

Disseminating Information about HIV/AIDS Transmission Risk in Older Adults

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Age is not a condom.

And if you can't use one,
tell your doctor.

SAFE SEX IS GOOD SEX AT EVERY AGE

Older Adults

May feel embarrassed about a continued interest in sex, and lack resources about reducing the sexual risks

May be motivated to maintain sexual activity as an expression of youthfulness; diminished interest in sex may be an unwelcome indicator of “old age”

May want to remain sexually active out of a desire to sustain intimacy in both long-term and new relationships

Golub, Grov & Tomaselli (2009)

“If people don’t consider certain behaviors ‘sex’ they might not think sexual health messages pertain to them”

Dr. William Yarber, co-
author of the Kinsey Study

For both men and women, those who rated their health as **POOR** were **LESS** likely to be engaged sexually.

Issues for Older Women and Men

- Many older women don't use protection during sex after menopause because there is no risk of pregnancy
- With age, natural lubricant decreases and vaginal walls become thinner... putting women at greater risk for STDs
- HIV/STDs have easier entry to the bloodstream of women compared to men during vaginal intercourse
- Older widowers who recently lost wives are more likely to have a STD compared to married peers
 - Within six months-1 year: 16% more likely to have an STD
 - Since 1998, STDs among widowed men increased 83%!!! (ED drugs released in 1998—coincidence???)
 - Most common STD among widowers: Gonorrhea



Audience Poll

How many times have you:

- Seen a billboard with the message that older adults may be at risk for HIV?
- Heard of an HIV testing campaign older adults
- Known about programs that teach older adults how to practice condom skills?
- Know of a drug store that supplies female condoms?
- Heard older people engaged in a discussion about sexuality in a social setting?
- Read about HIV/AIDS issues in older adults in a professional journal during the past 5 years?
- How often to older adult patients raise questions about sexual issues during your exam/interviews?

Older People Worldwide Face Rising HIV Risks

- Adults 50+ much more likely to have unprotected sex than younger people
- 50% of all HIV/AIDS cases in the US in 2015 will be in people 50+
- Many doctors, unaccustomed to talking with their older patients about sex, are too often failing to promote safer sex or to screen seniors for HIV infection.
- Widespread belief among older people that HIV is a threat only to younger generations.
- Condom use is very low among seniors
- Use of erectile dysfunction drugs has allowed many seniors to engage in sex more often, which also boosts HIV and sexually transmitted diseases risks among older people.

Risk Factors and Barriers

- Stigma
- Poverty
- Sexually transmitted diseases
- Substance Use
- Lack of Awareness of HIV Serostatus
- Unprotected sex with multiple partners
- Being a Gay or Bisexual Man, especially Men of Color
- Sex with an injection drug user
- Unawareness of partner's sexual history
- Not understanding the concept of SAFE SEX
- Not having the ability to negotiate condom use
- Not being able to use a male condom or buy a female condom

HIV Symptoms

- As fatigue, weight loss, dementia, skin rashes, swollen lymph nodes are misdiagnosed frequently in older people who are, in fact, infected
- The older adult additionally infected with HIV may feel another "loss" and endure more severe depression because of lower energy levels and restrictions in social routines (which can cause emotional/psychological problems)
- How are these symptoms similar to geriatric syndromes and symptoms of diseases other than AIDS?

HIV/AIDS and AGING

- Older adults face a double stigma: ageism and infection with a sexually-or-IV-drug transmitted disease
- Men who have sex with men form the largest group of AIDS cases in the over-50 population and often struggle to find partners in late life
- The number of cases in women infected heterosexually have been rising at a higher rate and comprise a greater percentage as age increases into the 60+



"Whoa—way too much information."

GREGORY

CN
COLLECTION

Barriers: A Physician's Perspective

- Lack of awareness of HIV/AIDS among older adults
- Lack of recognition of sexuality among older adults
- Lack of journal/conference/materials describing issues and guidance for care
- Embarrassment (for whom)?
- Time
 - An inverse relationship between the number of diagnoses and the amount of time spent discussing sexuality/safe sex

Barriers:

A Nurse Practitioner's Perspective

- Time
- Embarrassment
- “Low on the Radar Screen”
- Lack of information to give to patients
- Lack of awareness of HIV/AIDS as an issue among older adults
- Bias that older adults are not sexually active

Barriers:

A Patient's Perspective

- Provider does not raise the issue
- Provider assumed the person was not sexually active
- Time
- Trust in provider
- Gender
- Fear of offending patient

Particular Issues with Women

- Talking about sexual health issues with anyone traditionally taboo
- Negotiating with men typically more difficult
- Insisting on condom use in men unable/unwilling to use one may result in abandonment
- Lack of knowledge/access to female condoms
- Recurrent UTIs, thrush, infections, malaise attributed to aging, not HIV/AIDS
- Social stereotypes of older women who are sexually active after reproduction ends
 - Hysterectomy and menopause may increase or decrease sexuality expressions

Integrative Model of Behavioral Prediction (IMBP)

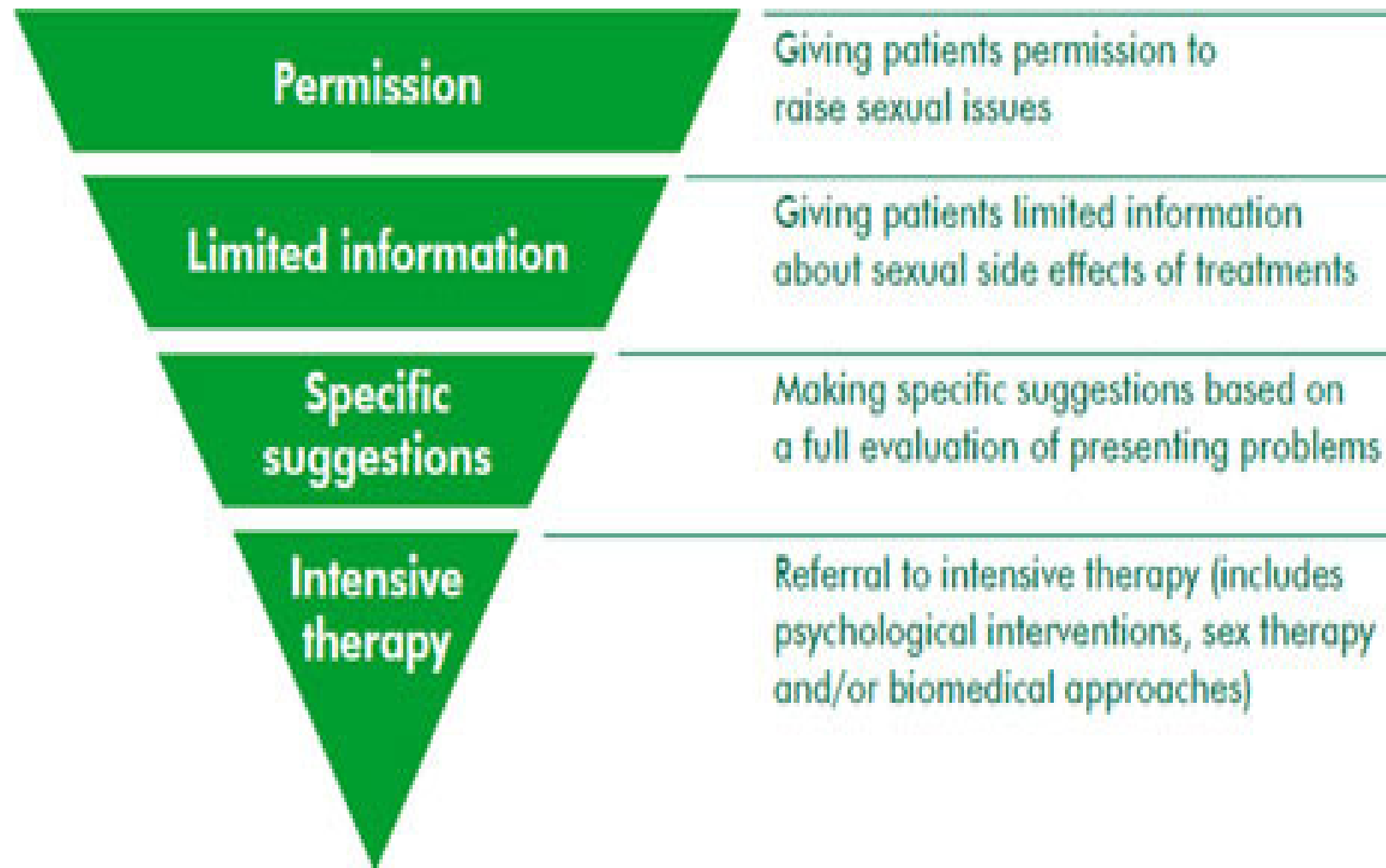
- Identifies factors that predict engagement in a behavior
- Health communication, particularly how older adults raise questions and receive appropriate answers from health providers, can be assessed by understanding behavior and needs
- Includes society's perspectives as well as the individual health provider's perceptions on a particular topic
 - Providers should explore their own prejudices, stereotypes and conflicts

To what degree does the older adult feel able to discuss sexuality, sexually transmitted diseases, safe sex or other related issues with a physician, nurse practitioner, physician's assistant or any other provider?

What Will be the Provider's Response

- Talking about sexual health
- Talking about sexual issues outside of marriage
- Talking about sexual relationships with others not the patient's spouse
- Talking about a constellation of vague symptoms that may or may not be diagnostic of HIV/AIDS
- Request for HIV testing
- Talking about issues negotiating sexual issues with others
- Talking about same sex partnerships

PLISSIT Model of Addressing Sexual Functioning (Annon, 1974)



Should it be Standard of Care for all providers to ask all patients, regardless of age this simple question:

“Do you need any information on safe sex”?

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