

## ***It's Midnight. Do You Know Where Your Parents Are?***

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## ***CDC AIDS Incidence Report by Age Groups, 1996***

- First decline in the number of adults diagnosed with AIDS since the onset of the pandemic
- Decline in overall incidence rates among persons 13-49
- Incidence rates **DOUBLED** in age group 50 and over
- More geriatric than young pediatric cases in US

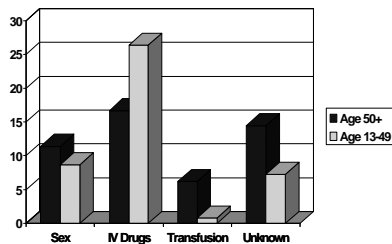
## ***The Elderly and AIDS***

- 10% of total US cases are persons age 50 and older (CDC, 1998)
- As of December 1997, > 60,000 cases reported in this age group

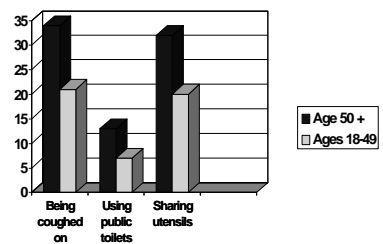
## ***The Elderly and AIDS***

- In 1991-1996 new cases rose 22% in ages 50+ compared to 9% in ages 13-49
- Majority are African American and Hispanic (60%) males (84%)

## ***Comparison: Routes of Infection by Age Group***



## ***Beliefs About Routes of HIV Infection by Age Group***



***“The majority of people 50+ do not engage in AIDS-related risk behavior.... therefore, it seems reasonable that most older people do not see themselves at risk.”***

***- Ory & Mack, 1998***

### ***HIV/AIDS and the Elderly***

- Even when classified “at risk,” older people are unlikely to engage in AIDS-prevention behaviors (Stall & Catina, 1994)
- Older women are less prepared than younger women to identify and change risky behaviors (AARP, 1994)
- Older adults may attribute symptoms to aging rather than HIV/AIDS (El-Sadr & Gettler, 1995)

### ***Conditions Specific to the Elderly Person with HIV/AIDS***

- Delay in diagnosis
- Effects of comorbidity
- Natural decrease in immune function
- Thinning of vaginal mucosa
- Less access to experienced care
- Failure to benefit from newer medications
- Often diagnosed after AIDS defining illness

### ***Psychosocial Needs***

- Greater health care needs due to non-HIV/AIDS related comorbidity
- Women’s reluctance to give up their role as caregiver
- Social isolation and fear of disclosure
- Living alone with poor support system
- Inadequate financial resources

### ***Attitudes of Elderly Persons with HIV/AIDS***

- **Advantages**
  - “With age comes wisdom”
  - “Illness is anticipated with aging”
  - “Older people are more patient”
  - “Older people are less threatened by disease”
  - “Older people are able to focus on their own needs”

### ***Attitudes of Elderly Persons with HIV/AIDS***

- **Disadvantages**
  - “Our bodies are more run down and less resilient”
  - “The elderly are more socially isolated”
  - “Older adults get less sympathy”
  - “The elderly face ageism among health care providers”
  - “Older people are too compliant”

Siegel, Raveis, & Karus, 1998

***Interventions***

- First and foremost, take a complete sexual history on patients regardless of their age
- Assess patients for co-existing psychological illness, especially depression
- Encourage patients to seek a provider with expertise in HIV/AIDS

***Interventions***

- Identify community resources
- Discuss patient's concerns and fears openly
- Provide care that is non-judgmental

***Interventions***

- Remember patient confidentiality
- Be willing to listen
- Discuss prevention and transmission

***Keep up to date and informed--***

***Early diagnosis is essential to a good prognosis.***