Health and Social Care for PLHIV aged 50+

A policy perspective

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This presentation

Focusing on aspects of care, this presentation will:

1. Highlight core policy issues
2. Consider two key issues: quality of life, and sexual and reproductive health rights (SRHR)
3. Identify possible policy gaps: implications and recommendations

Policy issues

Core issues

- People aged 50 years and over are a growing part of the HIV epidemic and this requires **new responses**. (UNAIDS, 2013)
- Older adults face unique health challenges stemming from age-related changes to the body **accelerated by HIV infection**. (Morton, 2014)
- Ageing with HIV is **not *in itself* a negative experience**: "[Regarding] experiences of living with HIV, older adults scored equal to or better than younger people on several quality of life indicators." (Sankar *et al*, 2011)
- HIV prevention policies directed to the specific characteristics of older adults and the elderly are **practically non-existent**, and older adults living with HIV have been **largely invisible** in the field of HIV research**.** (Nobre *et al,* 2012)

Challenges in care

- “Since caring is the tenor of the nursing profession, **nurses should be able to identify and implement methods** for assessing how successfully older adults living with HIV age, and intervene in an informed way whenever needed.” Nobre *et al*, 2012)
- Carers (especially in social care) **require education** and training in the management of older patients living with HIV and mainstream organisations caring for old people **may not understand HIV.** (Power, *et al*, 2010)
- **HIV doctors do not understand ageing and geriatric clinicians do not understand HIV**; educating the primary care sector is the most vital and urgent action needed. (Power, *et al*, 2010)
- Has this changed?

Two key issues for health and social policy

1. Quality of life

- Older patients newly diagnosed with HIV ***can*** **develop strategies** to develop a positive view of the future (Nobre *et al,* 2012)
- Models of care for ageing patients can be **integrated** with what is known about the older person living with HIV
- The notion of '**early palliative care**' (i.e. from diagnosis) can "narrow [the] gap between providers' and patients' perceptions of needs through good communication and targeting barriers, such as housing instability, which are vital to overcome for consistent long-term follow up." (Lofgren *et al*, 2015)
- **How can** health and social policies, and care-based guidelines, address quality of life?

2. SRHR: a policy blind spot

- Public health-oriented research fails to highlight older adults', specifically older women's, **risk of exposure to HIV and other sexually transmitted infections.**
- Older people are **one of 4 key population groups** characterised by marginalisation and exclusion in accessing sexual and reproductive health rights (SRHR). (ICPD, 2014)
- Significant **knowledge gaps exist** regarding sexual health of older people (including those living with HIV) and gaps in policy are *either* from lack of research or faulty translation of existing knowledge (Chambers *et al*, 2014)
- [But] adults above the age of 49 are **typically excluded** from key population-based surveys, such AIDS Indicator Surveys (which generate much of the available evidence on SRHR issues in low and middle-income settings). (Aboderin, 2014)

Policy gaps: implications and recommendations

Possible policy gaps

- Carers (professional, and non-professional) **lack training in the impact of ageing** on the person living with HIV – in particular, are nurses able to understand pharmacological interactions of ART with an 'ageing body'?
- We need more **information** from research
- Policies tend not to address the **specific SRHR** needs of an ageing population.
- Older adults do have sex! Campaigns often **underestimate infection risk** in this age group.

Education module for Nurses
HIV and Ageing

- NHIVNA (UK) is developing an e-learning package for nurses
- It will look at:
  - Overview of Prevalence – Global & UK
  - Ageing with and without HIV
  - The impact of HIV and ageing
  - Physical, psychological and socioeconomic implications of ageing
  - What we can learn from other disease areas
  - Nursing priorities and considerations

Policy recommendations

1. Primary and secondary care

- **Improve coordination of primary and complex subspecialty care**; continue age-appropriate preventative screenings; and incorporate HIV prevention (e.g., brief risk assessment, risk-reduction counseling, testing for sexually transmitted disease) into routine HIV care.
- Current models of care for ageing people, addressing physical, psychological, and social changes and management of long term conditions can be expanded to integrate **specific issues facing people living with HIV.**
- [Evidence suggests the **psychosocial impact of HIV on quality of life substantially exceeded its physical impact** - social interventions for ageing communities would [therefore] improve well-being [for older adults with HIV]. (Skevington, 2012)

Policy recommendations

2. Research priorities to inform policy

- Context is important
  - [In our review] **few publications reported clear age-related differences**, [but] there were significant ethnic differences in living with HIV in later life and also differences among older people when groups were defined by mode of transmission. (Sankar *et al*, 2011)
  - As people with HIV age, **solving problems of successful secondary prevention and ongoing treatment requires more specific knowledge** of the particular ageing-related sociocultural, psychosocial, and personal factors for people living with HIV. (Ibid, 2011)
- So future research should **take a broader view of health**
  - [We should look] at ageing from a strength-based perspective. examining the issue of HIV and ageing using diverse perspectives (e.g. geographic location, time on antiretroviral therapy). (Chambers *et al*, 2014)

Policy recommendations

3. Prevention and public health

- Older adults are **more likely to be diagnosed late with HIV**, therefore HIV testing efforts targeting older adults are essential to address the unmet needs of this population (Brooks *et al*, 2012)
- Increased awareness about the **risk for HIV infection and the importance of its early diagnosis and treatment among older adults and among their caregivers** – especially because some HIV symptoms (such as short term memory loss, or recurring infections) can mimic age-related conditions (Chambers *et al*, 2014)

Policy recommendations

4. Health and social policy

- **Welfare reforms** (especially in an age of austerity) may fail to acknowledge the chronic nature of HIV, leading to personal neglect and fear of exposure – we need to track national policy impact and prepare to address emerging needs.
- The prevalence of HIV in older adults demands a **comprehensive understanding** of the health impacts of HIV in older individuals to inform health- and social service-related policies, practices, and programming (Chambers *et al*, 2014)

The future

It's about quality of life

- "Regarding my future, well, I **take into account** ageing issues rather than HIV issues." (Respondent, Nobre *et al*, 2012)
- Adjusting to HIV, 'older' people can feel themselves responsible for advising and educating **younger generations**: "I teach [and] HIV has influenced me in a way that every year I reserve two hours of my teaching schedule to HIV, because HIV belongs to human biology." (Respondent, Nobre *et al*, 2012)

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