the CDC 2006 National Health Survey adults 65 years and older had the lowest HIV testing rate (11.4%) compared to other age groups (53% in ages 25-34).
Recommendations

- Take a complete sexual history in all patients.
- Counsel sexually active patients on the importance of barrier contraception.
  - Widowed or divorced women
- Perform HIV testing in geriatric patients with risk factors. Consider HIV testing all sexually active patients above age 65 at least once.
- Include HIV/AIDS in your differential for vague or common geriatric complaints such as:
  - Flu-like illness
  - Fatigue
  - Weight loss
  - Dementia
Future Directions

- More accurate epidemiologic data improved by increased screening rate
- Programs to educate elderly on HIV/AIDS and prevention
- Research on HAART in elderly – effectiveness and side effects
References

- HIV, AIDS, and older adults. Fact sheet prepared by the National Institute on Aging, National Institutes of Health.