

Partners in Aging National Forum



“Living Longer but getting older faster!”

by Jose A. Sorzano



The **AIDS** Network

Serving Hamilton, Halton, Haldimand, Norfolk and Brant

Late 1970's early 1980s

- People living with HIV/AIDS (PHAs) faced a decline in their social, economical and health condition.
- This was especially common with those living within an extremely low income bracket.
- PHAs lost the fortitude to visualize a future living a better quality of life; death was predicted within two years of diagnosis.

1979-1982

1979

- The first death from AIDS in Canada; it has not been diagnosed as such.

1980

- There were four deaths.

1981

- *July 5* : The New York Times has first article on AIDS, “Rare Cancer: Seen in 41 Homosexuals”; ***GRID***, which stood for Gay-related immune deficiency

The word “AIDS”

July 27th, 1982

The term “AIDS” is used for the first time in the United States of America

September:

Canada had fourteen reported cases

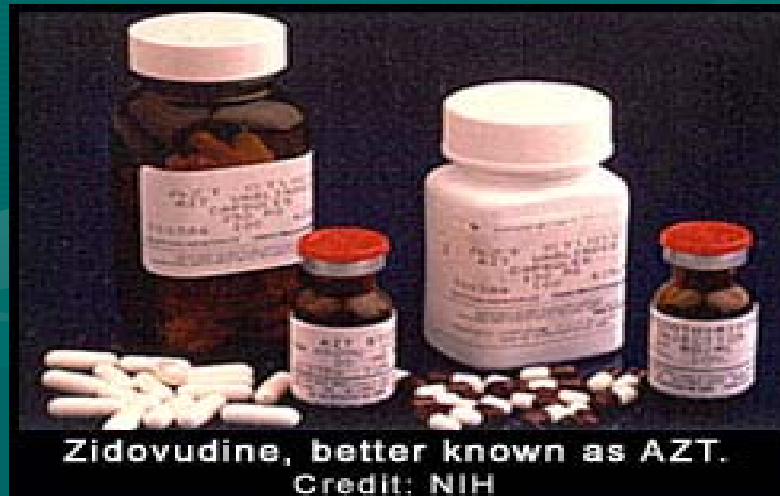
- Ten in Montreal
- Two in Toronto
- One in Vancouver
- One in Windsor

1983-1985

- HIV/AIDS first appeared in Canadian gay male population
- People infected through the blood supply
- The first Canadian death 1985
- The first International Conference on AIDS is held in Atlanta (US)
- US President Ronald Reagan mentions the word "AIDS" in public for the first time

1987 : There is a light

AZT (zidovudine, Retrovir®) -- Glaxo Wellcome -- becomes the first anti-HIV drug approved by the FDA.



1989-1993

43 769 deaths

- In the USA after two years of fighting by ACT UP, the price of AZT drops
- 1991: The **RED** ribbon is introduced as an international symbol of AIDS awareness
- CDC updates its definition of AIDS to include new opportunistic infections

1996-1998

- Efficacy of Highly Active Antiretroviral Therapy (HAART) is presented for the first time.
- The 11th Int. AIDS Conference in Vancouver: Spotlights protease inhibitors
- In record time, the FDA approves use of two protease inhibitors:

Ritonavir and Indinavir.

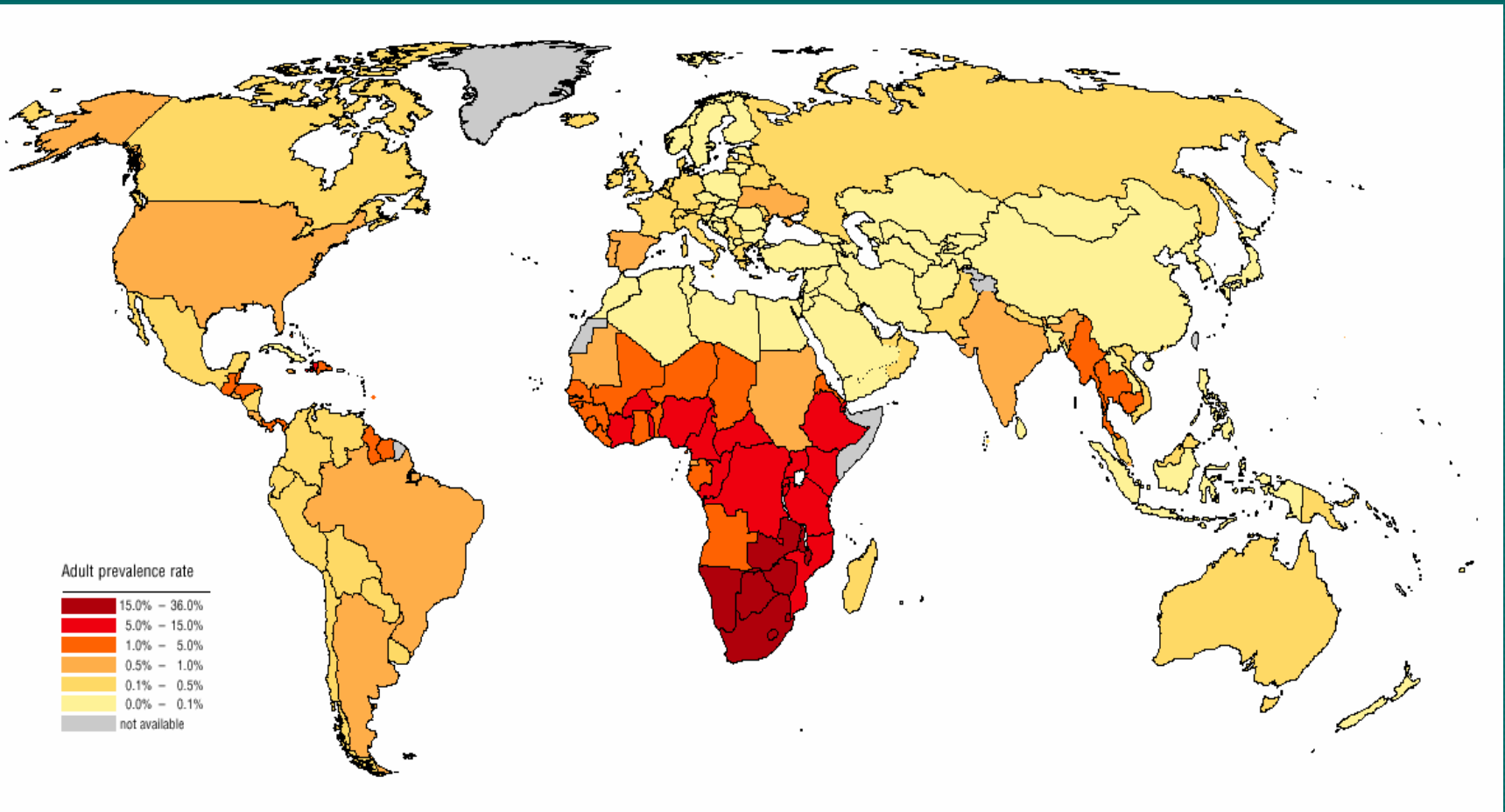
1996-1998

16,432 deaths

- First time in 16 years the number of Americans newly diagnosed with HIV drops
- Successful prevention efforts and new AIDS treatments
- AIDS deaths decline by nearly 20% following introduction of protease inhibitors

A global view of HIV infection:

33 million adults living with HIV/AIDS as of 2000



2000-2010

- Today people taking HIV treatment can expect to live into their 60s and beyond
- A 20 year old starting successful HIV treatment can expect to live to be 63
- the life-expectancy of an HIV-positive individual is approximately ten years shorter than that of an HIV-negative individual

What we know:

Two distinct populations

- Diagnosed later in life
- Long-term survivors



Social Resources

- As we age, our social resources may decline through loss of friends, family and other informal supports, such as work colleagues.
- Literature on HIV and aging suggest that older persons are at greater risk of diminished social resources compared to their younger counterparts

(Crystal & Sambamoorthi, 1998).

Today

- doctors are realizing that the miracles the drug cocktails promised are not necessarily a lasting solution to the disease
- today we identify HIV as a chronic, manageable disease
- Patients who contracted the virus just a few years ago are showing signs of what's being called premature or accelerated aging

Today

- Early senility turns out to be an increasingly common problem
- One large-scale multi-city study released its latest findings (USA), that over half of the HIV-positive population is suffering some form of cognitive impairment.

Today

- Doctors are also reporting a cluster of ailments in middle-aged patients that are more typically seen at geriatric practices, in patients 80 and older
- They range from bone loss to organ failure to arthritis
- HIV patients are registering higher rates of insulin resistance and cholesterol imbalances, and kidney cancers

(very common to an aging population)

Today

- Persons age 50+ have a high likelihood of living alone
- Those 50 and over living with HIV/AIDS had approximately a 1 in 2 chance of living alone
- Those 50+ had, LSNS scores (Lubben Social Network Scale) low enough to be considered socially isolated; compared to 27% of those ages 20-39
(Lubben & Gironde, 2003)
- In 2005 urgent housing status for PHAs living in Toronto changed from the standard waiting time (3-6 years) in Toronto to 20 years

What is healthy ageing?

Four areas we need to support individuals to promote healthy ageing:

- **Inclusion:** sense of belonging that reminds seniors they are valued by society
- **Independence:** ability for seniors to maintain their own independence
- **Contribution:** to society (through volunteering, working, family, friends, advocacy)
- **Information :** to make informed choices

- adapted from Pfizer resource “Healthy Ageing”

What we need to think about

- Improving the continuity of care for seniors by coordinating the delivery of health and social services
- Training staff, educators and students in geriatrics about HIV and aging
- Having untrained personnel carry out tasks that should normally be performed by trained professionals because “it’s an old person” has a negative impact on the quality of services

What we need to think about

- Better social conditions and healthcare services for seniors.
- Increased initiatives related to income, transportation and housing.
- Specialised medical HIV/AIDS services, including geriatric and rehabilitation services.
- Homecare and other community services provided to frail HIV seniors who are in between personal residences and nursing homes.

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Thank you !

Judy Gould

&

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