

HIV/AIDS and seniors is not something that is often about. With the increasing number of HIV positive people that are living into their senior years and the number of older people being diagnosed with HIV it is important to talk about these two things. We know that many people are living longer with the new HIV medications and that many HIV positive people are, or are soon going to be senior citizens.

RISK FACTORS

People often think that just because a person is over 50 years old that they are no longer sexually active. What we know from studies and speaking with people that this is certainly not the case. People have active and healthy sex lives well into their 60's, 70's, and 80's.

Older people are losing their partners and are entering the dating scene after many years. They enter the scene with little or no knowledge of HIV/AIDS and other STI's. Many grew up in a time when HIV was unheard of, and there are few, if any, HIV prevention campaigns targeted towards older people. Many seniors view condoms as a form of birth control, and at their age no longer have to worry about that, which means they are often not practicing safer sex.

Women experiencing menopause are also biologically at higher risk of contracting the HIV virus because as women age the amount of natural lubricant lessens and the vaginal walls become thinner. This puts women at risk because of the chances of small cuts and tears that can happen during sex, allowing HIV access to the bloodstream should their partner be HIV positive.

Another risk is that doctors do not generally speak to their older patients about sex and probably aren't supplying safer sex information and supplies. There is a discomfort around the topic of sex as many seniors were brought up in a time where sex is not something that you talked about. Also, doctors may miss the signs of an HIV infection as they are quite similar to the symptoms people experience during the natural aging process.

There is also a small percentage of new infections in people over 50 who have contracted the virus from injection drug use. It's a common misconception that people just stop their drug use at a certain age. It is important to also educate people about the risks of needle sharing, and provide them with information on how to protect themselves.

STATISTICS

A Study of Sexuality and Health Among Older Adults in the United States was overviewed in a news article on www.thebody.com. The study interviewed 3005 individuals. It showed that 73 percent of individuals aged 57-64 had sex within the year, that 53 percent of 64-75 had sex in the past year, and that 26 percent of 75-85 year olds also had sex in that time period. Half of the participants in the study said they had given or received oral sex in the last year, and 1/3 of those were age 75-85¹. In Canada the 2003 HIV Epi update reported that 11.7 percent of HIV infections in Canada were in people over 50². Locally the Calgary Health Region HIV Surveillance report between Mar. 1, 1998 and Dec. 31, 2006 there were 1589 total HIV cases within that time frame, with 577 cases were 40 years old and older³. In 1996, 4 percent of HIV infections were amongst people age 51-60, and those over 60 made up only 1 percent. In 2006, 15 percent of HIV infections occurred in people age 51-60, and 5 percent were over 60 years old⁴.

EDUCATION/OUTREACH

It is evident from the statistics that older adults are engaging in activities that put them at risk of an HIV infection. This means there is a need for senior specific outreach and education. Education needs to be created to specifically fit their needs and comfort levels around sex. Outreach also needs to target people living in seniors' complexes. There is also a need for HIV prevention campaigns that would specifically target seniors.

Staff in places such as extended care facilities need to be aware of the issues and should be educated about universal precautions so that everyone is kept safe. Older adults need to be informed about HIV and other STI's.

VIAGRA AND HIV MEDICATIONS

The introduction of Viagra (and its alternatives) also introduces new issues not seen previously. People who use the drug may not have had current sexual health education.

In the age where we provide Viagra to older men, we also need to educate them about safer sex. We have a responsibility to protect people and arm them with the knowledge to make healthier sexual decisions. For people living with HIV who are also taking Viagra or others like it (Levitra, or Cialis) the dose should be lowered as there is a possibility of drug interaction. It would be strongly encouraged to talk to your doctor about the interactions of HIV medications with Viagra in order to avoid any complications. It is also strongly encouraged not to take Viagra with alcohol or if you have Hepatitis⁵.

REFERENCES:

1. The Body/The Complete HIV/AIDS Resource: <http://www.thebody.com/content/news/art42788.html>
2. Public Health Agency of Canada, *HIV/AIDS Epi Update- May 2004*: http://www.phac-aspc.gc.ca/publicat/epi-aepi/epi_update_may_04/6_e.html
3. Calgary Health Region, *HIV Surveillance, Cases by age group*: http://www.phac-aspc.gc.ca/publicat/epi-aepi/epi_update_may_04/6_e.html
4. Calgary Health Region, *Change in age distribution of Active Patients at the Southern Alberta Clinic*: <http://www.calgaryhealthregion.ca/clin/sac/graphs/slide5.gif>
5. AIDS Community Research Initiative of America, *Drug Interactions: HIV Medications, Street Drugs and Methadone*: http://www.acria.org/treatment/treatment_edu_springupdate2005_interactions.html

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