

# Are We Ready for the Aging HIV-Positive Population?

## PLWHA Fifty Years and Older in Los Angeles County

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Planning and Research Division  
 Office of AIDS Programs and Policy



August 26, 2008  
 Ryan White All Grantees Conference

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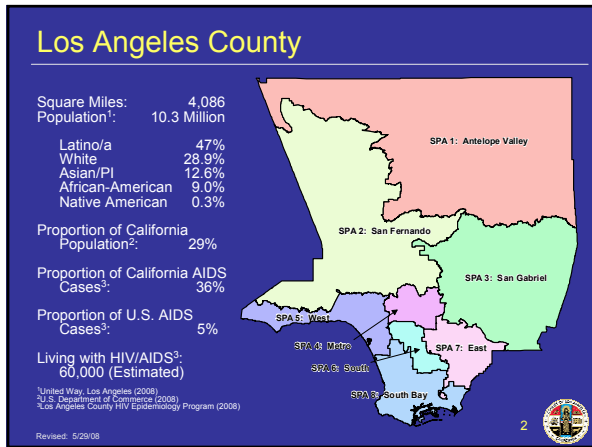
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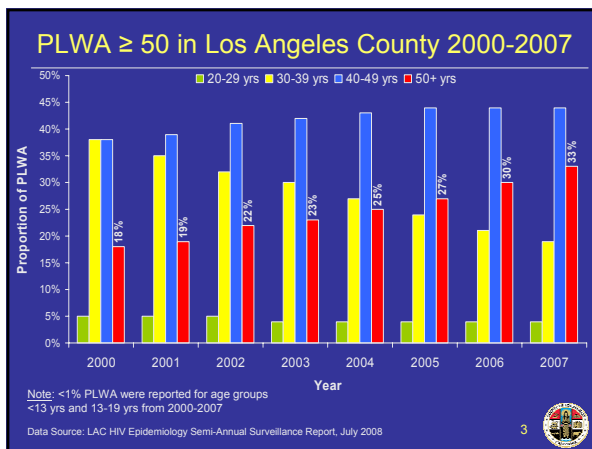
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## PLWHA ≥ 50 in LA County as of 12/31/2007

	N	%
Estimated PLWHA	12,730	26.4% Of PLWHA in LAC
PLWA	7,549	32.9% Of PLWA in LAC
New AIDS Cases 2006-2007	374	16.4% Of new AIDS cases 2006-2007

Data Source: LAC HIV Epidemiology Program, August 2008

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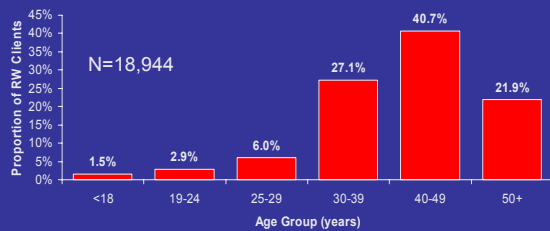
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## Where Are We Now?

- Ryan White Clients ≥ 50 in LA County, 2006
  - 4,147 (21.9%) of total Ryan White clients



Data Source: Casewatch Year 16 (March 2006 – Feb 2007)

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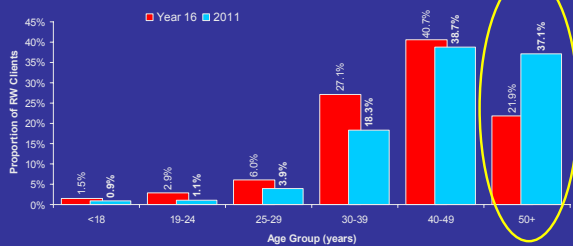
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## Where Will We Be in Five Years?

- Projected LAC Ryan White Clients ≥ 50 in 2011



Year 16 N=18,944

Data Source: Casewatch Year 16 (March 2006 – Feb 2007)

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## What We Know



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## What We Know

- Increased number of PLWHA  $\geq 50$ 
  - Mass number will confront aging issues in the next decade
- Existing knowledge on older PLWHA is scarce
- Current studies do not provide conclusive evidence on treatment needs
- Need to look at 3 groups of PLWHA  $\geq 50$ 
  - Recently diagnosed
  - Long-term survivors
  - Overall older PLWHA

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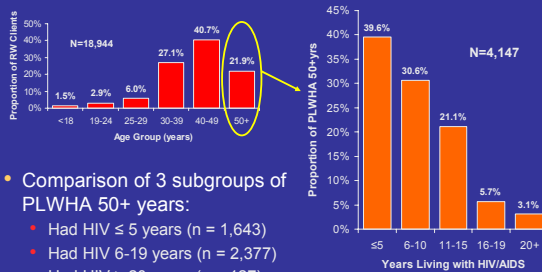
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## Ryan White Clients $\geq 50$ in LA County (2006)

### Years with HIV



- Comparison of 3 subgroups of PLWHA 50+ years:
  - Had HIV  $\leq 5$  years (n = 1,643)
  - Had HIV 6-19 years (n = 2,377)
  - Had HIV  $\geq 20$  years (n = 127)

Data Source: Casewatch Year 16 (March 2006 – Feb 2007)

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## What We Speculate



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## Literature Review on PLWHA $\geq 50$

- Increased mortality
  - Slower response to HAART
- Faster progression to AIDS
  - Slower CD4 cell reconstitution
- Diagnosed at later disease stage
  - Compromised immune system
- Worse treatment side effects
  - Worse toxicities with HAART
  - More drug interactions

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## Literature Review on PLWHA $\geq 50$

- Increased risk for and early onset of aging conditions
  - Opportunistic infections
  - Bone density loss
  - Cardiovascular diseases
  - Diabetes
  - Kidney diseases
  - Liver diseases
- More co-morbidities
  - Conditions associated with aging
  - May contribute to delayed HIV diagnosis

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### Literature Review on PLWHA ≥ 50

- Higher rate of HIV-related dementia
- Higher rate of depression
- Limited financial, economic, and emotional support
- Fragile social support
- Not perceived as at-risk for HIV infection
  - No pregnancy worries
  - Low knowledge about HIV
  - Care providers perceive as not at risk

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### Local Information on Aging PLWHA

- Demand for medical specialty
- Need hospice and skilled-nursing services
- Need for home-based care
- Increased need for home-delivered meals
- Need for oral health services

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### What We Don't Know



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## What We Don't Know

- Is it HIV, HAART, or age that cause increased risks, morbidities, and early onset of conditions?
- How do older PLWHA compare with other older adults without HIV?
- How do recently-diagnosed older PLWHA compare with younger long-term survivors of HIV?
- Issues involving women (e.g., menopause)

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## What We Don't Know

- Effects of complicated drug interactions
- The extent of efficacy and toxicity of HIV medications on older PLWHA
- Long-term effect of HIV
- Long-term effect of HIV medications
- How older PLWHA cope with living with HIV

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## What We Need to Know



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## What We Need to Know

- Treatment guidelines for older PLWHA
  - More effective treatment
  - Dealing with pre-existing conditions common with age
  - Treatment-experienced patients
- Needs as a whole-person
- Effective prevention efforts for older individuals
- Effective approaches for early intervention and retention

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## What We Need to Do



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## What We Need to Do

- Engage older people at-risk for and living with HIV infection
  - Reduce new infection
  - Curtail delayed diagnosis and entry to care
  - Attend to needs
- Integrate prevention and care
- Cross train clinicians for HIV and geriatrics
- Provide cultural sensitivity training
- Encourage routine HIV testing in primary care settings

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## Current Steps and Directions

- Continued study on HIV aging population
  - Needs assessment, gaps analysis, provider capacity assessment, client outcomes studies
- Evaluation of medical specialty referrals
- Gradually transform care system to achieve chronic disease management and patient self-sufficiency

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## Current Steps and Directions

- Increased funding in early intervention and medical case management
- Integrated prevention and care service planning
- Prevention with Positives

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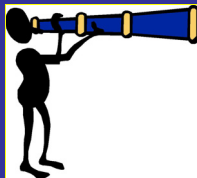
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This is just the beginning...



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## Acknowledgements

Michael Green, PhD, MHSA  
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Office of AIDS Programs and Policy

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## For More Information

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This presentation is available at  
[www.ph.lacounty.gov/aids](http://www.ph.lacounty.gov/aids)

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