Date: 2-13-14

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>> Speaker: Just to let everybody know the HIV and Aging Exploring Issues of Prevention in Older Adults will start in about ten minutes.

>> Thomas: Hi, everyone. Just to let you know we will starting the webinar in two minutes. Stay with us. We will be starting in two minutes.

>> Speaker: This webinar will be exploring issues in older adults and presented by Thomas. Before we move into the presentation I would like to quickly review a few quick tips regarding the webinar technology. First, if you can't hear the audio, then hopefully you could see the slide and dial into the audio portion using a telephone that is listed on the slide and if you call in and using a speaker phone to listen to the audio and any difficulty hearing and microphone and any technical difficulties we can always call the Webex customer support line listed on the bottom right off the slide. This is be transcribed through Communication Access Real-time Translation. This is shown on the bottom right-hand side of your screen in a panel called media

viewer. To revise the media viewer move your curser to the top of the title bar until it changes shape. Then drag up or drag down. Before we begin the presentation I would just like to thank everyone that this webinar will be recorded and made available on the CATIE website soon after the webinar has concluded. So please wait while we begin recording.
>> Thomas: This webinar will focus on HIV transmission prevention in older adults. A webinar on relating to aging with HIV will be scheduled in the coming year. The definition of older adults varies in literature and is usually over the age of 50 or 55. For the purposes of this webinar older adults are people over the age of 50 unless otherwise specified. In today's webinar we will be covering infection trends, challenges for prevention within older adult communities and exploring existing resources. Learning objectives for this presentation are to explore the barriers of HIV prevention for older adults and to learn about current infection trends. Emerging data is suggesting that older adults are engaging in risky sexual behaviors. In one study 90% of people over the age of 60 considered sex an important part of life and 75% of those between 65 and 74 consider themselves sexually active. Studies are showing being older has been associated with having incorrect information concerning prevention, including many older adults do not consider unprotected sex as a

high risk activity. Often older adults visiting emergency rooms or their doctors presenting with common nonspecific HIV symptoms such as fatigue are being misinterpreted as issues of aging. Physicians and other healthcare practitioners may not consider older adults at risk for acquiring HIV. As a result when older adults do get tested, many are diagnosed with HIV and AIDS concurrently or AIDS one year within testing positive for HIV. What issues are we seeing in terms of HIV in older adults in your organization and in your communities and who's being affected? Over the past few years of presenting face-to-face workshops on aging and HIV we have heard the following responses. This is not an exhaustive list rather representative of common answers. Being affected older men who have sex with men, PHA's or people with HIV living longer lives, reaching 50 plus. And HIV survivors and heterosexual women becoming single at an older age through divorce or being widowed who are uninformed about safer sex and transmission risk when dating or on vacation. Heterosexual women on vacation having risky sexual encounters. Within medical literature there are three main groups defined. The first one is men who have sex with men and long-term people with HIV, those aging with HIV. Recently diagnosed over 50. Infected but undiagnosed over 50. Many older men -- gay men have lived through a time that saw a

large part of their social circle die and were not able or not willing to rebuild it. In addition to isolation felt by many seniors older men who have sex with men still experience homophobia from others in their age group. This along with survivor guilt and ageism in the gay community can lead to a self-imposed isolation. Some HIV and aging issues. Stigma of HIV and sexuality. Being older, being older and sexual. Around disclosure. Sexual discussions. Negotiating condom use, the don't ask don't tell issue. Lack of resources for older folks. Defining or understanding elder sex. Gerontologist, erectile dysfunction, isolation, fears, stigma, ignorance of older person's healthcare providers. Physicians and medical practitioners and individuals needing to become health project managers versus HIV specialists alone. Medical care gap unfamiliarity among PHA's who are medically active pre-heart or highly active anti-retroviral therapy but now out of the system. Let us now look at infection trends. HIV test results among those 50 and over are showing increase in infection in older adults. We are also witnessing an increase in the risk category of heterosexual sexual contact. In 2007 HIV infection over 50 was shifting from a majority of the men who have sex with men or MSM to heterosexual contact. emerging data suggesting that older adults are engaging in risky sexual behaviors. Seen here from

the PHAC 2011 report the green and purple lines represent heterosexual contact both have been increasing since 2002. This data shows heterosexual contact is an increasing risk factor among older Canadians. There's a steady trend in PHAs over 40 in the last 12 years. As the graph shows older PHA age groups are the only groups steady increasing and reflects global trends. Here aging HIV trends from around the world, HIV infection rates in those over 50 have almost doubled in the U.S. from 17% in 2001 to 29% in 2010. The have doubled in the UK between 2000 and 2007. Have tripled among Brazilian women 2004 to 2009. They have also increased from seven to 12% in Argentina where the lack of sex education for older adults is blamed. This graph is from the HIV and AIDS in Canada surveillance report to December 31st 2012. Age and sex distribution. In 2012 23.1% of all cases were females. Over the past decade the proportion of female cases has remained generally stable at approximately one quarter with only slight fluctuations since 2001 and peak of 27.8% in 2006. Important to note the overall age distribution of positive case reports for females varies from that for males. The diagnosis generally being made at a younger age in females. From 1985 to 2012 the proportion of case reports attributed to the three youngest age groups was higher among female than male cases. In contrast

among males there was a higher proportion of case reports attributed to the three oldest age groups. 39% of male cases were within the 30 to 35 years age group. 24.3% of males were within the 40 to 49 years age group and 11.3% of males were within the 50 years and older age group. We are seeing an increase of STI rates in Canada. There are three STIs tracked in Canada. Chlamydia, gonorrhea and infectious syphilis. From 2000 to 2009 there has been an increase in cases of rates of infection for all three STIs. You can see in this chart the rapid increase of syphilis. STIs are also on the rise among older Canadians. From 1997 to 2007 there's been 166% increase in chlamydia, 210% increase in gonorrhea and over 1,000% increase in infection syphilis. This occurs in the general aging Canadian population except among Aboriginal groups. Aboriginal populations are generally much younger with higher death rates but are projected to age also. In 2001 the median age was 24.7 versus 37 for other Canadians. To 27.8% in 2014. Canada's population has been aging over the past 30 years. In 1981 seniors made up 10% of the population. In 2011 it was 14% and by 2041 it is projected to be 25%. Seniors are projected to double from 2001 to 2041 with aging baby boomers. From globalpost.com some STI numbers from our closest neighbours, the U.S. are also seeing an increase in infections for older adults. In

England their STI rates almost doubled in adults over 45 from 2000 to 2009. So with all of that technical and statistical information discussed, let's move on to some physical issues faced by older adults. The natural aging process has an impact for both men and women and include the shortening and narrowing of her vagina, her vaginal walls can become thinner and most women will have less vaginal lubrication. These changes can cause tears during sex and can make sex less pleasurable. Using lube can help replace the natural lubrication increase pleasure. For both sexes as we age the anal tissue can become frail and easier to tear. This includes during sex. Erectile dysfunction for men can become a problem. There are medications that can help such as Viagra. However, this can be a barrier for men as many are not comfortable discussing the topic with their healthcare providers or sexual partners. Other issues that can affect sexual satisfaction or even attempting to have sex at all include arthritis. With joint pain caused by arthritis can make sex painful and unpleasant. Chronic pain may affect your interest in sex and ability to enjoy it. Some medications -- some pain medications can affect erections in men. Diabetes can cause erectile disfunction in men. For women less is known about the impact of diabetes on sexual health. Women are more likely to get yeast infections which can cause itching

and discomfort. Heart disease. The blood doesn't flow as freely if the arteries have narrowed or hardened. This can cause erectile dysfunction in men and both men and women can find it more difficult to reach orgasm. Incontinence. A common health challenge as we age not being able to control the bladder especially when pressure is put on the abdomen or belly is a barrier for many people wanting to have sex. A stroke can cause -- can affect people's ability to have sex. If there's a weakness or paralysis, sometimes changing positions or using devices designed for people with mobility issues can help. Some people with paralysis below the waist still have orgasms and experience pleasure. Some people with dementia show increase in sexual desire and closeness. They may no longer be able to understand what is appropriate sexual behavior. This is where a healthcare specialist trained in supporting clients and families experiencing dementia can help. The final condition that we will discuss is depression. As for all ages, depression can cause a lack of interest in sex and intimacy. Speaking with the doctor about anti-depressants or other medication and activities that can help reduce the severity of depression can help. Many doctors and other healthcare professionals make the mistake and assumption that if their older patients don't bring up the topic of sex they aren't having any.

Another common reason to avoid talking about sexual activity is that healthcare providers and many others are not comfortable talking about sex and sexuality with adults from their parents or grandparents generations. On the other side of the exam table many older adults do not feel comfortable discussing sex with the person of their child's or grandchildren's generation. There can be an awkwardness on both sides. If a patient sees the health or service provider being uncomfortable with the topic, the patient may shut down or change the topic to avoid embarrassment. The awkwardness can be the reason the topic is never brought up.

Healthcare providers can have their own bias and stigma toward HIV and who can get it. That bias can play a role in refusing to test for HIV and STIs when they do not consider the person in front of them at risk. Many still carry the belief that only gay men and injection drug users are at risk. The awkwardness of discussing sex can then limit the discussion of risk activities and exposure risks. With estimates around 25% of people living with HIV unaware of the status, it is important for sexually active adults to get tested on a regular basis. This is not restricted to older adults. In all age groups there can be missed opportunities to screen for STIs and HIV. Some parts of Canada have seen that many people presenting to emergency room doctors with STIs are not offered an HIV test. Service

organizations including AIDS service organizations can start or expand the outreach to seniors. When developing prevention campaigns engaging with seniors to develop feature in these campaigns is way to engage the demographic. There are only a few examples of STI and HIV education and awareness campaigns targeting older adults, gay or straight. Most often older adults are not the primary or even secondary audiences for prevention education. Perhaps the bias or awkwardness of healthcare practitioners is found in other front line service providers and those that organize prevention campaigns and develop educational materials. Here is a poster from New York City as a part of a series of posters targeting older adults. Notice the name of the campaign. Age is not a condom. There are a number of different images of older adults used in this campaign. This picture is a little fuzzy but the best we were able to download from the internet and it is an example of an HIV testing campaign. This example too comes from New York City. On the right are four check boxes. Blood pressure, breast and prostate exam, cholesterol test and at the bottom HIV tests. This campaign seeks to include HIV testing as a part of regular blood work. Here are two images of community resources. The first one on the list is from Nova Scotia and there's a booklet developed by and for seniors. Covers a wide range of

sexual health concerns for seniors. These include HIV, STIs, how to put on a condom, sexual drive, sexual diversity, online dating and a number of other topics. There are many quotes from seniors and great pictures of seniors throughout the booklet. The target audience for SOS are seniors in the general population. It does not focus on HIV or other diseases but is booklet focused on healthy sexuality. The other example on the slide are women aging with grace. It is a guide for HIV positive women who are aging. Its primary focus is helping women live well with HIV if they age. Health matters to consider et cetera. Sexual health is not a major focus but mentioned in a few different sections alongside other health topics. Another program that we were not able to find a graphic for is gay and gray. A support group for gay men who want to talk about issues related to aging and it is from British Columbia. It is open to all gay men of any age but most are over 55 according to the website. It is a mixed HIV status group being HIV positive is not a requirement. With more and more people with HIV living longer, their simply are will be more people with HIV in the 50 plus category thus more chances of connecting with someone who's HIV positive. Note an estimated 20 to 25% of people are not aware of their status. Single at an older age due to divorce or being widowed and re-entering the dating scene or starting to date again.

For most older adults they are not use to going to a doctor or clinic to have regular HIV, HCV and STI tests and screening and nor are they able to understand and locate the services, how to ask for them and the stigma that can get in the way. Disclosure of HIV status by older adults newly infected with HIV, the self-imposed feeling of shame including I knew better to make disclosure very challenging. Adults over the age of 50 came of age before HIV was discovered. Many do not see themselves at risk for HIV or even STIs. They were taught that condoms are used to prevent pregnancy and once women reach menopause and pregnancy is no longer a risk they stopped using condoms. Older adults tend to view HIV and STIs as a young person's diseases. Prevention messaging has traditionally targeted younger adults since the beginning of the HIV epidemic. Images of youthful adults on posters and campaigns can be easily found in most communities across Canada. Take a moment and think about the messaging you have seen regarding at risk individuals. How often do you feel people with gray hair in these campaigns. HIV is still a gay disease in the minds of many older adults, particularly straight adults or heterosexual adults as they have not been immersed in HIV awareness to the same degree as gay older adults. While this attitude can be seen in all ages of Canadians because older adults have been left out of

prevention messaging they have not had the stereotype challenged. There are also challenges with where older adults can meet up for sex. In many care facilities there's no infrastructure to support sexually active adults. For example, some long-term care facilities segregate men and women to different wards or floors. Many people share rooms or the rooms are not private. Marketing for many retirement residents promote active lifestyles but how prepared are they for sexually active adults. Add homophobia into the mix makes life more challenging for LGBT folks. For far too many adults fixed incomes and poverty can make it impossible and impractical to rent a hotel room for sexual encounters as an example. While there are assistive devices to help people with mobility issues to have sex finding these devices can be challenging and more so for people that live in communal living environments such as semi private senior's homes or living with their adult children. We discussed infection trends at the beginning of the webinar and learned that more and more people over the age of 50 are being diagnosed with HIV and that more people living with HIV or over 50. I just realized that with this slide we have an animation so a lot of the words are missing. I will read the words. There we go. We also went though many of the barriers to HIV prevention in older adults. There are age-related body changes, tissue fragility,

ignorance about HIV risks and lack of sex education. Doctor practitioner ignorance about HIV risks and misconception that older people are not having sex. Some considerations and questions. We are not going to really be able to deal with the answers to these, but something for you to take away and think about for your work. How comfortable are you with talking about sex to older adults? And now that I will leave you with two questions to ponder as you and your agencies move forward, how will your organizations include older adults in prevention, support and outreach? Thank you.

>> Speaker: Thank you, Thomas. This ends the presentation on HIV and aging from a presenting perspective. We will now open the line to questions. Please feel free to type your questions or comments in the chat window on the left side of your screen. Just a note, we may not be able to address all questions and comments, especially if they're not directly related to this topic, but otherwise please feel free to type in your questions and we will try to answer as many of them as we can. Don't see any questions so far. And there might be one coming in right now. There's a question what can be done to support programming age of population of person living with HIV?

>> Speaker: I think there's a number of things that can be done. First and foremost starting to talk to older clients about their issues and what they want to see.

Really the key to this presentation was about including older adults as we even try to do with the various pictures on the PowerPoint.

>> Speaker: We also have a comment. Someone written in saying some of the statistics are staggering and it is true. Older adults are not often considered in outreach programming. Do you have anything to say to that, Thomas? Do you agree with the statement?

>> Thomas: I absolutely agree with the statement. I think any population that doesn't have prevention targeted toward it, you're going to see higher rates of infection.

>> Speaker: Any more questions out there? Looks like that's it for now. So just to remind everybody once the webinar has ended your browser will automatically direct you to an evaluation page and we really appreciate the feedback and we will use it to continue making our webinars even better. So our next webinar will be looking at starting HIV treatment from guidelines to practice and it will be on Thursday, March 6th. And Michael Bailey will deliver that webinar. Thank you very much for joining us. Thank you, Thomas.

>> Thomas: You're very welcome. Please remember this webinar will be posted shortly for people to view or review and webinar on HIV and growing older with HIV will be planned in the new year.

>> Speaker: If you have questions feel free to call the

1-800 number or send e-mail to Thomas that presented this webinar. Thank you very much for joining us and have a good day.

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