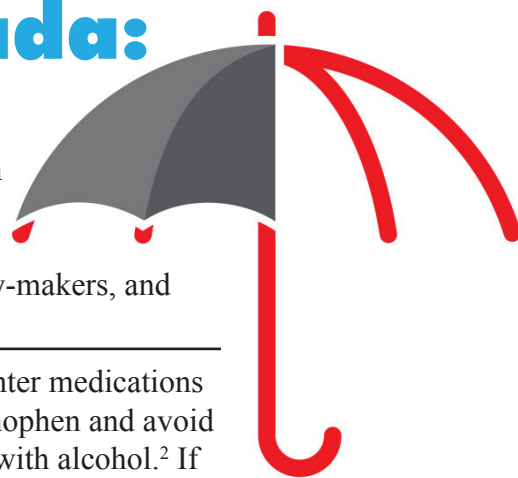


# HIV and Aging in Canada: Taking action

Ensuring an appropriate response to the challenges posed by HIV and aging in Canada requires a range of stakeholders to take action in a number of areas. This factsheet presents some of the actions that older Canadians living with HIV, health care providers, community-based HIV/AIDS organizations, policy-makers, and researchers could undertake.



## Older Canadians living with HIV

There are several ways of improving and maintaining general physical and mental health:

- Maintain a healthy diet.
- Supplement your diet with vitamins and minerals, if necessary and in consultation with your doctor.
- Engage in physical activity regularly.
- Manage your stress (yoga, meditation).
- Quit or reduce smoking.
- Drink alcohol in moderation.
- Avoid or minimize use of cocaine, crack, crystal meth, ecstasy (E), ketamine (K) and GHB. If you do use drugs, ensure you are taking steps to reduce your risk of harm (i.e. avoid sharing equipment, plan ahead for safer sex)
- Get sufficient sleep.
- Have a healthy sex life.
- Maintain a strong social network of friends and family.
- Have a spiritual practice.

Some additional actions will help prevent or deal with specific elements of physical or mental health.

### **For heart health:**<sup>1</sup>

- Your doctor should monitor your cholesterol level and triglyceride levels and your blood pressure. If these are elevated, you may want to consider treatment.
- Maintain a healthy weight
- If you have diabetes, work closely with your doctor to monitor and control your blood sugar

### **For liver health:**

- Consider being screened for Hepatitis B and C to ensure you can make an informed decision about vaccination and/or treatment.
- Avoid overuse and adhere to recommended doses of

over-the-counter medications like acetaminophen and avoid taking these with alcohol.<sup>2</sup> If you have a seriously compromised liver avoid anti-inflammatory non-steroidal drugs like Advil and Ibuprofen.<sup>3</sup>

- High levels of vitamin A can be toxic.<sup>4</sup>

### **For bone health:**<sup>5</sup>

- Ensure you're getting an adequate amount of calcium and vitamin D3.
- Engage in a balanced exercise program, including weight-bearing exercise (walking, running, dancing, aerobics), strength training, posture training, balance training and stretching, in consultation with your doctor.
- Limit or eliminate your intake of caffeine, cigarettes and alcohol.
- Ask your doctor about having a bone density scan every two years

**There are several ways of improving and maintaining general physical and mental health**

*The actions proposed in this factsheet have been in part compiled from the following sources:*

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- Canadian Working Group on HIV and Rehabilitation. *HIV and aging background paper*. February 2010. [www.hivandrehab.ca](http://www.hivandrehab.ca)
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### ***For cognitive health:***

- If you suspect that you may have a problem with your cognition—for example, problems with your memory, perception, reasoning or judgement—see your doctor. He or she may do some tests to figure out what the problem is.
- Your doctor can also refer you to an occupational therapist—someone who can suggest strategies you can use to get around these problems.
- Learning new things is highly valuable when it comes to your brain health.<sup>6</sup> The best activities are progressively challenging, mentally rewarding, novel or surprising and demanding of focused attention. Here are some ways to exercise your brain:
  - Learn to play music
  - Learn a language
  - Do challenging crossword puzzles or jigsaw puzzles with more than 500 pieces

- Play ball or juggle
- Crochet or knit
- Use your “other” hand
- Take dance lessons
- Play bridge
- Plan a dinner party
- Explore a new place

### ***For mental health:***

- If you are feeling depressed or anxious, it’s important to see your family doctor or your HIV specialist and get treatment and support.
- There are different kinds of counselling and psychotherapy available. Some of these are one-on-one (where it is just you and a therapist) and some are done in groups (where you and other people are seen together by a therapist). There are also peer support groups where you can go to talk with people with whom you share similar experiences.

## **Screening tests**

While HIV is monitored using routine tests, your doctor may recommend additional tests to monitor your health as you get older. These include:

- Bone density scan—A scan of your lower spine and hip that measures your bone density. It is recommended that you have a bone density scan every two years.
- Fasting blood glucose test—A blood test for diabetes. It is recommended that you have this test every three to six months.
- Lipid profile tests—These blood tests check total cholesterol, LDL (“bad” fats), HDL (“good” fats) and triglycerides. It is recommended that you have these tests one to two times a year, depending on your risk factors for heart disease.
- Kidney function test—Because kidney function declines with age and because certain anti-HIV drugs are processed through the kidneys, it is recommended that you periodically have a blood and/or urine test, to check your kidney function.
- Blood-pressure monitoring—A blood-pressure monitor measures the force of blood against the walls of your arteries and indicates your risk of developing heart disease.
- Screening for colorectal cancer—A few tests can detect cancer of the colon or rectum. Tests include a stool test, a digital rectal exam (where a doctor inserts a gloved finger into the rectum to feel for abnormalities) or a scope inserted into the rectum. Your doctor will let you know how often you should be screened.

### ***For women only:***

- Pap test—A doctor collects cells from the cervix, which are then examined under a microscope. A Pap test is used to look for cell changes that indicate the presence of cancer or changes that could lead to cancer. It is recommended that sexually active women with HIV have a Pap test every six months to a year.<sup>7</sup>
- Breast exam—To detect possible early signs of breast cancer, your doctor will check for lumps or other abnormalities in your breasts, nipples and armpits. It is recommended that women have a breast exam once a year, usually along with a Pap test.
- Mammogram—A mammogram uses a low-dose X-ray to examine each breast. It is used to look for different types of tumours and cysts. It is recommended that most women over 50 have a mammogram once every two years.<sup>8</sup>
- Pelvic exam—A pelvic exam is a physical exam of the internal and external pelvic organs. It is usually combined with a Pap test every six months to a year.

### ***For men only:***

- Prostate exam—It is recommended that men over 40 have a manual digital exam of the rectum once a year. Your doctor may also order a PSA blood test, which screens for prostate cancer.

*Much of the material above can be found in the CATIE HIV and Aging booklet published in 2010. Available at [www.catie.ca](http://www.catie.ca)*



## Health care providers

Health care delivery models must respond to the increasingly complex issues associated with HIV and aging. This means health care professionals (e.g. family physicians, HIV specialists, other specialists including neurologists, orthopods, cardiologists, endocrinologists, rehabilitation therapists) may require training about HIV and aging.

To ensure culturally competent and nondiscriminatory care, health care providers should be trained in the particular experiences and needs of HIV-positive older Canadians, including gay men and other men who have sex with men (MSM), women, persons who use drugs, Aboriginal people and people from endemic communities.

Health care providers should screen older Canadians living with HIV for comorbidities, particularly those found to be more prevalent among older adults living with HIV. Conversely, doctors treating older patients, especially those living with comorbidities found more frequently among people living with HIV such as anal or cervical cancer, should regularly offer their patients an HIV test.

Health care providers should ensure older people are aware of: the body changes that may come with aging; the impact of any health condition(s) and associated medications on their sexual function; and their options for STI prevention. They should also proactively assess older patients for sexual health risks, and screen for HIV and other STIs. They should be encouraged to talk with their patients regarding sexual behaviour/orientation and to make clear that such conversations are confidential.<sup>9</sup>

Medical providers serving older people living with HIV should screen for depression and other mental health and substance use problems and refer patients to appropriate treatment and/or support.

As older people living with HIV near the end of their lives, healthcare providers should have open, respectful conversations with them about their need for palliative care and support, taking into consideration their wishes and experiences of loss<sup>10</sup> and discrimination.



## Community-based HIV/AIDS organizations

Education, prevention and support programmes should include targeted efforts to reach older Canadians at risk of and living with HIV. This will be best accomplished through collaborative efforts between HIV-service organizations, agencies and institutions providing care and support to older people, the rehabilitation sector, and organizations serving people aging with other complex chronic illnesses.

Community-based workers in the HIV sector should receive training to build their capacity to deliver effective programming that is responsive to the needs of older Canadians. This includes familiarizing themselves with programs and services for older people and making contact with these organizations to advocate for the inclusion of people aging with HIV. Negotiation may be required regarding age of eligibility for services, ability to pay for services, or participant safety and confidentiality in the face of stigma and discrimination.

Community-based HIV/AIDS organizations should collaborate with their colleagues in the aging sector and other chronic disease sectors to ensure that policies and programming in a variety of sectors, including health care, long-term care, housing, transportation, and income security address the complex intersecting needs of people aging with HIV.

Community-based HIV/AIDS organizations should work with allies within the field of aging to address multiple forms of overlapping stigma and discrimination (ageism, HIV-related phobia, sexism, racism, homophobia) that contribute to social isolation and depression, and that compromise prevention, care, support and treatment efforts for people aging with HIV.

**Education, prevention and support programmes should include targeted efforts to reach older Canadians at risk of and living with HIV**



## Policy makers

Policy-makers should support health care professionals and community workers in their efforts to share experiences and jointly build skills related to HIV and aging.

Policy-makers at all levels responsible for health care, income support, housing and other areas should adapt existing policies and programs to meet the changing needs of the HIV community which is aging. For example, efforts should be made to increase equitable access to mental health and other rehabilitation services by people aging with HIV across Canada.

Policy-makers should invest in the documentation and

promotion of best practice models of education, prevention, care, support and treatment for older Canadians at risk of and living with HIV.

Institutional policy makers, for example in long-term care residences and seniors centres, will need to consider how their policies and practices impact the inclusion of older people living with HIV. They must ensure their spaces are safe, take into account the diverse sexual health needs of their residents, and ensure equitable access to care and housing for all people at risk of and living with HIV, including those who are actively using substances; members of gay, bisexual, lesbian and transgendered communities; and/or otherwise marginalized.



## Researchers

Epidemiological studies and modeling would further our understanding of the evolving trends in HIV incidence and prevalence among older Canadians.

Clinical research should explore the associations and interactions between HIV, aging, comorbidities and treatment, and how they affect older Canadians living with HIV.

Clinical researchers should be encouraged to develop trials that do not exclude people living with HIV who are over 50 and experiencing comorbidity. This could be done by designing research that either takes account of comorbidities, or that applies looser inclusion criteria for older HIV-positive individuals. Exclusion of older people living with complex health conditions from research prevents us

from developing a thorough understanding of their medical and social needs.

Clinical research should explore how treatments for comorbidities interact with antiretroviral medications and what effects these interactions may have on older adults. Health Canada should require more active post-marketing follow-up and research for all drugs to better understand interactions.

Social research should seek to shed light on the lived experiences of older people living with HIV. Specifically, it should examine how the social determinants of health impact the well-being of this community. Finally, social research can be used to identify the opportunities and barriers to appropriate care and support for older Canadians living with HIV.

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