

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

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# Objectives

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# HIV and Aging: The Numbers

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- 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

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- 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)
  - Triant (2013) doi: 10.1007/s11904-013-0168-6

- 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

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- 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.
    - Price, Theo (2010) doi: 10.1016/j.cgh.2010.08.024
- 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

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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
- Clifford, Ances (2013). HIV-Associated Neurocognitive Disorder. doi: 10.1016/S1473-3099(13)70269-X

# Mental Health – Depression, Aging, HIV

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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

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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.

Rabkin JG, McElhiney MC, Ferrando SJ. Mood and substance use disorders in older adults with HIV/AIDS: Methodological issues and preliminary evidence. *AIDS*. 2004;18:43–48.

# Substance Misuse

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- Nearly 50% of persons living with HIV/AIDS reporting current or past histories of drug or alcohol disorders.
  - Rabkin, McElhiney et.al. (2004). Mood and substance use disorders in older adults with HIV/AIDS: Methodological issues and preliminary evidence. *AIDS*. 2004;18:43–48.
- 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

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“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.”

Former U.S. Surgeon General Vivek Murthy <https://hbr.org/cover-story/2017/09/work-and-the-loneliness-epidemic>

# Social Isolation

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- Rates of loneliness among PLWHA:
  - a cross-sectional study<sup>1</sup> at a San Francisco HIV health clinic found that 58% experienced loneliness (compared to 30% for the general population)<sup>2</sup>
- 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<sup>3</sup>
  - loneliness, frequently caused by internalized stigma, impacted the quality of sleep, which itself had negative health consequences<sup>4</sup>
  - the area of the brain that processes social exclusion is the same that processes physical pain<sup>5</sup>
  - 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

3 <https://link.springer.com/article/10.1007/s10461-017-1985-1>

4 <https://www.ncbi.nlm.nih.gov/pubmed/28749185>

5 <http://science.sciencemag.org/content/302/5643/290>

# HIV, Aging and Sex - Physiological

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- 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

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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

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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

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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

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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

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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

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- 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

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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

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- 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?

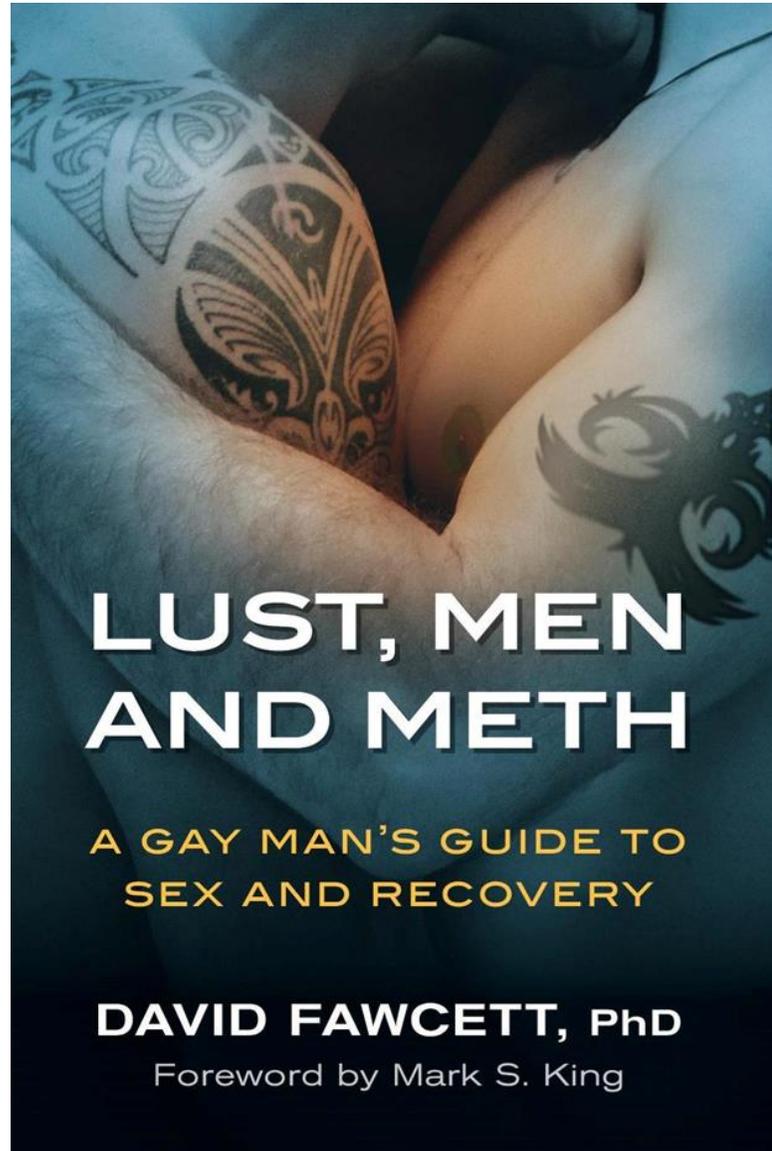
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*“Never be bullied into silence.*

*Never allow yourself to be made a victim.*

*Accept no one’s definition of your life, but define yourself.”*

– Harvey Fierstein



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