Aging, HIV and Emotional Resilience: Skills to Improve Quality of Life

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Objectives
HIV and Aging: The Numbers

- People aged 50 and over account for an estimated 45% of Americans living with diagnosed HIV.
- In 2014, 40% of people aged 55 and older had late stage infection (AIDS) at the time of HIV diagnosis (i.e., diagnosed late in the course of the infection).
- People aged 50 to 54 accounted for 45% (3,010) of the diagnoses among people aged 50 and over.

Among people aged 50 and over:
- Blacks/African Americans accounted for 43% of all new HIV diagnoses in 2015.
- Whites accounted for 36%.
- Hispanics/Latinos accounted for 17%.

Among people aged 50 and older:
- 49% of new HIV diagnoses in 2015 were among gay and bisexual men.
- 15% were among heterosexual men.
- 23% were among heterosexual women.
- 12% were among persons who inject drugs.

https://www.cdc.gov/hiv/group/age/olderamericans/index.html
HIV-Associated Non-AIDS Conditions

• Cardiovascular disease
  • HIV-associated inflammation and immune activation are important mediators of cardiovascular risk.
  • Elevated rates of acute myocardial infarction (AMI) or coronary heart disease (CHD)

• Lung disease
  • Even in asymptomatic HIV-infected patients on ART, immune responses and signaling pathways may be abnormal
    • Tachado SD, Li X. Blood (2010);115:3606–3615.

• Certain cancers
  • Leading cause of death for PLWHA (KS, B-cell lymphomas, cervical cancer)
HIV-Associated Non-AIDS Conditions

• Liver disease (including hepatitis B and hepatitis C)
  • account for 14-18% of all deaths among PLWHA and almost half of deaths among hospitalized HIV-infected patients.

• Acceleration of age-associated diseases (e.g. arthritis)

• Chronic inflammation
  • Associated with cardiovascular disease, renal, lymphoma, and type 2 diabetes
  • Pain in the joints, soft tissues surrounding joints, and muscles

• Polypharmacy
  • Decreasing renal function and hepatic metabolism decline with age; higher risk of drug interactions; toxicity
Long-Term HIV and the Brain

With ART severe dementia far-less common

But more than 50% PLWHA have HAND

Symptoms include deficits in:
- Attention, language, motor skills, memory, and other aspects of cognitive function that may significantly affect a person’s quality of life
- Risk inverse to t-cell nadir

People who have HAND have higher risk of depression or psychological distress

Risk of progression with of severe co-morbidities (such as other infections, drug abuse, other neurological conditions) or failure of HIV therapy

Good news: MACS studied neurocognitive performance of asymptomatic HIV patients who were either immunologically intact or virologically controlled:
- HIV patients showed no decline on several neuropsychometric tests

Mental Health – Depression, Aging, HIV

Depressive symptoms affect PLWHA 2-3 times

Numerous studies indicate symptoms of MDD as high as 50% in PLWHA

Co-factors:
- self-reported stress
- self-reported perception that HIV infection affects all aspects of life
- self-reported poor health
- not being satisfied with one's current life situation
- previous alcohol abuse
- nonadherence to antiretroviral therapy
- previously sought help for psychological problems
Mental Health - Depression, Aging, HIV

In the general population incidence of depression and substance use disorders declines with increased age.

Preliminary data in this study suggest that this decline was not observed for older HIV-positive adults.

Substance Misuse

• Nearly 50% of persons living with HIV/AIDS reporting current or past histories of drug or alcohol disorders.

• Among aging PLWHA
  • Increased risk for addiction, particularly stimulants/chemsex

• For people living with HIV/AIDS
  • Adherence problems
  • Effects on immune system
  • Increased risk of co-infection with Hepatitis B and C
  • Drug interactions
Social Isolation

“Loneliness for the general population shortens lifespan in a way equivalent to smoking 15 cigarettes a day. But for persons living with HIV (PLWHA), especially those who are aging, such isolation can be catastrophic. Stigma, shame, physical pain, fear of discrimination or violence, and a host of other factors can push someone living with the virus to withdraw from their social circles with devastating health effects.”

Social Isolation

- Rates of loneliness among PLWHA:
  a cross-sectional study\(^1\) at a San Francisco HIV health clinic found that 58% experienced loneliness (compared to 30% for the general population)\(^2\)

- 55% experienced depression

- 12% post-traumatic stress disorder

- Significant health impact:
  - older persons living with HIV who reported being lonely experienced increased rates of depression and use of alcohol and tobacco\(^3\)
  - loneliness, frequently caused by internalized stigma, impacted the quality of sleep, which itself had negative health consequences\(^4\)
  - the area of the brain that processes social exclusion is the same that processes physical pain\(^5\)
  - loneliness can have a real-world effect by amplifying the experience of body ache/physical pain and by increasing inflammation

1 doi: 10.1097/QAI.0000000000001009
2 doi: 10.1080/09540121.2015.1120269
5 [http://science.sciencemag.org/content/302/5643/290](http://science.sciencemag.org/content/302/5643/290)
HIV, Aging and Sex - Physiological

- **For Men**
  - Erectile dysfunction, desire - can be caused by aging, heart disease, diabetes, hypogonadism
  - Nerve damage causes erectile problems
  - Medications (SSRIs, older HIV meds like ddi, Zerit)

- **For Women**
  - Reduced desire – HIV+ may experience menopause earlier than negative women (abnormal production of progesterone and estrogen)
  - Vaginal dryness, thrush, pain, HIV can result in more severe PMS symptoms
  - Hormone replacement therapy helps
  - PDE-5 inhibitors not tested in women

- **Body changes**
  - Body image and Lipodystrophy – affects between 1/3 and 1/2 of PLWHA - number has gone up since antiretroviral therapy (ART) became a common treatment for HIV
HIV, Aging and Sex - Psychological

Untreated behavioral disorders affect sex and intimacy
- Depression – low sex drive, poor self-image, isolation
- Anxiety – hypervigilant to rejection, criticism
- Trauma – high-risk behavior, mood disorders, numbing
- Substance Abuse
- Sex and porn addiction

Psychosexual complications:
- Inside Job
- Feel less attractive, visible, energetic, sexual, connected, desirable
- Effects of shame, stigma
- Negative Core Beliefs:
  - “I feel like damaged goods”
  - “I have to be in a relationship to be okay”
  - “I feel ‘less than’”
  - “No one would ever want to date me”
Skills to Improve Quality of Life

1. Practice self-care
2. Live consciously
3. Role of technology
4. Asking for what you need
5. Self-compassion
6. Sense of purpose
1. Practice Self-care

Become conscious of patterns of self-care (or lack)

Physical
- food, sleep, addictions

Emotional
- depression, anxiety, trauma

Mental
- challenge cognitive errors, suggestibility

Spiritual
- conscious connection, greater realm, role of gratitude
2. Live Consciously

Increasing mindfulness and awareness

- Watching and observing reactions
- Listening to one’s body
- Observing and changing “self-talk”
- Mindfulness 24/7
- Self-regulation
  - Breathing, relaxation, distraction
3. Assistive technology

Low tech: Post-it Notes, medication storage boxes

Apps for:

- reminders
- medication information
- social connectivity
- Mindfulness, meditation, relaxation, visualization
- Improving cognitive performance

Others?
4. Ask For What You Need

- Remember other people cannot read our minds
- Beware emotional perfectionism ("I shouldn’t feel angry, jealous, sad...")
- In relationships express needs as preferences and not demands (respecting hard boundaries)

TOOLS
- Employ effective communication (assertive, not angry or passive aggressive)
- Examine the impact of perfectionism, avoidance, conflict, and codependence
- Practice saying “no”
5. Self-Compassion

Identify and replace old, outdated beliefs about self
- “I am damaged goods”
- “I’m not good enough”
- “I’m unworthy”
- “I’m unlovable”

Learn how to receive: accept love and kindness

Practice compassion for self and inner child
6. Have a sense of purpose

• Consider:
  • To what degree does your life follow a direction, purpose, intention?
  • Do you believe you are here for a reason? If so, what?

• Service

• How can you discover your purpose?
• What role does advocacy play?
“Never be bullied into silence. Never allow yourself to be made a victim. Accept no one’s definition of your life, but define yourself.”

– Harvey Fierstein
LUST, MEN AND METH
A GAY MAN’S GUIDE TO SEX AND RECOVERY

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