Are We Ready for the Aging HIV-Positive Population?

PLWHA Fifty Years and Older in Los Angeles County

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Los Angeles County

Square Miles: 4,086 Population¹: 10.3 Million

Latino/a 47%
White 28.9%
Asian/Pl 12.6%
African-American 9.0%
Native American 0.3%

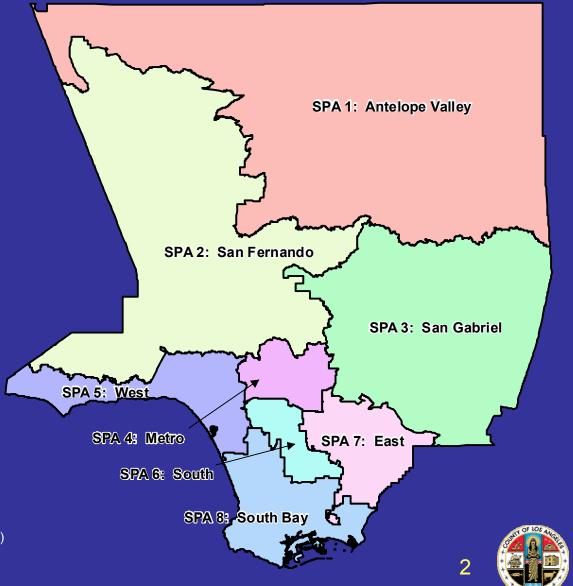
Proportion of California Population²: 29%

Proportion of California AIDS Cases³: 36%

Proportion of U.S. AIDS Cases³: 5%

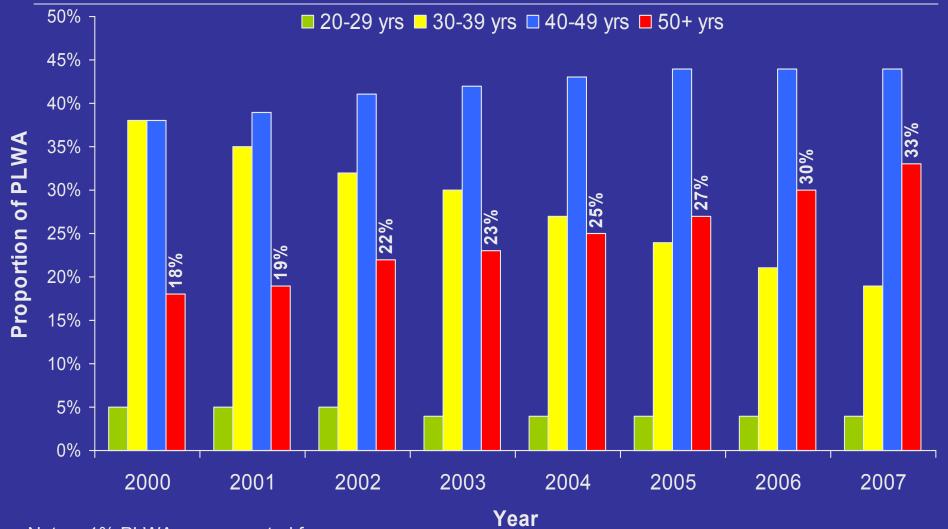
Living with HIV/AIDS³: 60,000 (Estimated)

¹United Way, Los Angeles (2008) ²U.S. Department of Commerce (2008) ³Los Angeles County HIV Epidemiology Program (2008)



Revised: 5/29/08

PLWA ≥ 50 in Los Angeles County 2000-2007



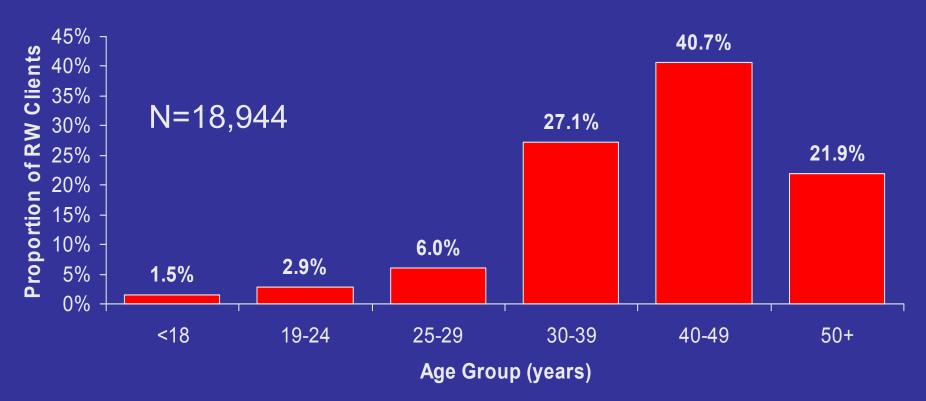
Note: <1% PLWA were reported for age groups <13 yrs and 13-19 yrs from 2000-2007

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	374	16.4% Of new AIDS cases 2006-2007

Where Are We Now?

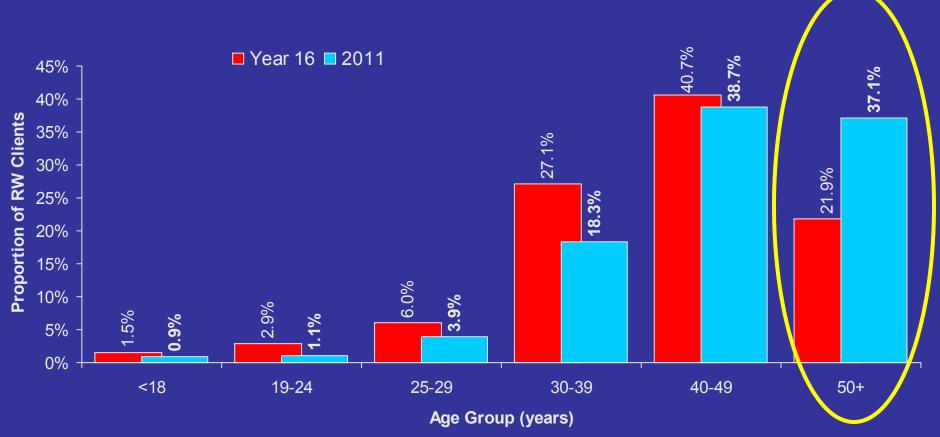
- Ryan White Clients ≥ 50 in LA County, 2006
 - 4,147 (21.9%) of total Ryan White clients





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)



What We Know

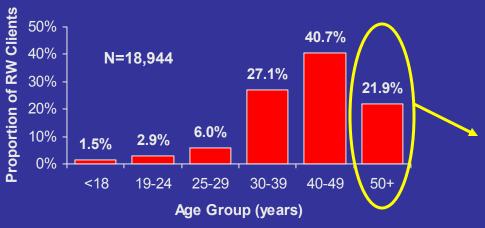


What We Know

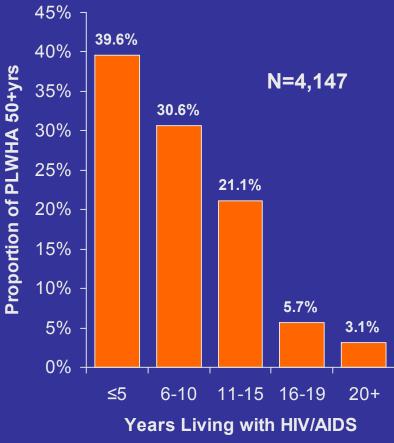
- Increased number of PLWHA ≥ 50
 - Mass number will confront aging issues in the next decade
- Existing knowledge on older PLWHA is scarce
- Current studies do not provide conclusive evidence on treatment needs
- Need to look at 3 groups of PLWHA ≥ 50
 - Recently diagnosed
 - Long-term survivors
 -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



Years with HIV



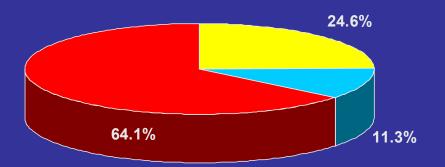
- Comparison of 3 subgroups of PLWHA 50+ years:
 - Had HIV ≤ 5 years (n = 1,643)
 - Had HIV 6-19 years (n = 2,377)
 - Had HIV ≥ 20 years (n = 127)



HIV/AIDS Status

PLWHA ≤5 Years

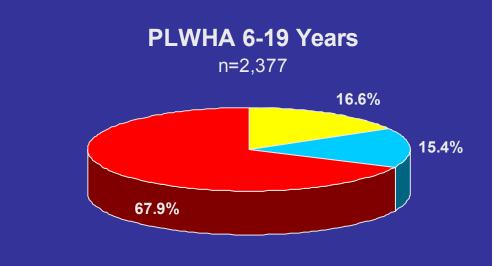
n=1.643



■ HIV+, Not AIDS

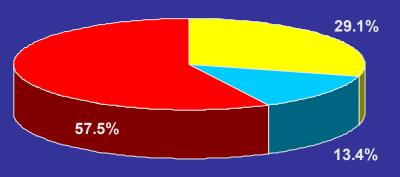
■ HIV+, AIDS Status Unknown

■ CDC Defined AIDS



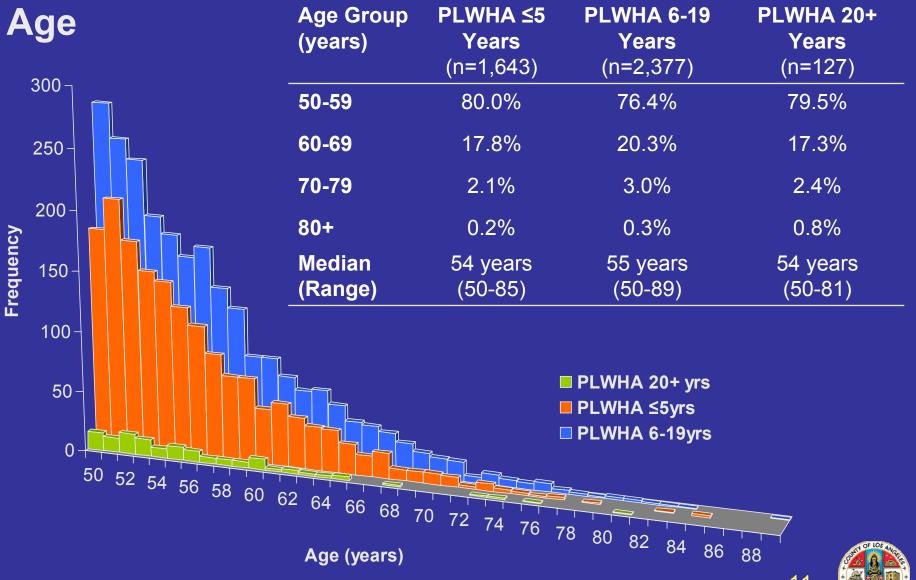


n=127





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

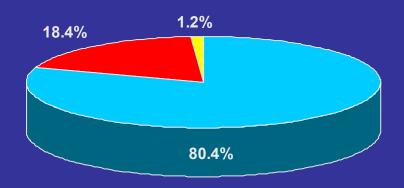


1

Gender

PLWHA ≤5 Years

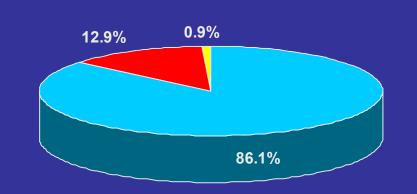
n=1,643



■ Male ■ Female ■ Transgender

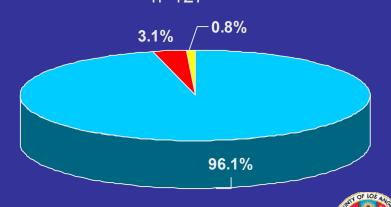
PLWHA 6-19 Years

n=2,377



PLWHA 20+ Years

n=127

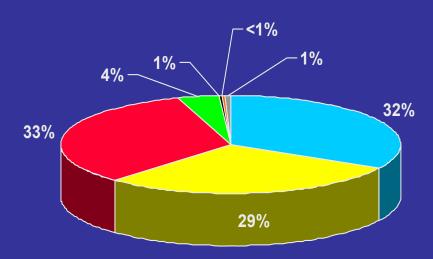


2

Race/Ethnicity

PLWHA ≤5 Years

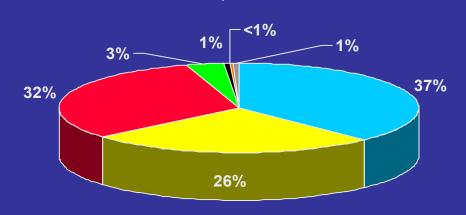
n=1,643



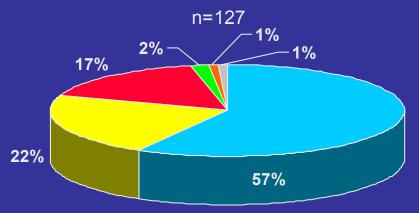
- Caucasian/White
- African-American/Black
- **■** Hispanic/Latino
- Asian/Pacific Islander
- American Indian/Native American
- **■** Mixed or Other
- **■** Unknown/Missing

PLWHA 6-19 Years

n=2,377

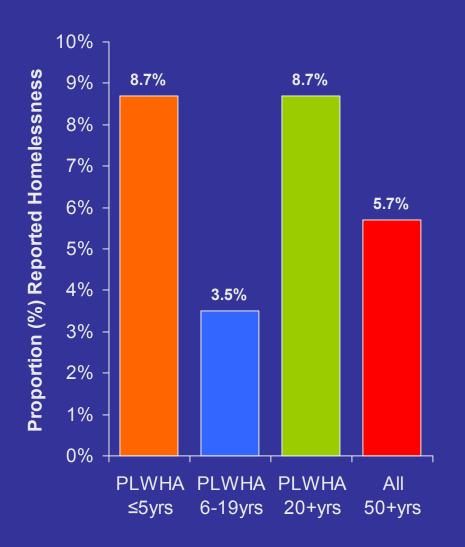


PLWHA 20+ Years

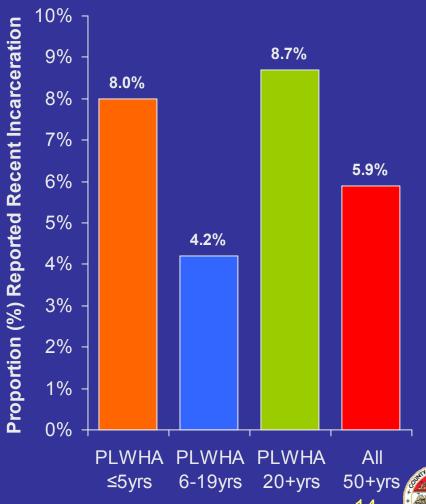




Homelessness



Incarceration history in the past 24 months

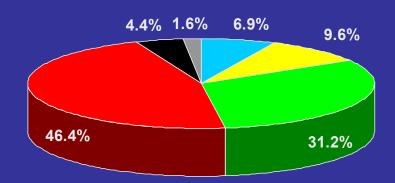


Data Source: Casewatch Year 16 (March 2006 – Feb 2007)

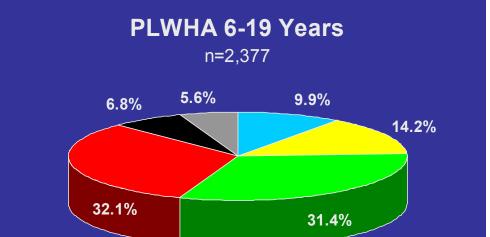
Type of Insurance

PLWHA ≤ 5 Years

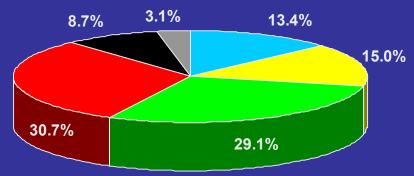
n=1,643



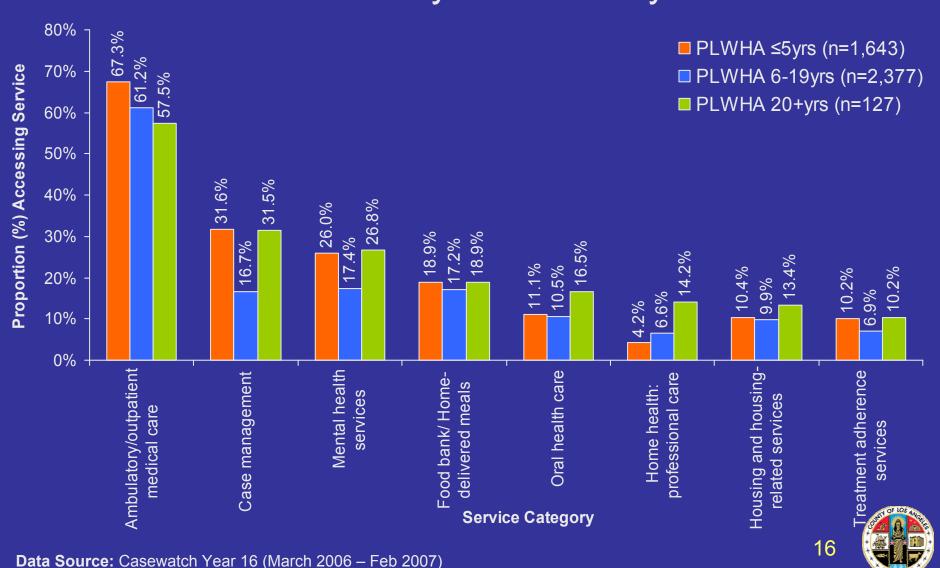








Services Most Utilized by Clients 50+years



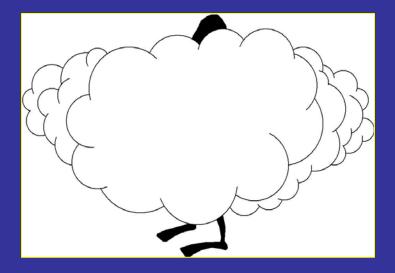
Summary

- Over 76% of PLWHA fall in the 50-59 year age group
- 40% diagnosed with HIV within 5 years
- Approximately two-thirds have CDC-defined AIDS
- PLWHA 20+ years comprised mostly of Whites and males, whereas newly diagnosed (PLWHA ≤5 years) have an increase in females, Latino(a)s, and African Americans

Summary (cont.)

- PLWHA ≤ 5 years and PLWHA 20+ years differ in demographics but have other similar characteristics
 - Homelessness
 - Incarceration history within the past 24 months
 - Service utilization
 - Case management
 - Mental health services
 - Food/Home-delivered meal
 - Treatment adherence

What We Speculate



Literature Review on PLWHA ≥ 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

Literature Review on PLWHA ≥ 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



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

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

What We Don't Know



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)

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

What We Need to Know

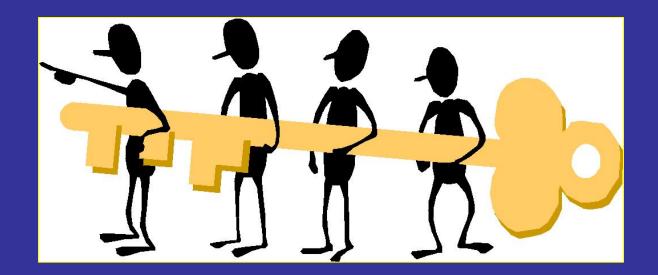


What We Need to Know

- 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



What We Need to Do



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



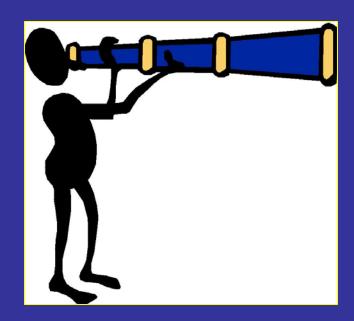
Current Steps and Directions

- 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 selfsufficiency

Current Steps and Directions

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

This is just the beginning...



Acknowledgements

Michael Green, PhD, MHSA Chief, Planning and Research Division Office of AIDS Programs and Policy

For More Information

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