



[This Photo](#) by Unknown Author is licensed under [CC BY-ND](#)

AGING WITH HIV

Jenn Sobolik, MSN, CNP, FNP-BC, AACRN, AAHIVS

Complete Health, Rapid City, SD

INTRODUCTION

Jenn Sobolik, MSN, CNP, FNP-BC, AACRN, AAHIVS

Family Nurse Practitioner with specialization in the care of people living with HIV. She piloted an HIV Clinic at Complete Health (formerly the Community Health Center of the Black Hills) in 2017. She provides HIV testing/treatment/prevention, Hep C testing/treatment, PrEP, PEP, STI testing/treatment/prevention, and pregnancy planning and prevention.

Jenn also has a special interest in Addiction Medicine and plans to become a Certified Addiction Nurse Practitioner in the next 18 months.



Funding Acknowledgement

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under #u10HA29296, AETC Program, as part of an award totaling \$2,886,754 with 0% financed with non-governmental sources. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsement be inferred by HRSA, HHS or the U.S. Government.

<https://www.ama-assn.org/press-center/press-releases/new-ama-policies-recognize-race-social-not-biological-construct>

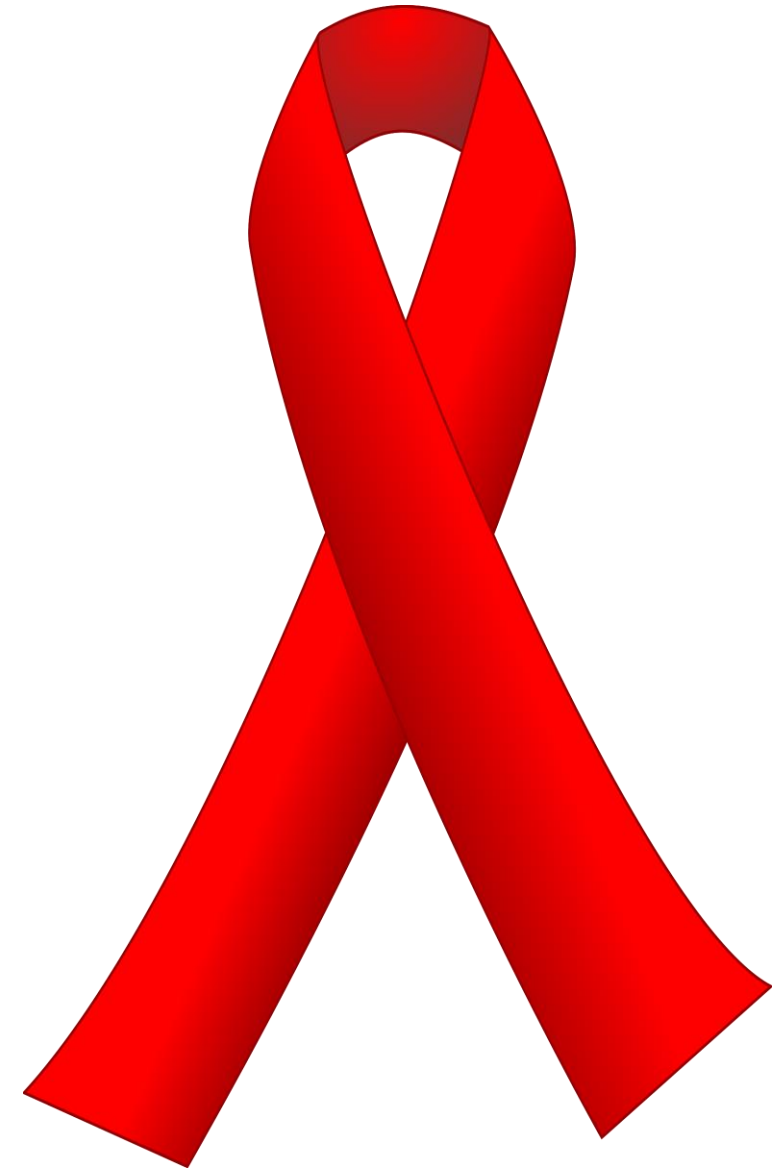
January 2022

Disclosures

- NO FINANCIAL DISCLOSURES
- PHOTOS FROM POWER POINT STOCK
- NOT A PUBLIC SPEAKER

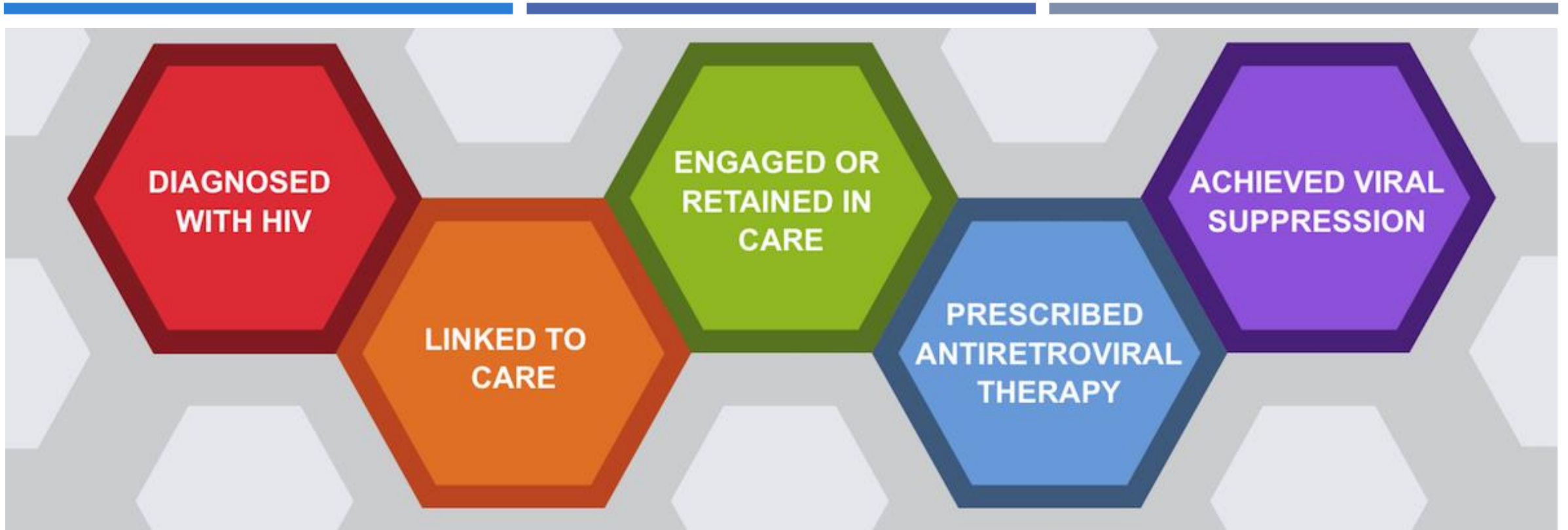
OBJECTIVES

1. Overview of HIV
2. Review HIV Statistics in ND and SD
 - Why we need to do more testing!!
3. Summarize the Impact of HIV and aging on other chronic conditions
4. Discuss strategies for monitoring co-occurring conditions
5. Discuss care coordination approaches for adults aging with HIV



A red ribbon, a symbol for HIV/AIDS awareness, is shown in a looped shape against a white background. The text "HIV BASICS" is overlaid in white capital letters on the ribbon.

HIV BASICS



HIV CARE CONTINUUM

HIV OVERVIEW

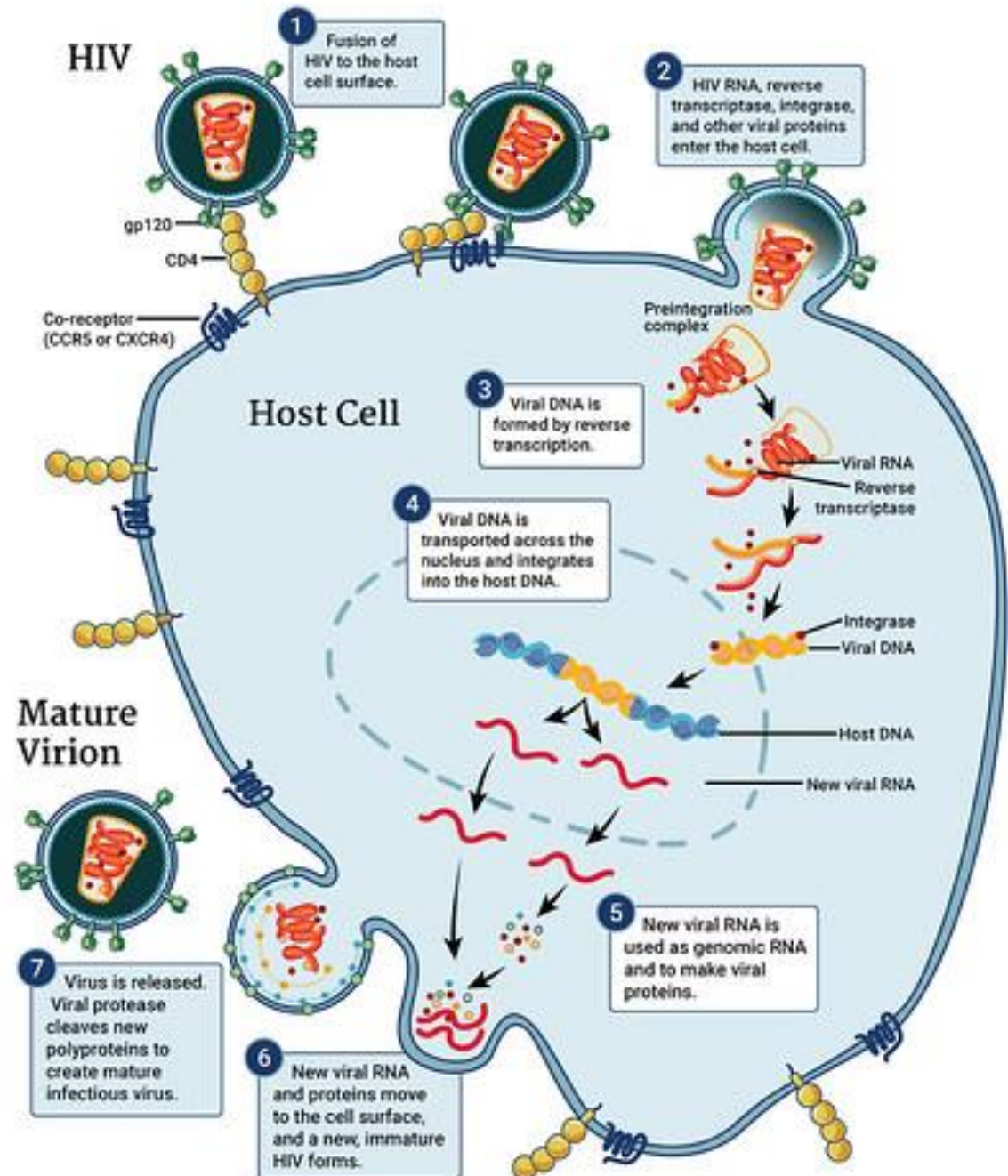
Single stranded RNA virus.

Infects a host cell by inserting itself in the host's DNA to replicate.

Spread through blood and sexual fluids.

Not spread through casual contact.

Weakens the immune system by damaging CD4 cells



THE NUMBERS

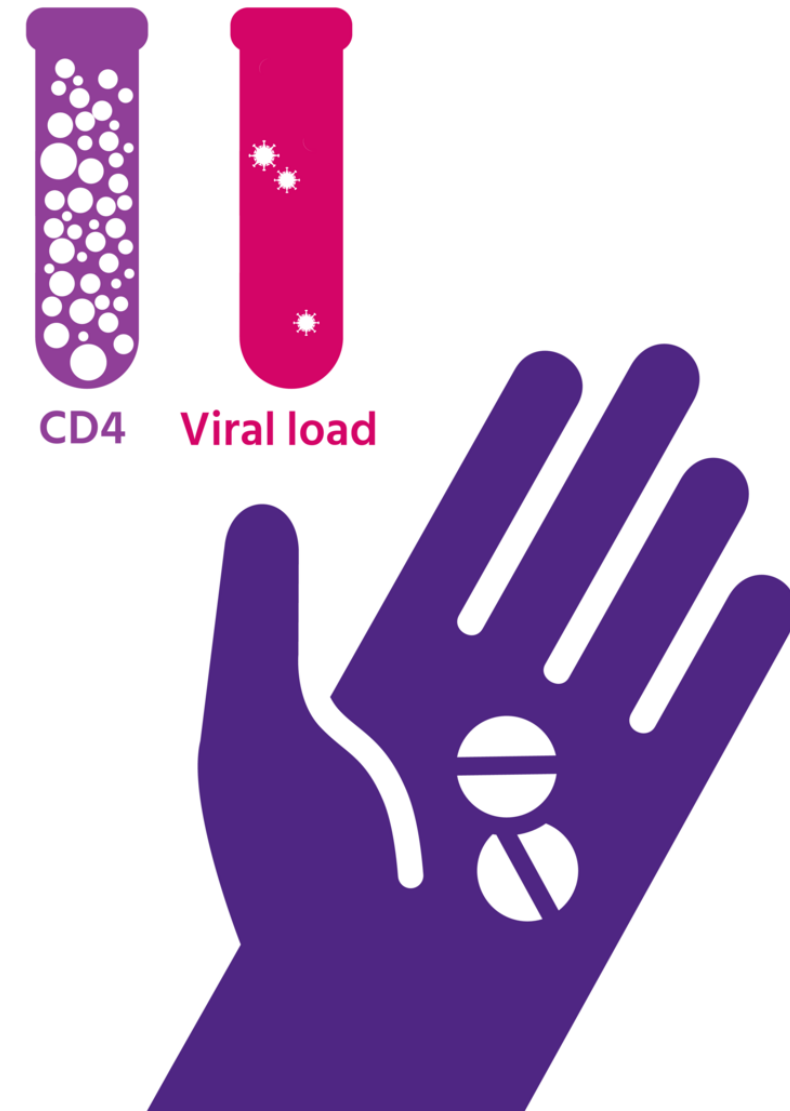
CD4 – How well immune system is functioning.

- Normal 500 – 1200

Viral Load – How much HIV is circulating per ml of blood

Typically, as the viral Load increases, the CD4 decreases.

The result of treatment should be the **CD4 going up**, and the **viral load going right down**.



HIV TESTING BASICS

HIV testing is the STANDARD
OF CARE with any STD check

One-time testing for low-risk
patients – Everyone age 13-
64 as part of routine care

Annual or more frequent
testing for high-risk patients

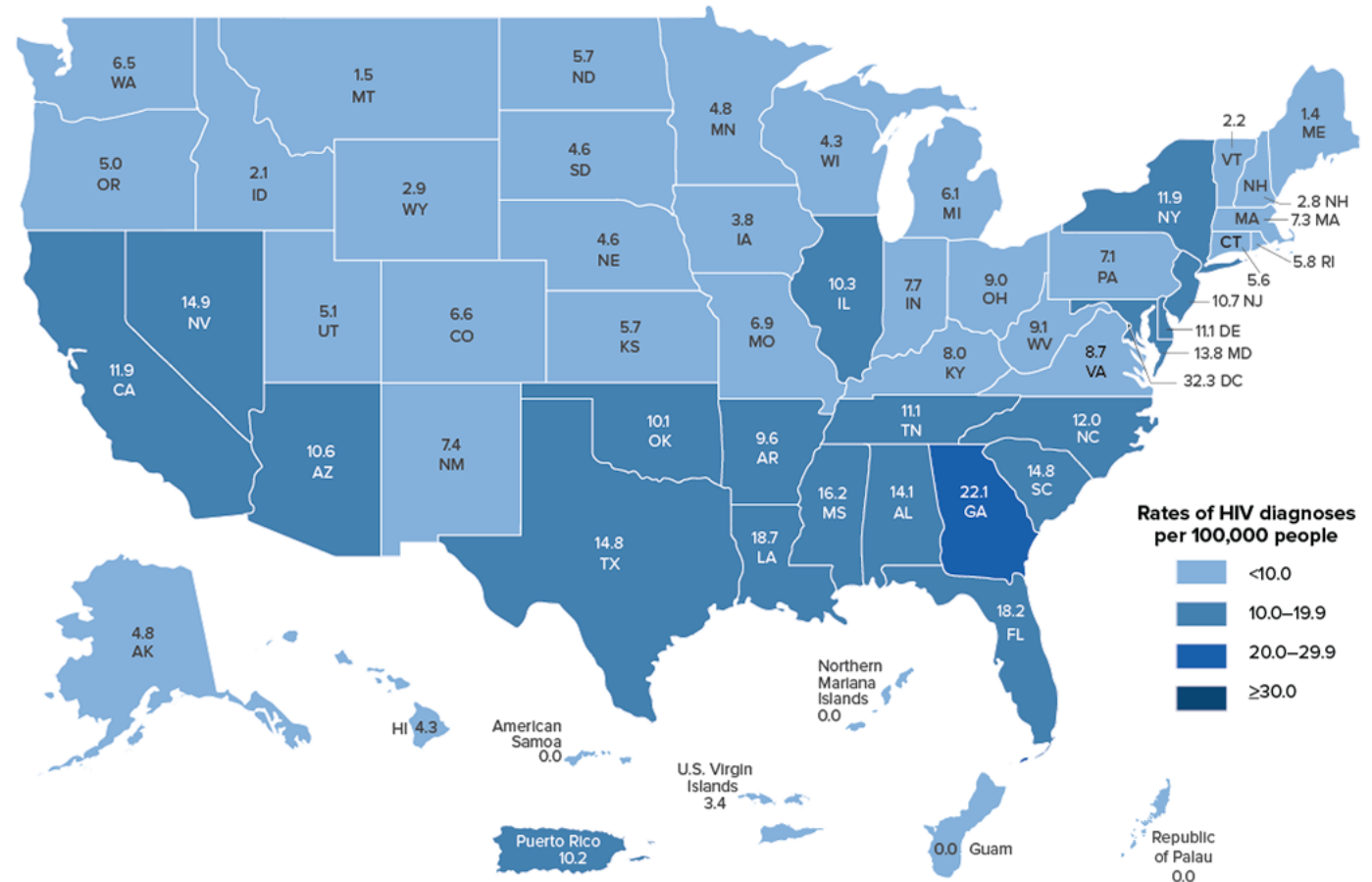
- IV Drug users
- MSM (3-6 months)
- Persons who exchange sex for money or drugs
- Sex partners of HIV-infected individuals, IVDU, or bisexual
- Pregnant Women
- Recent treatment for an STD – Increases risk of acquisition by 3-5x

A vibrant red ribbon is elegantly draped across a plain white background. The ribbon forms a large, open loop on the left side, with its ends extending towards the right. The fabric of the ribbon has a subtle, fine-grained texture. Overlaid horizontally across the center of the ribbon loop is the text "STATE STATISTICS" in a clean, white, sans-serif typeface. The text is clearly legible against the red background of the ribbon.

STATE STATISTICS

Rates of New HIV Diagnoses in the US and Dependent Areas, 2020*

The highest rates of new HIV diagnoses were mainly in the South.



Data for 2020 should be interpreted with caution due to the impact of the COVID-19 pandemic on access to HIV testing, care-related services, and case surveillance activities in state and local jurisdictions.

* Among people aged 13 and older.

Source: CDC. New Diagnoses of HIV Infection in the United States and dependent areas, 2020. *HIV Surveillance Report* 2022;33.



THE STATES WE LIVE AND WORK IN

SOUTH DAKOTA

- Population 895,000
- 725 PLWH (less than 120 per 100,000)
- 29% of age 13-64 have ever received an HIV Test
- 71% of age 13-64 have NEVER been tested
- States of “late testers” – 29% have AIDS at Dx

NORTH DAKOTA

- Population 775,000
- 543 PLWH (less than 120 per 100,000)
- 29% of age 13-64 have ever received an HIV test
- 71% of age 13-64 have NEVER been tested
- State of “late testers” – 27% have AIDS at Dx

[HTTPS://DOH.SD.GOV/HEALTH-DATA-REPORTS/INFECTIOUS-COMMUNICATIVE-DISEASE-DATA-REPORTS/HIVAIDS-SURVEILLANCE-REPORTS/](https://DOH.SD.GOV/HEALTH-DATA-REPORTS/INFECTIOUS-COMMUNICATIVE-DISEASE-DATA-REPORTS/HIVAIDS-SURVEILLANCE-REPORTS/)

[HTTPS://AIDSVU.ORG/LOCAL-DATA/UNITED-STATES/MIDWEST/SOUTH-DAKOTA/](https://AIDSVU.ORG/LOCAL-DATA/UNITED-STATES/MIDWEST/SOUTH-DAKOTA/)

WHY DO WE CARE SO MUCH ABOUT THE CD4 AT DIAGNOSIS?

- The lower a CD4 gets, the more likely the person will experience complications for the rest of their life.
 - EARLY DETECTION MATTERS.

A red ribbon, a symbol for HIV/AIDS awareness, is shown in a looped shape against a white background. The text "HIV AND AGING" is overlaid on the ribbon.

HIV AND AGING

OLDER ADULTS WITH HIV/AIDS

Currently, more than 50% of PLWH in the US are over age 50.

In 2021, 16% of new HIV diagnoses in the US were in people over age 50.

By 2030, over 70% of PLWH in the US will be over age 50.

Many PLWH who expected to live only a few years are alive and thriving

- Geriatricians not trained in HIV
- HIV Specialists without Geriatric Training
- The role of PRIMARY CARE



OLDER ADULTS WITH HIV/AIDS

PLWH tend to experience the effects of aging about 10-15 years earlier than their peers without HIV, regardless of how well their HIV is controlled.

- Age-matched controls
- Gene expression

This is more pronounced in long-term survivors.

- Past medication side effects
- Late testers

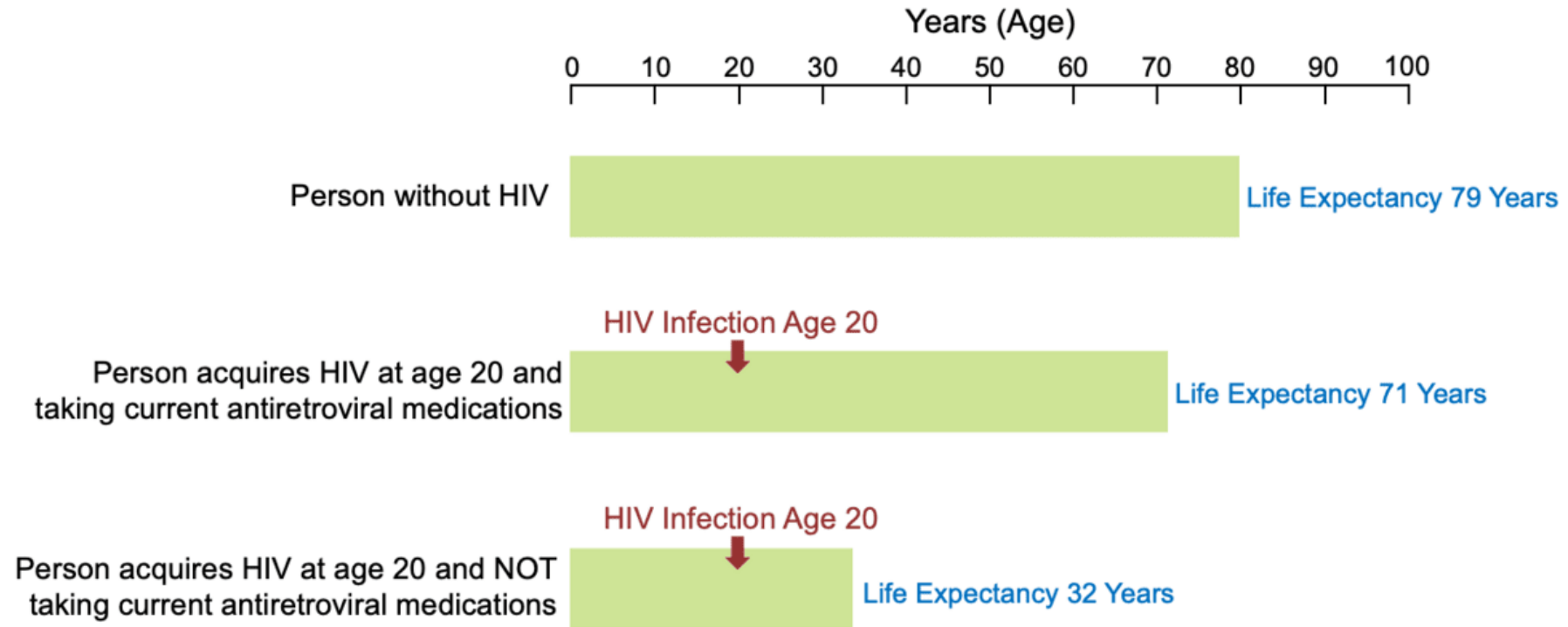
A portrait of a middle-aged man with short dark hair, a grey goatee, and glasses. He is wearing a blue plaid shirt and looking slightly to the side with a gentle smile.

SEPTEMBER 18

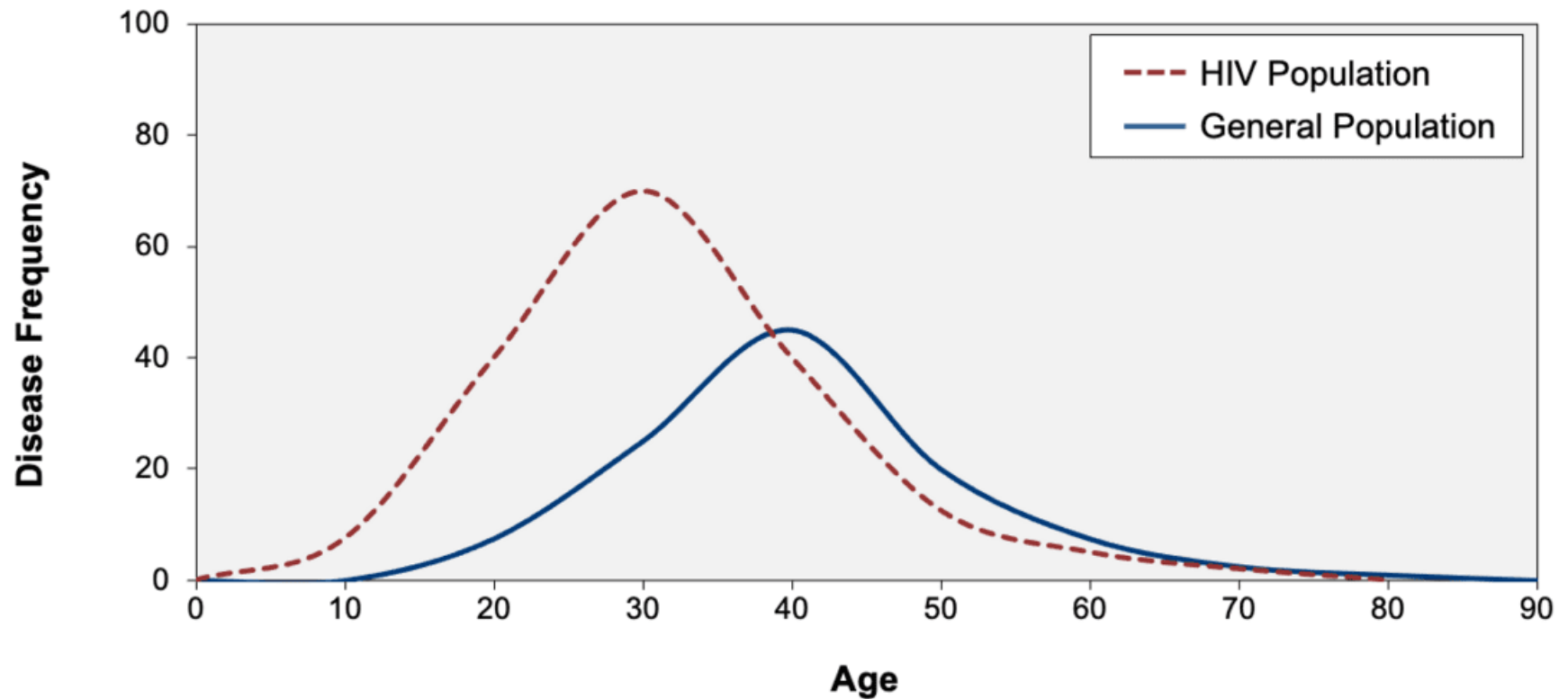
**NATIONAL HIV/AIDS AND
AGING AWARENESS DAY**



AGING POPULATION IN HIV EPIDEMIC



ACCELERATED AND ACCENTUATED AGING

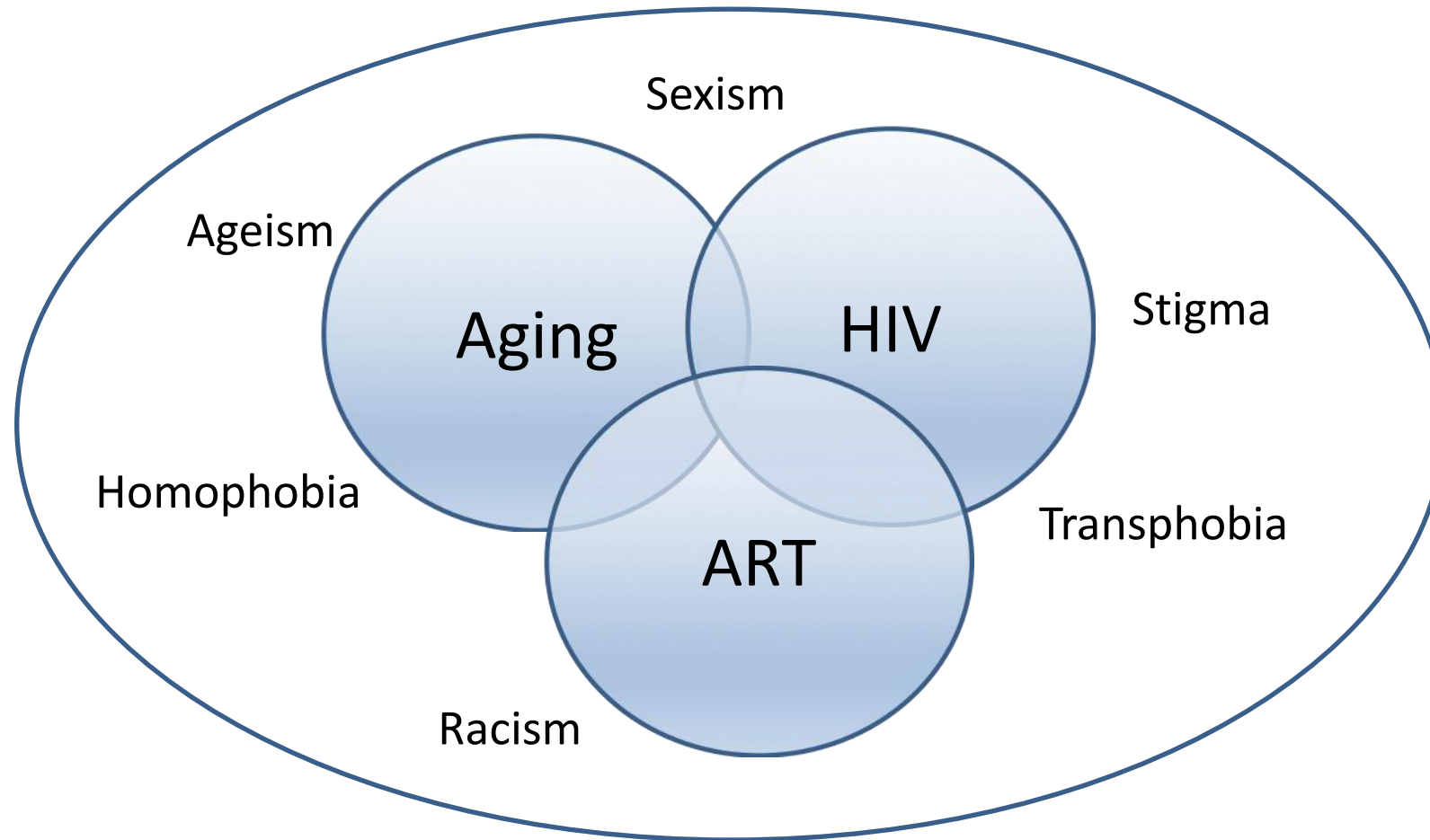


APPROACH TO AGING IN HIV CARE



- Start discussing aging earlier – around age 50.
 - Have you thought about aging? What would you like to know?
- Be familiar with screening tools
- Person-first language
- Consider advance directives
- Know local resources
 - Specialty providers
 - Palliative Care
- The Geriatric 5Ms

INTERSECTION OF ISSUES FOR PEOPLE AGED 50+





CHOOSE CAREFULLY.

Words have power.

We need to talk about HIV--but **we need to do it in a way that protects and respects the humanity and dignity of those living with HIV.** Language that implies judgment or shame fuels stigma, which kills people--and keeps the epidemic alive.

Replace these

HIV-infected
[person, parent, etc.]

HIV or AIDS patient

infected; infect [with HIV]

died of AIDS

full-blown AIDS

risky or unprotected sex



...with these

[person, parent, etc.]
living with HIV

[person, parent, etc.]
living with HIV

diagnosed with HIV;
contracted HIV; **acquired** HIV
transmit HIV

died of AIDS-related complications

This is not a medical condition
Use AIDS or stage 3 HIV.

*Be specific: e.g., **condomless** sex. See back of card for more*



POSITIVE WOMEN'S NETWORK
pwn-usa.org

PERSON-FIRST LANGUAGE

AVOID:

Elderly, old person

USE:

Person who is aging

RETHINKING AGEIST LANGUAGE

Ageist

"They" or "Them"
when talking about
other generations

Inappropriately
addressing people with
terms of endearment

"Young at Heart"
implies being young is
good, but older is bad

Speaking to an adult of a
different age with childish
language (elderspeak)

Inclusive

"We" or "Us"
to show you aren't
separating people by age

Calling someone by their
preferred name to show
respect regardless of age

Give thoughtful
compliments based on
a person, not their age

Talking to adults as a
peer and an equal,
regardless of their age

THE 5 M_s OF CARING FOR AGING PATIENTS

1. Medications
2. Mind
3. Mobility
4. Multi-complexity
5. “What Matters Most to Me”



MEDICATIONS

1. Polypharmacy
2. BEERS Criteria
<https://my.clevelandclinic.org/health/articles/24946-beers-criteria>
3. Many side effects and interactions
-Is it HIV or a side effect of a medication
4. Most caution: Statins and Steroids
5. Always Check TWO resources
-Know your HIV Pharmacist
6. Best Resource:
<https://www.hiv-druginteractions.org/checker>



MIND

1. Evaluate and treat depression
2. Helping identify, treat, and prevent delirium
3. Managing dementia
4. Maintaining mental activity



MOBILITY

1. Maintaining the ability to walk
2. Maintaining Balance
3. Preventing Falls



MATTERS MOST TO ME

1. Ask about their individual goals, preferences, desired outcomes
2. Advanced care planning
3. POA and Living Will
 - Do they have a DNR and if not, do they want one?
4. Who do they want on their team?



MULTI-COMPLEXITY

1. Comorbidities
2. Comorbidities
3. Comorbidities
4. HIV is really the least of their problems





PRO TIP:

Common things prevent commonly... and their HIV is rarely the problem.

GUESS WHAT?

PEOPLE DON'T STOP HAVING SEX AT AGE 65!

1. Current Guideline: all patients aged 13-64 should receive HIV testing one time in life.
2. Condom use
3. PrEP and PEP Access
4. STI Testing
5. Meds for menopause symptoms and hypogonadism
6. Erectile Dysfunction



This Photo by Unknown Author is licensed under [CC BY](#)



PREVENTIVE SCREENINGS

Dictated by patient health and priorities – not their HIV with a few exceptions

CANCER SCREENINGS

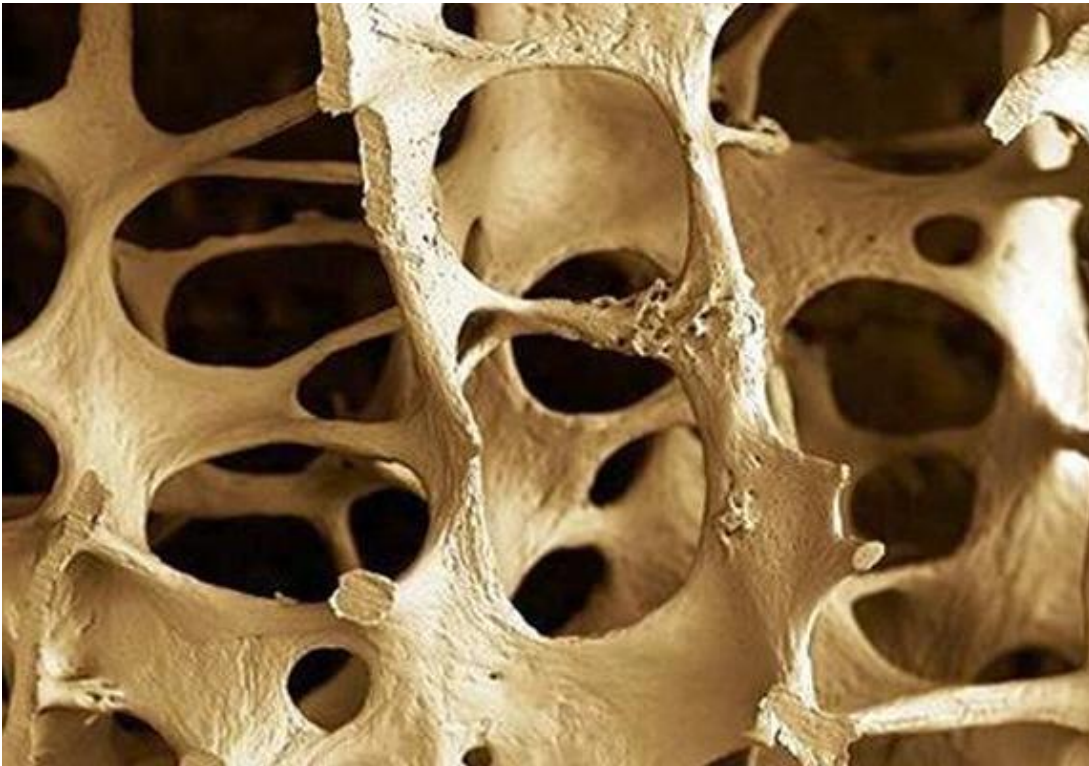


This Photo by Unknown Author is licensed under CC BY-SA

- Breast Cancer – Mammo at Age 40 – BRCA testing if family history, monthly self exams, yearly clinical exam and mammogram
- Cervical Cancer – Individualized, starting at age 55 Pap at age 21 – then ASCCP Guidelines – more frequent at new Dx
- Colon Cancer – Start at age 45
- Lung Cancer – Age 55-80 who have 30 pack-year history
- Prostate Cancer – 55-69 years – patient discussion

<https://www.ncbi.nlm.nih.gov/books/NBK567851/table/nycgprimcare.tab7/>

OSTEOPOROSIS SCREENINGS



[This Photo](#)

[CC BY-SA](#)

- Bone Mineral Density – Start at age 50 for all men and postmenopausal women with HIV
- Increased risk: low body weight, smoking, Vitamin D deficiency, Tenofovir
- Avoid Tenofovir DF in those with increased risk

A red ribbon is tied in a loop, with the ends trailing off to the right. The ribbon is a vibrant red color and has a slight sheen. The text "CARDIOVASCULAR DISEASE" is printed in white, bold, sans-serif capital letters across the center of the ribbon loop.

CARDIOVASCULAR DISEASE

CARDIOVASCULAR DISEASE

Increased risk compared to general population

No specific guideline – follow general

Non-traditional risk factors

- HIV itself, immune activation, inflammation, immunosuppression

Traditional risk factors

- Age, cholesterol, obesity, smoking



CARDIOVASCULAR DISEASE

- Lipid Panel yearly
 - More often if medicated
- Medication review
 - Careful with boosters and statins
 - Adjust doses PRN



A vibrant red ribbon is draped across the frame, forming a loop on the left and extending towards the right. The ribbon has a subtle texture and is set against a plain white background. The word "IMMUNIZATIONS" is printed in white, bold, sans-serif capital letters across the middle of the ribbon.

IMMUNIZATIONS

HIV IMMUNIZATION TIPS AND TRICKS

- Keep the CDC Immunization Schedule on your Desktop
- National HIV Curriculum
- Caution with Live Vaccines**
- Know your CD4 Count



HIV IMMUNIZATION TIPS AND TRICKS

-The following live vaccines are contraindicated in all people with HIV regardless of CD4 cell count.

- Live intranasal influenza vaccine (LAIV) (*FluMist*)
- Live smallpox/mpox vaccine (ACAM2000) vaccine
- Quadrivalent measles-mumps-rubella-varicella vaccine

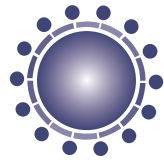
The following live vaccines are contraindicated in adults with HIV who have a CD4 count less than 200 cells/mm³, a CD4 percentage less than 15%, or uncontrolled HIV.

- Live attenuated oral Typhoid vaccine (*Vivotif*)
- Live measles, mumps, and rubella (MMR) vaccine
- Live varicella vaccine (*Varivax*)
- Live yellow fever vaccine (YF-VAX) due to the theoretical risk of developing encephalitis in severely immunocompromised patients





ADDITIONAL RESOURCES



National HIV Curriculum

www.hiv.uw.edu

Recertified for CE in fall 2023, six modules with 37 lessons and corresponding Question Bank topics address:

SCREENING AND DIAGNOSIS

BASIC HIV PRIMARY CARE

ANTIRETROVIRAL THERAPY

CO-OCCURRING CONDITIONS

PREVENTION OF HIV

KEY POPULATIONS

CREATE FREE ONLINE LEARNING GROUPS TO:

- Train or onboard staff and residents by assigning selected topics
- Review group progress reports to track CE and shape future training
- Augment medical, nursing, pharmacy, dental and other healthcare professionals training programs

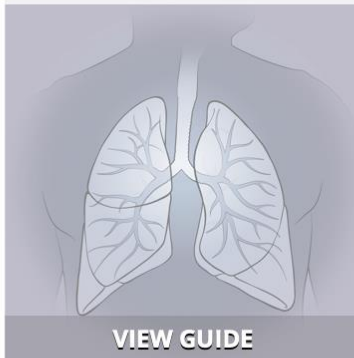
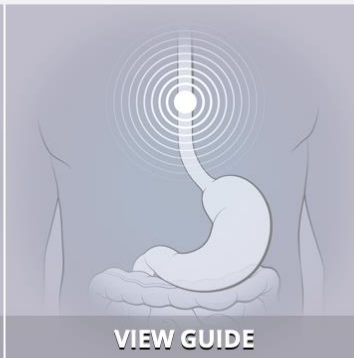
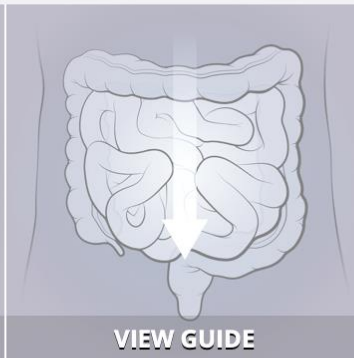
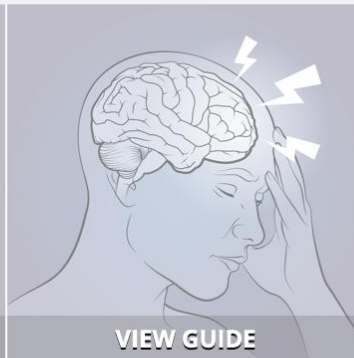
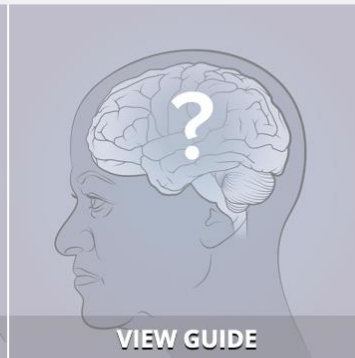


University of Washington (UW) Professor of Medicine Dr. David Spach is Editor-in-Chief of this site and four other curricula about HIV PrEP, STDs, HCV, and HBV. All sites offer FREE CE. Created and managed by the UW Infectious Diseases Education & Assessment (IDEA) Program (idea.medicine.uw.edu).



HIV Symptom Evaluation Guides

Each *HIV Symptom Evaluation Guide* provides clinicians with a framework for evaluating certain common symptoms that individuals with HIV may experience. These guides offer a summary of important clinical questions and considerations, as well as decision trees to help with the evaluation process.

[Download All Guides](#)[Share](#)[VIEW GUIDE](#)**Cough and Dyspnea**[Download PDF](#)[VIEW GUIDE](#)**Odynophagia**[Download PDF](#)[VIEW GUIDE](#)**Diarrhea**[Download PDF](#)[VIEW GUIDE](#)**Headache**[Download PDF](#)[VIEW GUIDE](#)**Memory Changes**[Download PDF](#)



CDC HIV NEXUS

<https://www.cdc.gov/hiv/clinicians/index.html>



CONTACT ME ANY TIME!

JENN SOBOLIK, CNP

Complete Health Rapid City, SD 605-721-8939 ext 235

jsobolik@chsd.care

REFERENCES

[https://www.nursesinaidscare.org/files/HIV%20and%20Aging/hiv-306532-aging-related-concerns-of-people-living-with-hiv-referred-fo\(1\).pdf](https://www.nursesinaidscare.org/files/HIV%20and%20Aging/hiv-306532-aging-related-concerns-of-people-living-with-hiv-referred-fo(1).pdf)

<https://www.iasusa.org/2021/06/29/2021-virtual-hiv-chicago-podcasts/?#1594165754968-0f12e2f1-35ac>

<https://www.hhs.nd.gov/health/diseases-conditions-and-immunization/HIV>

<https://www.pwn-usa.org/news-views-media/hiv-media-resources/>

<https://aidsvu.org/local-data/united-states/midwest/south-dakota/>

https://www.hhs.nd.gov/sites/www/files/documents/DOH%20Legacy/HIV/08_NDDData.pdf

<https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/aging-guide-new-elements.pdf>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8806384/#:~:text=In%20this%20article%2C%20we%20present,multicomplexity%2C%20and%20what%20matters%20most.>

<https://acl.gov/news-and-events/acl-blog/older-adults-hiv-aids-growing-population>

<https://www.hhs.texas.gov/hhs-brand-guide/grammar/person-first-language>

<https://doh.sd.gov/media/ioeb2js5/hivsurveillancereport2022.pdf>

<https://my.clevelandclinic.org/health/articles/24946-beers-criteria>

https://www.va.gov/covidtraining/docs/HIA_TipSheet_Geriatric_5Ms_19.pdf

<https://www.ageoptions.org/news-and-events/turning-up-the-volume-on-ageism/>