My RETIREMENT

PEOPLE WHO START TAKING ARVS AT AGE 50 ARE LIKELY TO LIVE FOR AN ADDITIONAL 24 YEARS

How to age gracefully with HIV

Vision Group has dedicated this month to re-energise the population back into focused battle against HIV. Today HILARY BAINEMIGISHA explores the issue of HIV/AIDS among the elderly, sharing with the old people and their caretakers the right strategy of management

An HIV-positive elderly person receiving a house from a TASO official in 2011. HIV-positive elderly people need to be cared for

The Medical Research Council/Uganda Virus Research Institute (MRC/UVRI), a research unit on HIV in Entebbe, undertook a study, which was published in May 2011 about the elderly living with HIV/AIDS in Uganda.

They found that their problems range from having many diseases at ago, poor healthcare and isolation, to neglect and lack of support. Many from the rural areas also mentioned lice, jiggers and bed bugs.

A 70-year-old female respondent on antiretroviral therapy (ART) talked of general weakness, backache, leg pain, poor appetite and irritability.

"I feel bad that I am old and sick, unable to walk like before. I cannot even wash clothes, cook, sweep the house, squat on the pit-latrine and wash myself thoroughly. Some weeks, I do not receive any assistance and lack of visitors makes me feel more miserable. I was happy when my son promised to bring me sugar because when there is no sugar, I think of my dead children and other problems, and then I cannot sleep," she said.

Another 73-year-old woman talked of headaches, leg and feet pains, cough, palpitations, ulcers, toothache, severe neck pain and an unspecified blood pressure concern. She said she had difficulty doing household activities due to old age and felt neglected by her son. She cries whenever she thinks about her daughter, who died in labour about 16 years ago. She often suffers mood swings.

A 74-year-old man on ARVs sells *waragi* (alcohol) and says he cannot avoid drinking because it allows him to socialise with others, prevents loneliness and helps him sleep. He complains of bad dreams, epigastric pain and a slight headache. He says he sometimes runs out of medicine due to lack of money to take him to the TASO clinic in Entebbe. Other times he takes his drugs on an empty stomach.

NEVER TOO LATE

The common perception that the elderly are not sexually active and so, are safe from HIV, is unfortunate. First, they can get HIV through contaminated instruments either in hospital, at home, from their caregivers or traditional ceremonies. They can get it through a blood transfusion and accidents or even through unprotected sex with an infected partner.

It is never too old to catch HIV from sex. Data from the US in 2005 showed that older adults accounted for 15% of new cases of HIV in the US. Another study in the UK estimates that 48% of older adults diagnosed between 2000 and 2007 acquired the infection at age 50 and over.

In Africa, there is substantial evidence that people remain sexually active past the age of 50 and well into their 70s. And that the rate of condom use is less frequent because of erectile dysfunction and a very low perceived risk of infection. HIV data from Uganda shows that 40% of 750 patients aged 50 and above, who were reporting for HIV care, remained sexually active after their HIV diagnosis. They also had a significantly higher rate of sexually transmitted infections than younger patients.

WINNING THE BATTLE TOGETHER

BIGGER PROBLEM

Thanks to HIV medicines – Antiretrovirals (ARVs), AIDS-related deaths in Uganda have declined to 28,000, from 31,000 in 2014. This increased longevity among persons living with the virus has led to more Ugandans making 60 years and above with HIV.

According to Uganda data from Mills and colleagues, people who start ARVs at age 50 are likely to live for an additional 24 years. A mathematical model using South African data predicted substantial increases in HIV prevalence in older age groups.

These findings suggest that people living with HIV are likely to live well past the age of 50, leading to an elderly life on ARVs.

However, national response is focused on teenagers, mothers and children, most-at-risk groups such as sex workers, drug users and migrants, but one group that has so far received little attention is older adults. That leaves many senior citizens living with HIV and some taking ARVs at the risk of subjective care from doctors.

A study by doctors Joel Negin and Robert G Cumming on HIV infection among older adults in sub-Saharan Africa, revealed new challenges among the elderly living with HIV, which have to be addressed. They included a burden of more diseases, more side-effects from ARVs and hence less likely adherence to treatment.

The study, which was published in the bulletin of the World Health Organisation, added that the toxicity of ARVs, combined with decreased kidney and liver function in older individuals, may lead to treatment difficulties and drug interactions.

Negin, from the University of Sydney, Australia, gave an example of older women who experience the thinning of the vaginal wall after menopause, which increases the risk of HIV transmission during sex.

"Yet they are usually poor and unable to afford health services," he said. "The lack of targeted prevention services becomes even more important because delivery of services to older adults with HIV infection needs to be improved," he said.

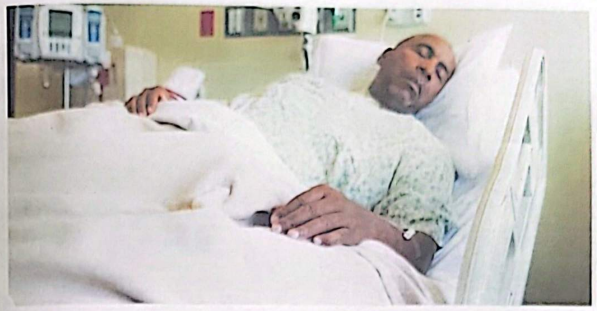
WHY YOU SHOULD AVOID HIV IN OLD AGE

Prof Ronald Hammer, a researcher in HIV among the elderly in South Africa, says aging is the number one problem in HIV today. Many older HIV-positive people experience much more comorbid conditions (many diseases at ago) such as bone disease and fractures, heart disease, abnormal lipids, kidney disease, brain and neurologic disorders, diabetes, cancers, frailty and HCV (HBV too).

HIV is a devastating virus, he says. It gets into the brain within days of transmission and remains there forever, despite successful viral suppression. As we age with HIV and the immune system grows older and brain disorders worsen, the immune system is crippled by HIV. While younger people with HIV have no problem with their brain and cognitive function, abnormalities such as alzheimers are common as people age past 60-65. They also suffer much more diseases at ago, which come much earlier and accelerate aging.

"I have about 10 elderly patients who are living with HIV. Seven of them have experienced fractures from falls and increased frailty and, therefore, disability," the professor said. "The cost for treatment is more than just ARVs. Some of them may be taking as many as eight to 12 additional pills or medications besides their ART medications."

Elderly people living with HIV are advised to maintain healthy lifestyles such as exercising regularly



Older persons with HIV are more likely to progress from HIV to AIDS faster, so treatment centres should start innovating on how to assist them better

PROBLEMS OF ELDERLY WITH HIV

Dr Monica Kuteesa did research on older people living with HIV in Uganda and their medical care experiences for the University of Sydney. Data was collected from 40 HIV-positive adults aged 50 years or older attending two clinics in Uganda. She categorised 10 specific problems affecting older people living with HIV as follows: First, there is lack of access to care (80%), secondly, the quality of patient-provider relationship (75%), thirdly, delayed diagnosis and care-seeking (55%), fourthly, stigma (43%) and fifthly, adherence support (25%). The others are discordance (20%), continuity of care (14%), difficulty in disclosing (8%), end-of-life issues (13%) and other issues (20%).

BREAKDOWN OF IMMUNITY

Experts noticed that while young people taking ARVs suffer some decline in the functionality of immunity cells, older adults face steeper declines in immunity progression and slower immune system reconstitution because the immunity is more vibrant at a younger age.

According to Dr Bonaventura Mpondo of the University of Dodoma, Tanzania, the immune recovery in older patients is lower than that in younger patients.

"A study done in Tanzania found a significant difference in absolute CD4 gain between elderly and younger patients, with a lower gain among elderly patients," Mpondo, who has studied HIV among the elderly, said. "The study also found poor clinical outcomes in elderly patients as compared to younger patients."

INCREASES OTHER DISEASES

Hammer says while non-communicable diseases such as heart disease, diabetes, certain cancers and bone disease normally attack the elderly, including those who are HIV negative, just due to aging and lifestyle, HIV and ARVs usually increase the risk of these diseases even in younger populations. The virus, therefore, is an independent risk factor for these diseases for people who live on ART longer," he explained.

Elderly patients are more likely to have combination diseases such as cardiovascular disease, renal disease and diabetes. HIV complicates the already complex situation. The MRC/UVRI report states that the common diseases converging on people living with HIV include TB, arthritis, stroke, hypertension, chronic lung disease, asthma, angina, depression, diabetes, cataract and injuries.

LATE DIAGNOSIS

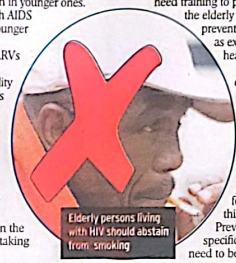
According to Mpondo, it takes some time before health workers test for HIV among the elderly. Many healthcare givers do not expect the elderly to have HIV and so, mistake all symptoms to be reflective of old age generally. AIDS-related dementia is often misdiagnosed as Alzheimer's and early HIV symptoms such as fatigue and weight loss may be dismissed as a normal part of aging, he said.

"When compared to younger patients, the elderly are usually diagnosed at an advanced stage of HIV," he said. "Late or missed diagnosis is due to lack of awareness of HIV risk factors among the elderly, failure of healthcare providers to suspect HIV in their elderly patients, absence of routine HIV screening in this population and also because the HIV symptoms are often similar to symptoms of other common conditions associated with aging," he said.

RAPID PROGRESSION

Mpondo adds that an older person is more likely to progress from HIV to AIDS much faster than a younger person. He discovered from his study on HIV among the elderly that toxicities from ARVs were more likely to cause harm than in younger ones. Older persons with AIDS die sooner than younger persons.

Other issues of ARVs among the elderly include their inability to metabolise ARVs and, therefore, its increased toxicity, presence of earlier health conditions such as cardiovascular disorders, kidney and liver diseases and potential bad interactions between the drugs they may be taking and ARVs.



Elderly persons living with HIV should abstain from smoking

STIGMA

Most elderly face a double burden of stigma, which stops them from accessing healthcare for HIV.

"Most of the participants expressed anxiety about securing healthcare in the future and concern about the lack of social services," Dr Monica Kuteesa wrote. "Many had problems with transportation and food, which compromised their adherence to ARVs."

She suggested that government programmes be arranged in such a way that HIV-prevention, treatment and care programmes seek to meet the special needs of older people through focused and innovative approaches. For example, their services could be brought to their homes instead of subjecting them to long distances, long waits in line and stigma.

WAY FORWARD

Asked what can be done, Hammer said treatment centres should start innovating on how to assist the elderly living with HIV.

"Of course, we should continue the search for a cure for HIV, but not to the exclusion of adequately addressing the aging/HIV problem," he said. "Even if a cure was found tomorrow, the damage to the immune and organ systems will have already been done and a cure will not undo the damage. We need to address all the other problems older patients are facing, such as disease burden, loneliness, depression, poor feeding, daily living disabilities and difficulty in accessing healthcare. We need a dedicated programme and strategy for HIV management among the elderly."

Hammer advises that health providers need training to provide good care and the elderly need information on preventative measures such as exercise, good diet and healthy lifestyle.

"Healthcare providers often do not consider HIV to be a risk for their older patients. They rarely or never talk to them about HIV risk factors or even test them. Few prevention programmes exist for the elderly. All this needs to change. Prevention programmes, specifically for older adults, need to be designed. More research on HIV management among the elderly is needed," he said.

The MRC/UVRI study sought answers from the elderly people living with HIV and in need of care. It discovered that the Government needs to engage the elderly in discussions and recognise that they were as productive and valuable as the younger generation.

The elderly wanted initiatives and services to be tailored to their needs, especially removing the barriers stopping them from accessing health services. They also wanted financial assistance of a health insurance that can cater for their complicated ailment.

The elderly want the Government to expand HIV prevention programmes to target them in an appropriate and age-sensitive manner, design and provide age-friendly primary healthcare services that include appropriate HIV services for older people and set up home-based care policies and programmes, including standards of care guidelines to address their specific economic, health and psychosocial needs.

5 PIECES OF ADVICE FOR SUCCESSFUL AGEING WITH HIV

Canadian researchers interviewed HIV-positive people over the age of 50 and came up with six key themes.

1 ACCEPTING LIMITATIONS
It is important to come to terms with the realities of ageing and living with HIV and not expecting to be able to have the same level of activity like when you were younger or HIV-negative.

2 STAYING POSITIVE
Living longer with HIV also depends on lifestyle. A life on drugs needs a responsible lifestyle without smoking, taking alcohol and drugs, promiscuity and good primary healthcare. A healthy lifestyle includes eating healthily, abstaining from drugs and smoking, getting rest and sleeping well, minimising stress and regular exercise.

3 MAINTAINING SOCIAL SUPPORT
It is important to remain connected with friends, family and other people with HIV as an essential element of support, inspiration, comparing notes and advocacy.

4 TAKING RESPONSIBILITY
If you still can, get involved in managing your own healthcare. Try to be self-reliant in finances because your old age health is destined for a high cost management.

5 ENGAGING IN MEANINGFUL ACTIVITIES
These could be maintaining existing activities or finding new ones, including taking care of yourself, taking care of other people, volunteering or employment.