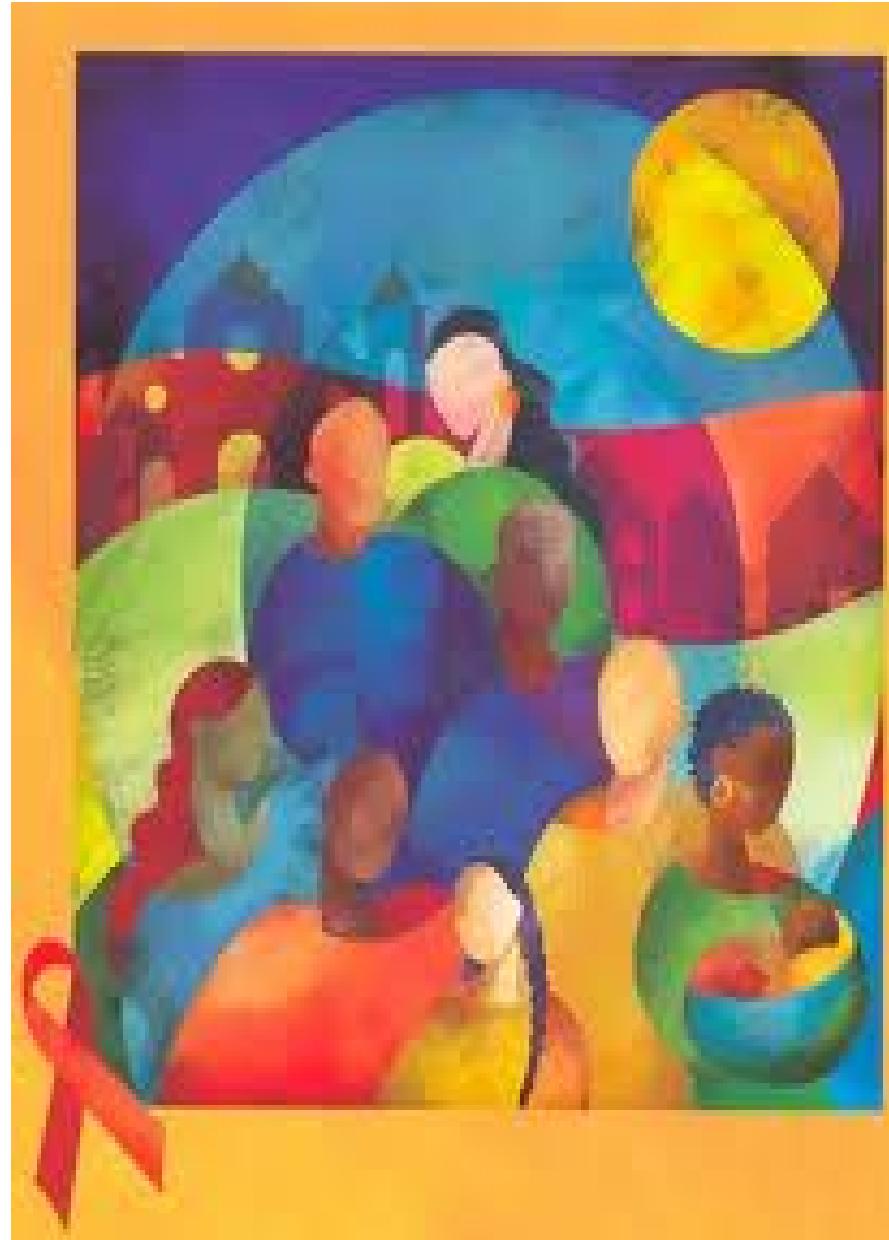


The Prevention Needs of Older Women with HIV

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**The 10th Annual Women as the
Face of AIDS Summit
ENDING AIDS BY 2020**

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Background

- Current studies have found that older PLWH are having unprotected sex, and many with serodiscordant partners.
 - (ROAH Study, Karpiak et al, 2006; Golub et al, 2010).
- Risk factors for unprotected sex among PLWH include:
 - Low levels of knowledge about HIV transmission,
 - Recent substance use,
 - Poor physical health,
 - And poor psychological well-being.
 - There is also evidence that over time PLWH might abandon safer sex practices due to the belief that they are protected by adherence to ART and low viral loads.

The End of AIDS

Treatment as prevention

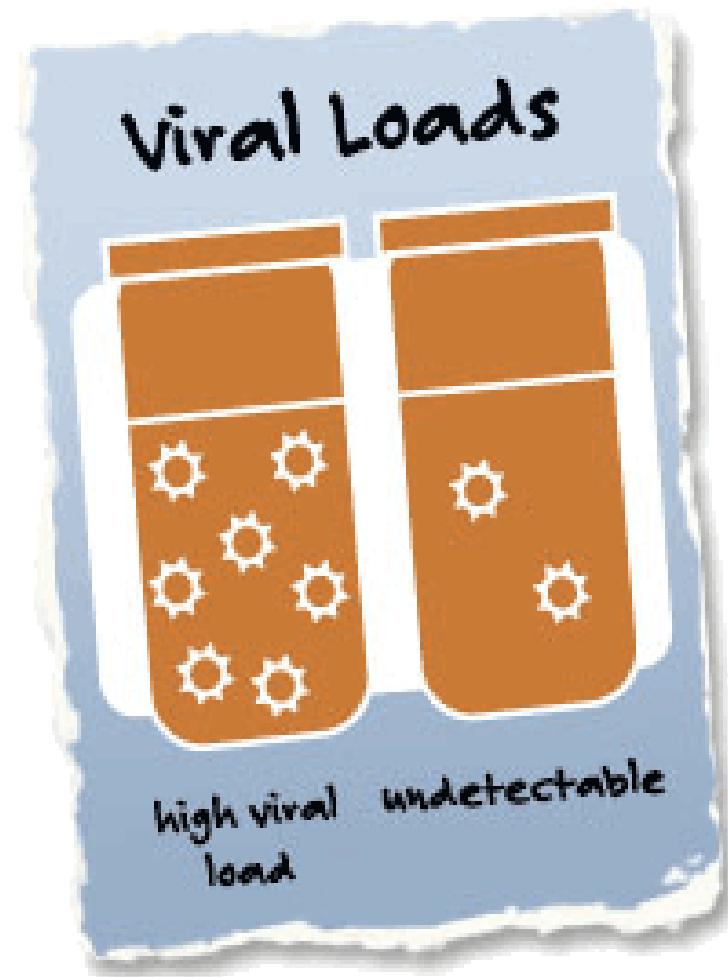
Suppressing viral replication among HIV+ persons in order to reduce the likelihood of sexual transmission

- Early initiation of HAART
- Adherence support
- Test and treat

BUT...

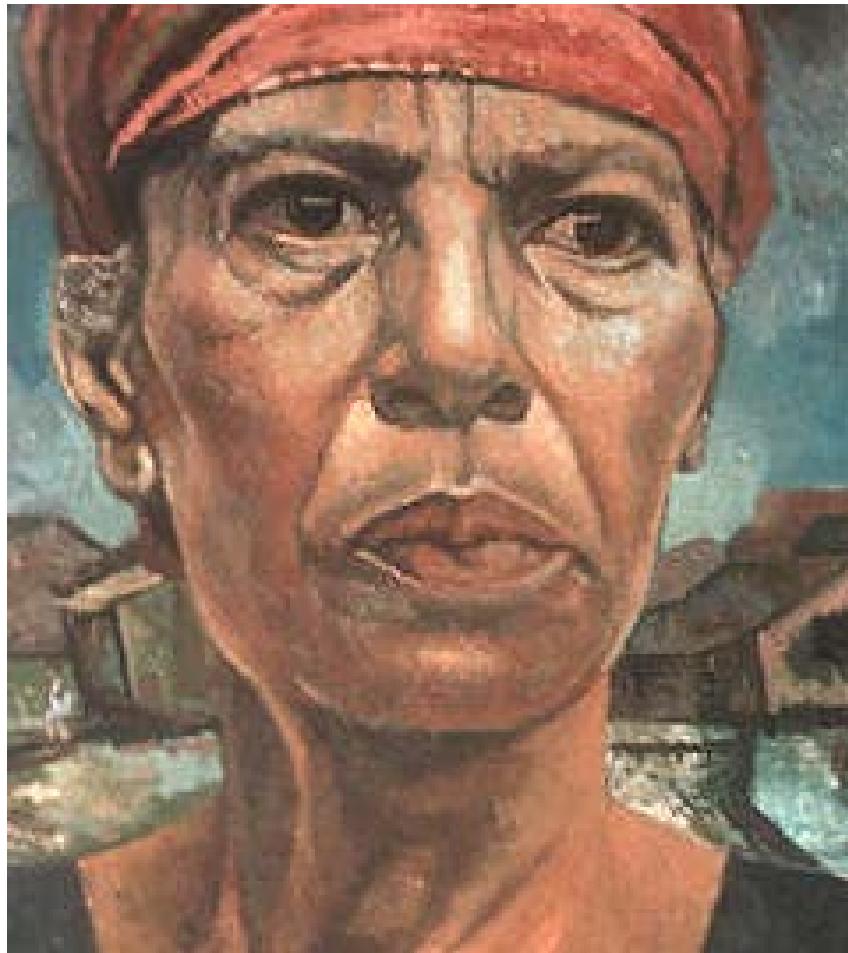
Psychosocial barriers to treatment adherence remain an issue

- Depression and substance use predict hastened HIV disease progression



Cohen et al. (2011). N Eng J Med. 365(6): 493-505

Gaps in our knowledge



In relation to older women with HIV, little is known about how age-related physical and psychosocial changes impact sexual health and sexual risk behaviors.

5 year study

To explore the role of aging on sexual health and sexual risk behaviors among women with HIV, focusing on how clinical, psychosocial and interpersonal factors are associated with levels of sexual risk behaviors.

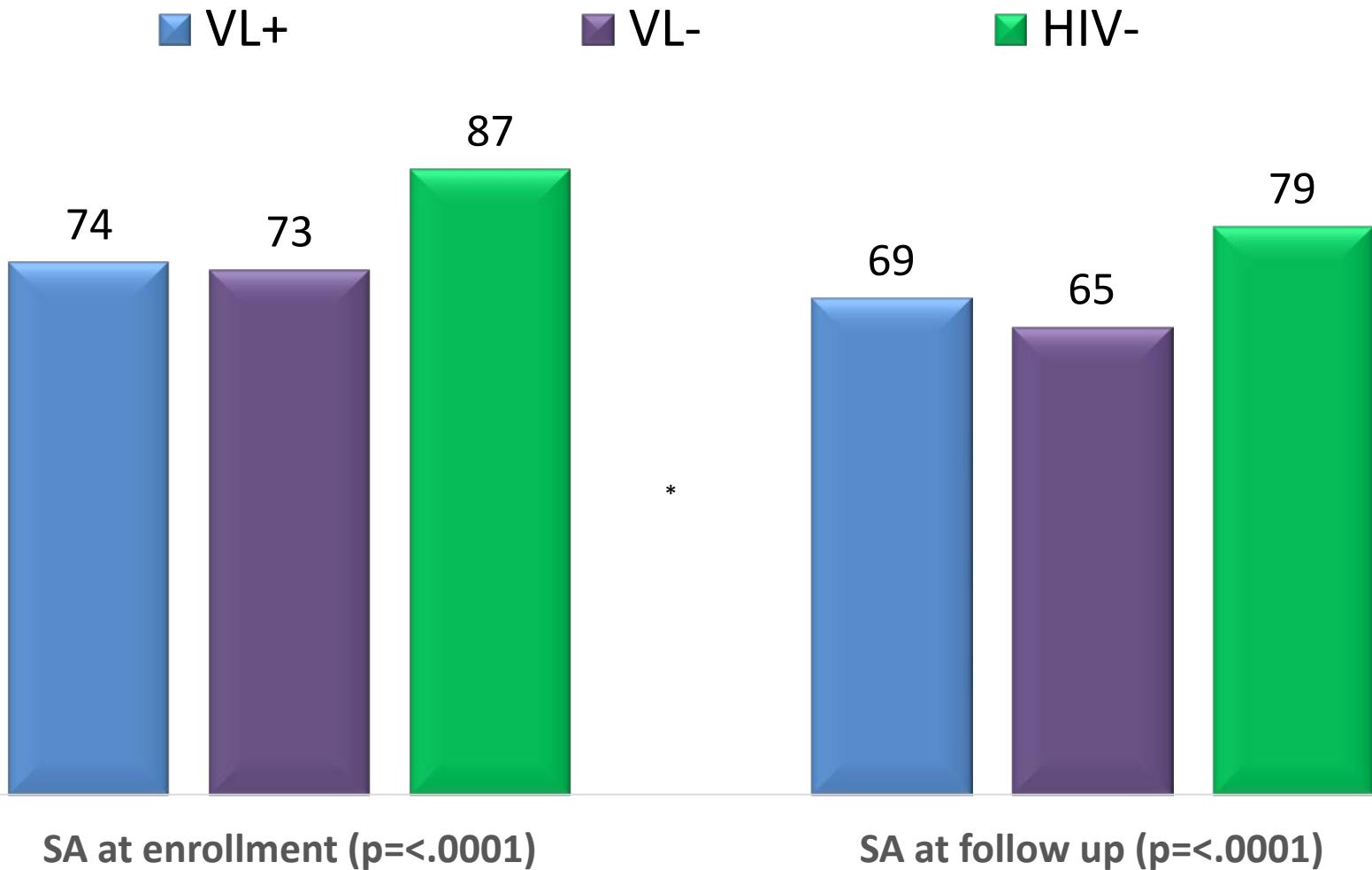
The project aims follow:

1. Longitudinal analysis to describe the relationship between aging and sexual risk behavior
2. Collected new data via surveys and interviews to identify the psychosocial and interpersonal factors that account for variations in sexual risk behavior among older women with HIV
3. Utilize information from Aim 1 and 2 to develop and pilot test an evidence-based behavioral intervention.

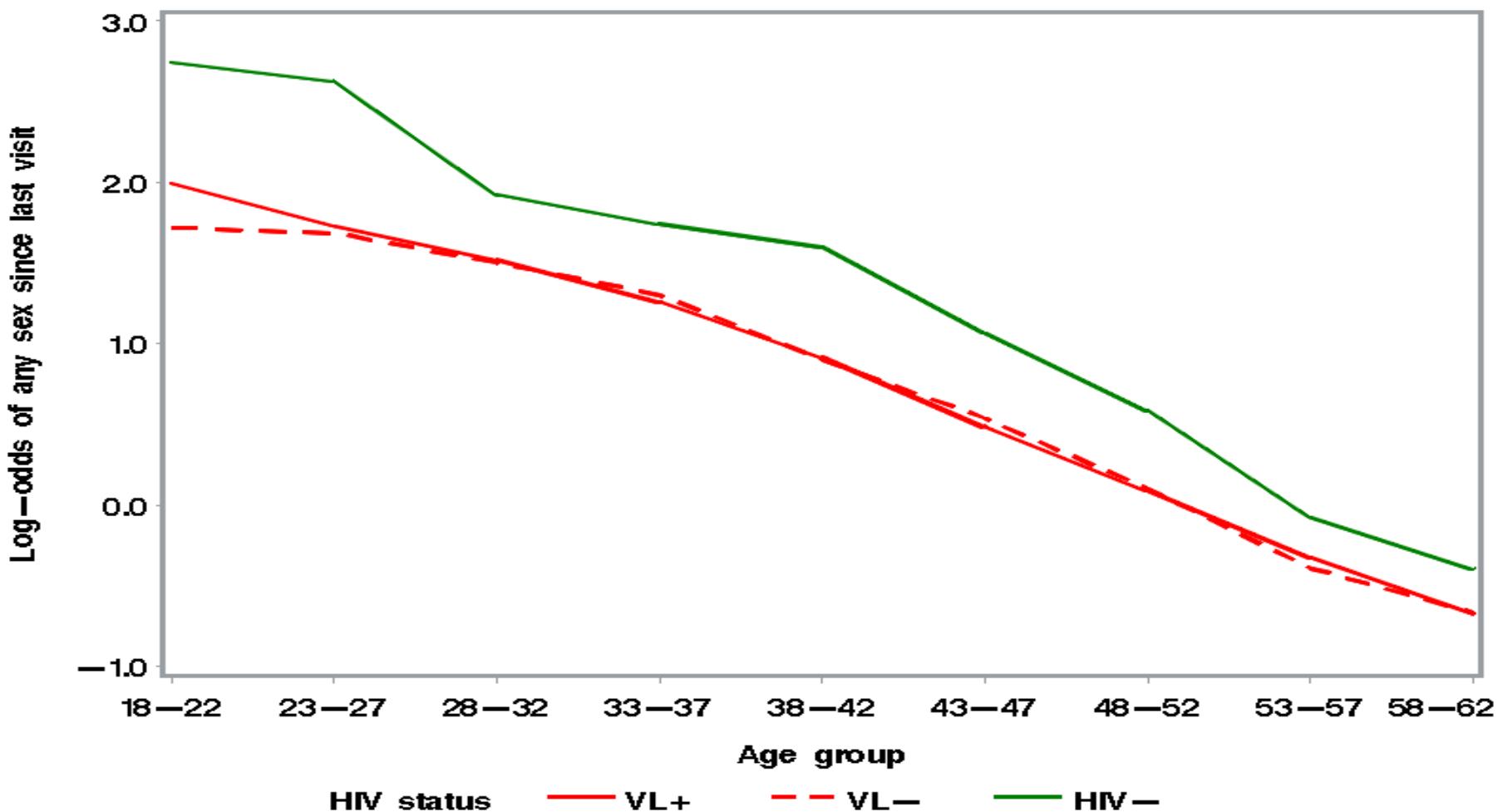
Women's Interagency HIV Study (WIHS)

- The largest longitudinal cohort study of HIV-infected women in the United States
- Six sites (Washington, DC; San Francisco; Los Angeles; Brooklyn; Bronx; and Chicago).
- Enrollments in 1994-95, 2001-02.
- Matched HIV-negative control group
- Semiannual study visits include:
 - Standardized, interviewer-administered questionnaires
 - Physical and gynecological examinations and biosamples

% Any SA at enrollment and across 13 years follow up

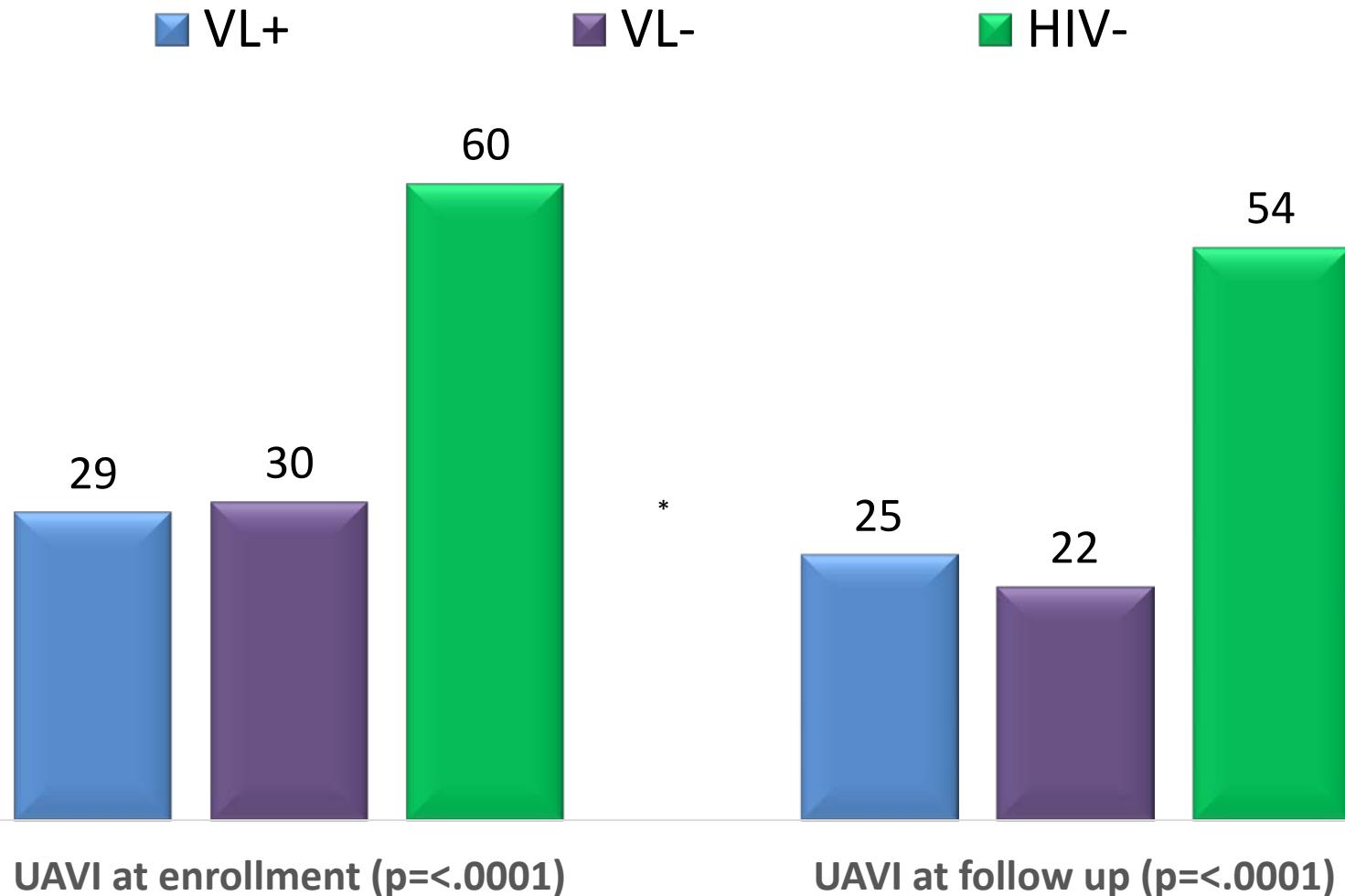


Linearity of relationship of age to log-odds of SA

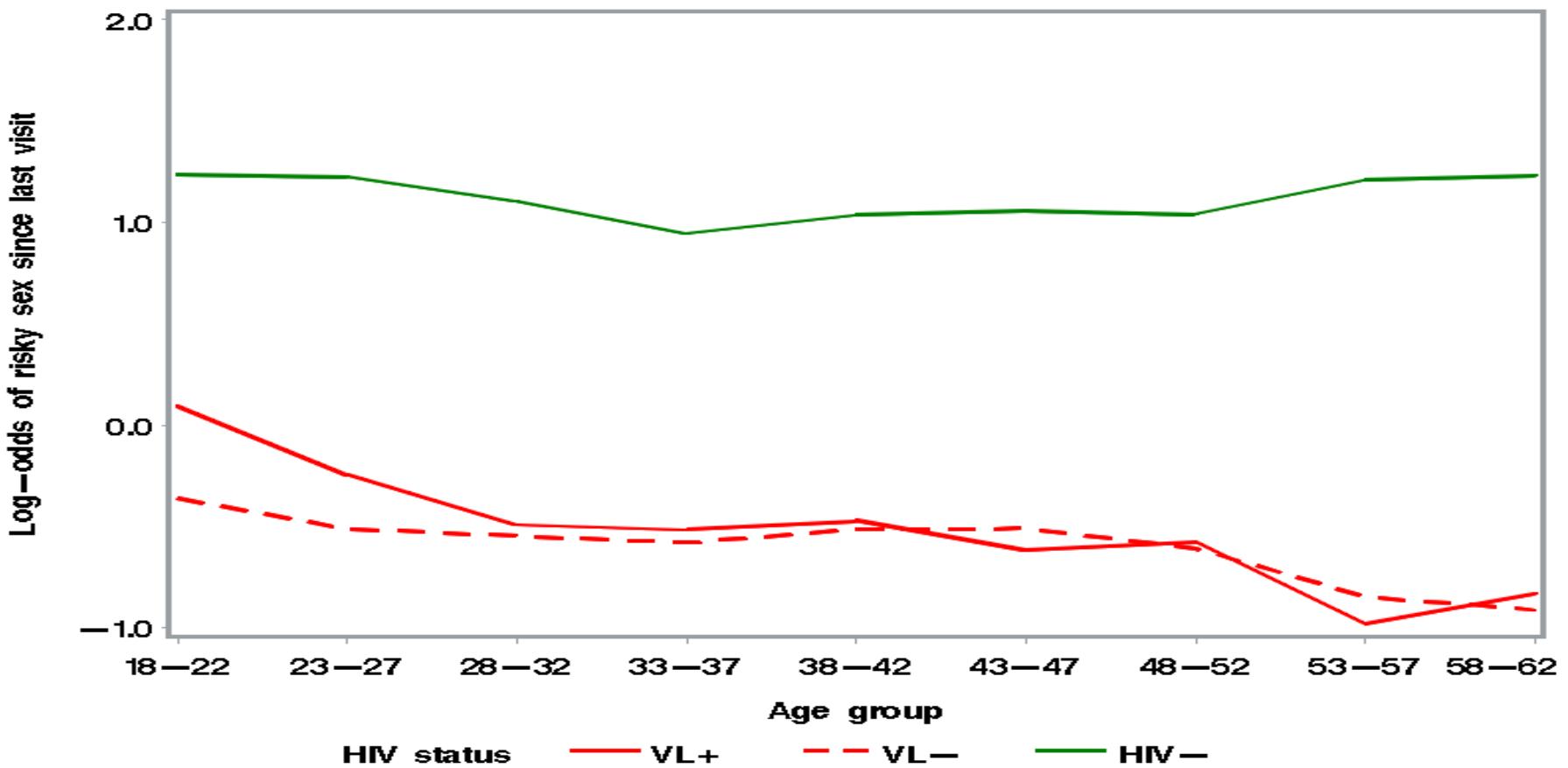


Regardless of HIV status, the odds of any SA declined by 60% per decade

% Any UAVI at enrollment and across 13 years follow up

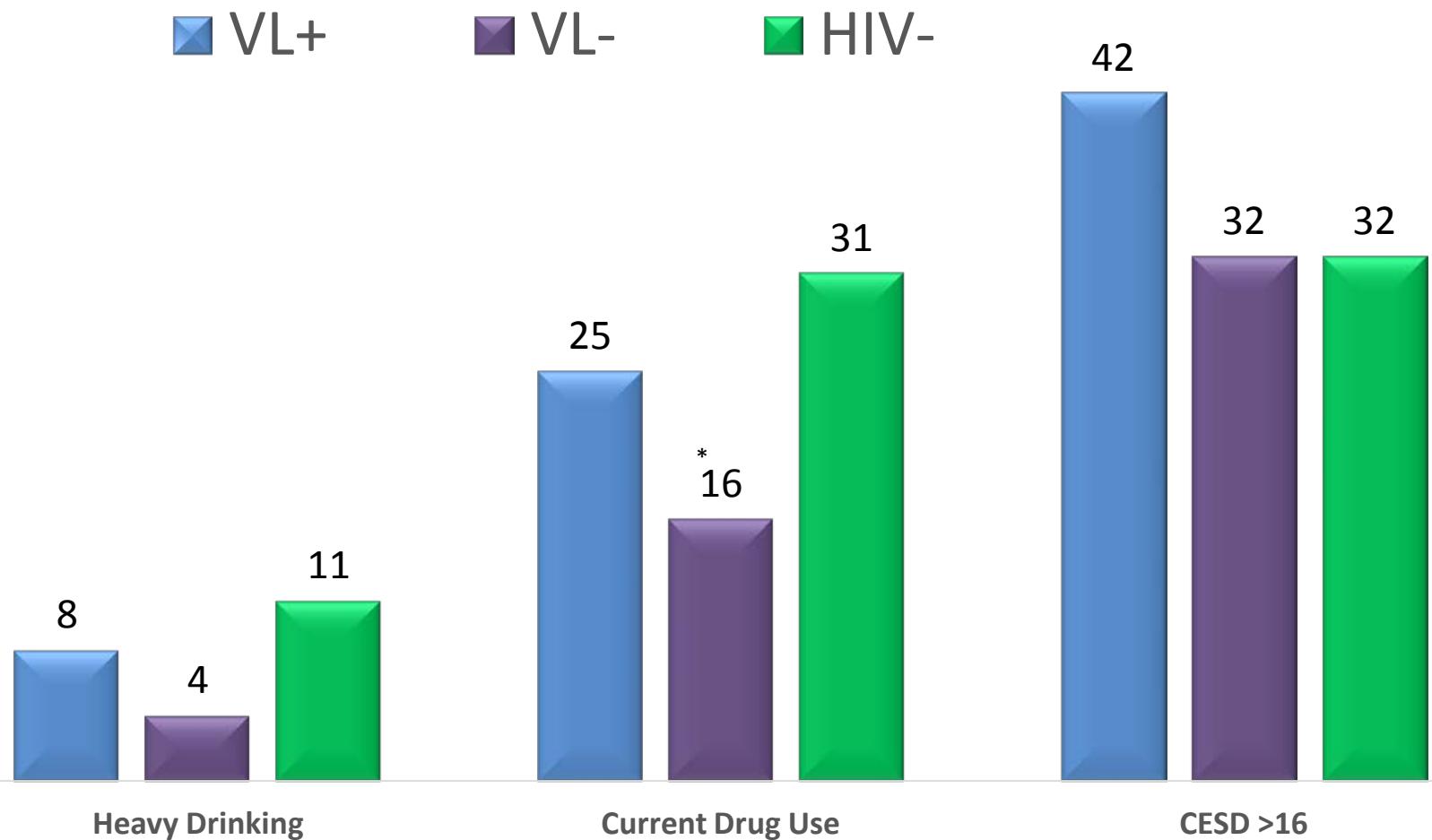


Linearity of relationship of age to log-odds of UAVI



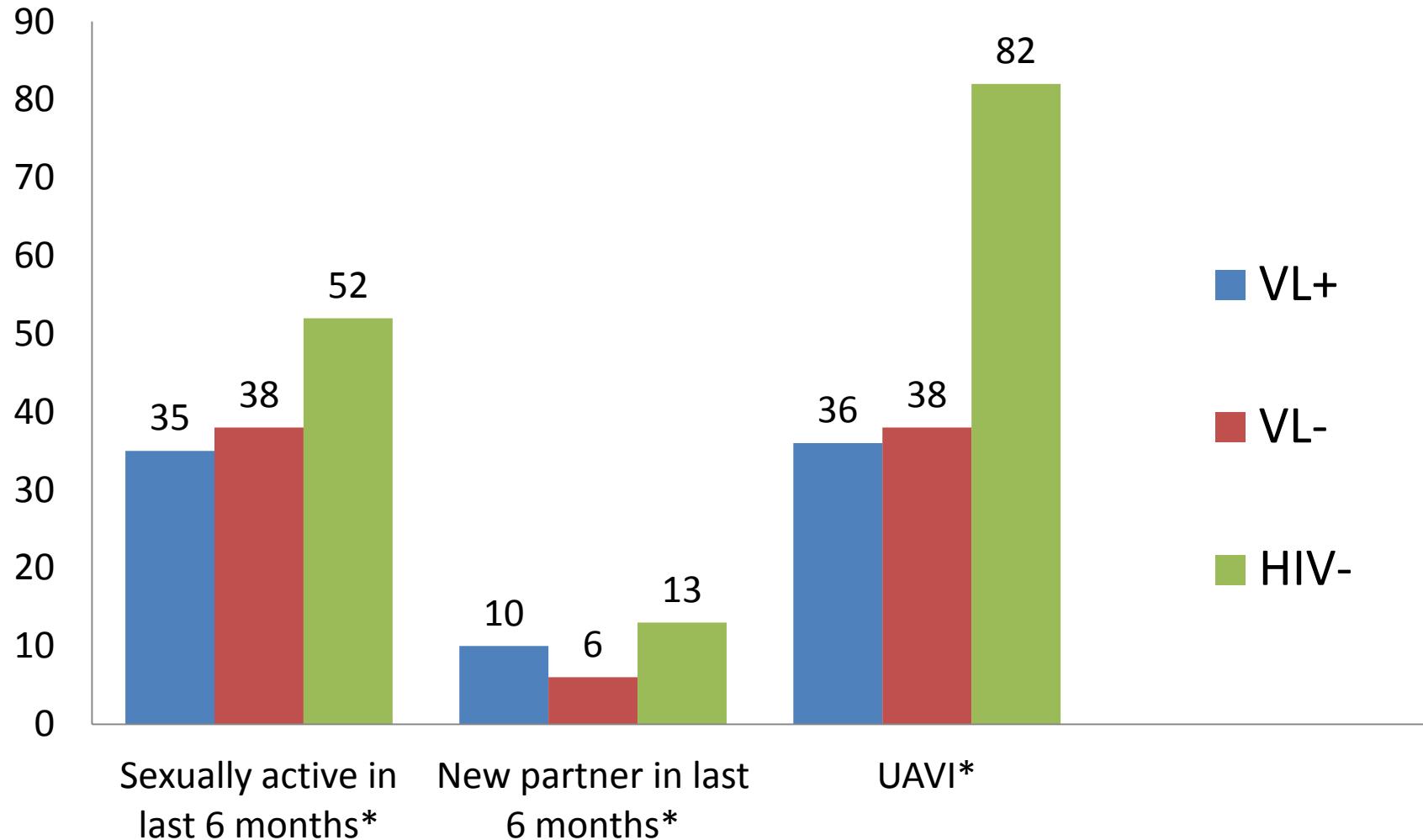
Odds of UAVI declined by 15% per decade for VL+ , 7% for VL- and 3% for HIV-women. The decline significant for HIV+ women ($p=0.028$) but not HIV- ($p= 0.065$).

% Psychosocial and clinical characteristics across 13 years of follow up



2nd study: Cross-sectional survey

% Sexual activity and UAVI for women 50+ across clinical groups

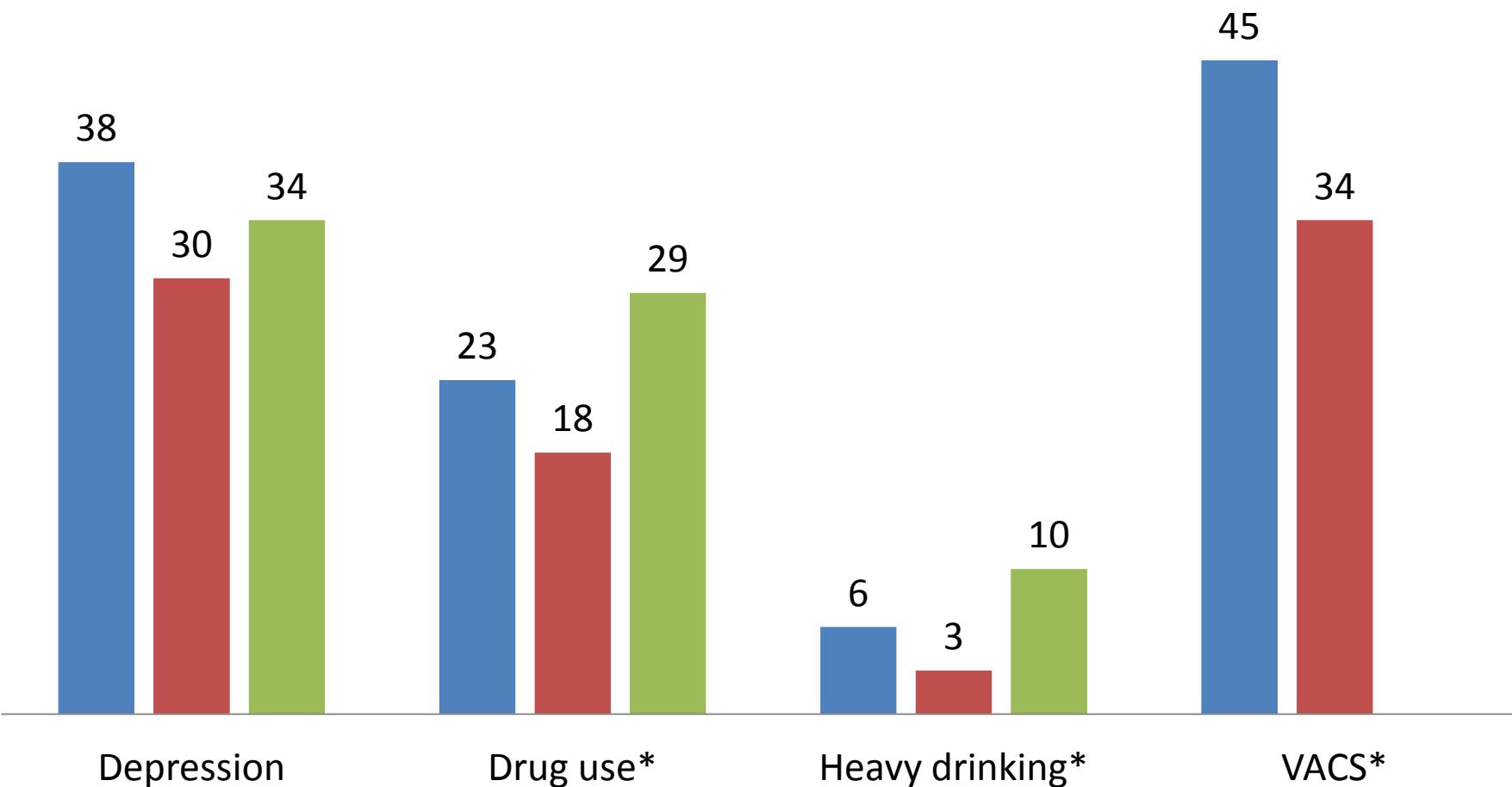


% Psychosocial and clinical characteristics for women 50+ across clinical groups

VL+

VL-

HIV-



Additional Measures

Loneliness

- The oldest women (54+) self-reported more loneliness than their younger counterparts
- HIV+ women reported higher levels of loneliness than HIV-women

Disclosure worries

- Women, aged 48 years old and older reported more disclosure concerns than their younger counterparts
 - There were no statistical differences across clinical groups

Social isolation

- 34-41% of all women, across all clinical groups were at risk for social isolation.
 - No statistical association but a strong trend suggesting that HIV+ women with a detectable viral load were at more risk of social isolation

Sexual function among sexually active women 50+

		VL+ (N=79)	VL− (N=133)	HIV− (N=109)	P-value
Participant has problems with sex	Yes	27%	32%	18%	0.047
		VL+ (N=81)	VL− (N=133)	HIV− (N=107)	
Partner has problems with sex	Yes	17%	26%	13%	ns
	No	80%	71%	82%	
	No partner	3%	3%	5%	

Partner characteristics of all women across age groups

		≤40 (n=501)	41-<48 (n=546)	48-<54 (n=501)	≥54 (n=505)	P-value
Main partner's relative age	Older	64%	63%	56%	35%	<.0001
	Younger	28%	30%	33%	59%	
	Same age	8%	7%	11%	6%	
Main partners age	M (SD)	39(8)	47 (8)	52 (7)	55 (8)	<.0001
Woman's Age	Median	36	45	51	58	<.0001

Sexual satisfaction among sexually active women 50+

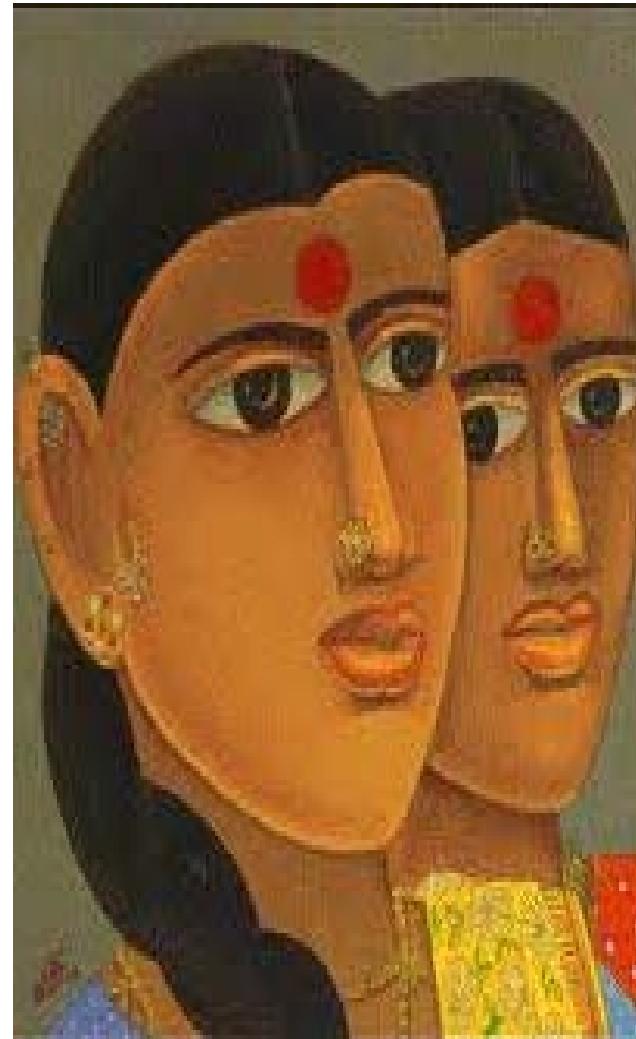
		VL+ (N=81)	VL- (N=132)	HIV- (N=105)	p
Satisfaction with sex in past 4 weeks	Satisfied	79%	58%	63%	0.033
	Equally satisfied & dissatisfied	7%	30%	16%	2
	Dissatisfied	14%	11%	21%	
Satisfaction with relationship in past 4 weeks	Satisfied	75%	62%	62%	ns
	Equally satisfied & dissatisfied	7%	22%	16%	
	Dissatisfied	12%	13%	18%	
	No partner	5%	3%	4%	

Qualitative Study

Conducted 40 in-depth interviews and 8 focus group discussions with a subset of HIV+ women over the age of 50 at 3 sites (Brooklyn, Bronx, Chicago)

Key Findings

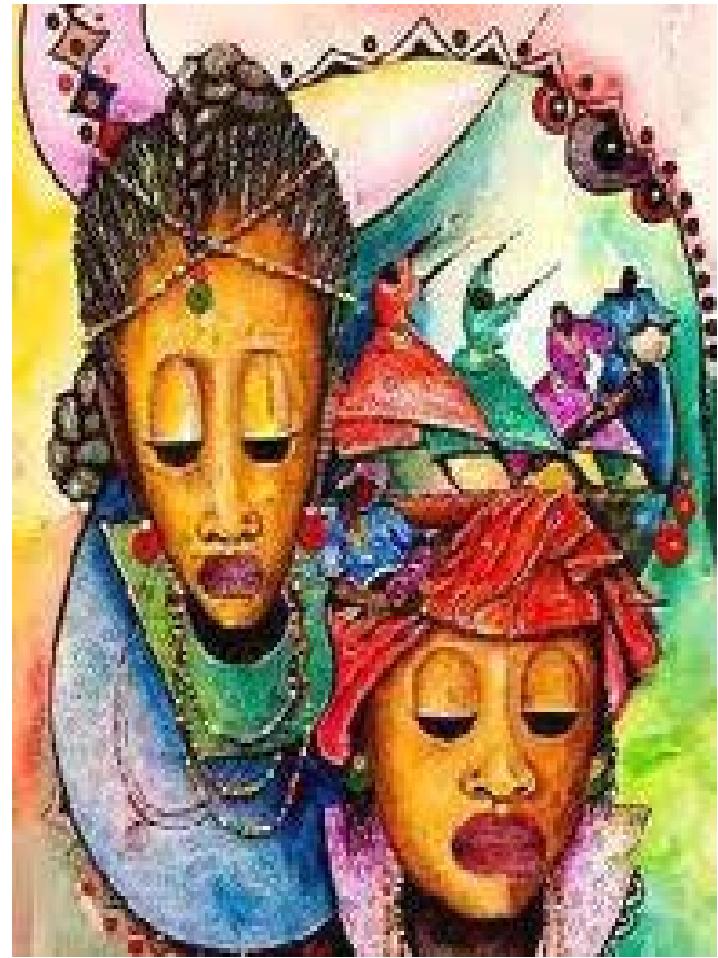
- ***Low perception of risk:***
 - Understanding of gender risk differentials
 - Aware of *Treatment As Prevention* (TAP)
- ***Interpersonal variables***
 - Partner drives risk
 - Fear of losing partner
- ***Non-disclosure and risk***
 - Need to Know
 - Fear of losing partner



HIV-Partners drive risk

54, Latina, LTP (HIV-)

We've been together six years. I test him every six months; he's not positive. So, I don't use protection. Not by my choice. My choice, I prefer to use protection. But by his choice, he don't want to...But he is aware that he could become infected. And he keeps telling me, I don't care; I would die for you, whatever. I'm not looking for you to die for me. I'm not looking to give you what I got. If I could just not have it at all, it would have been perfect, but unfortunately, it's six years...



Partner Accepts Risk

51, LTR (HIV-), African-American

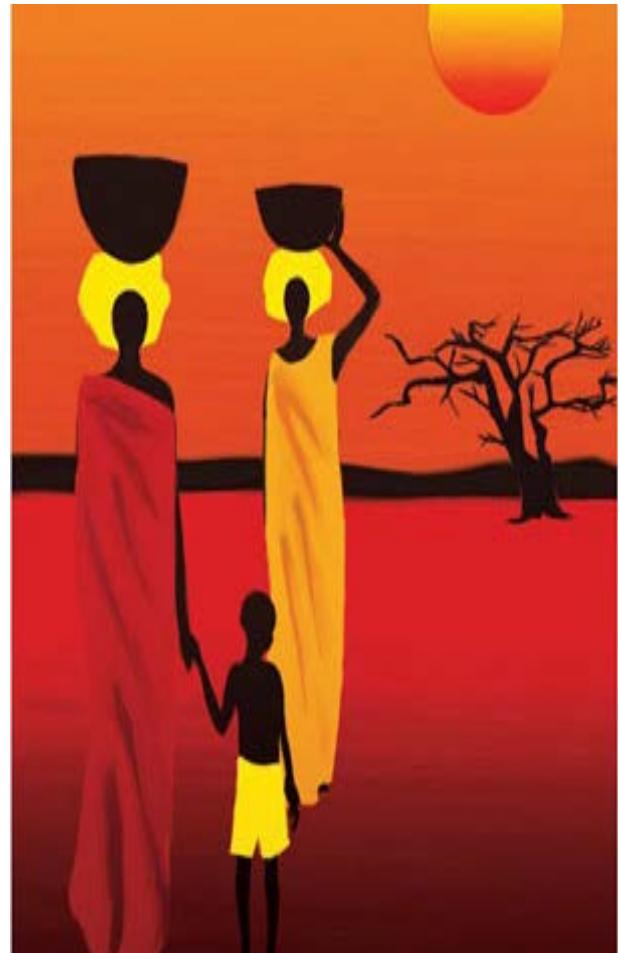


My relationship for 12 years, me and him only use condoms sometime. We figured out a way where he didn't get none of my vagina juices. We was together 12 years, and he never caught anything. And he made me spoiled. So, the next relationships, I don't want them to use a condom because they [also] knew that I have the virus. And if they say not to use, they don't want to use a condom, I pretend that, no, no, no, put it on, put it on. Don't worry about it. And then I give in

UAVI and Non-Disclosure

53, Af-Am, LTP (?)

R: You know, he knows the risk. You know what I'm saying? He's in recovery, so he understands. I don't think it would be a big shock to him....people look at me like, "You haven't told your partner?" I mean, we both know the risk. We're both from recovery. We had risky lifestyles. You know, it's not like I'm out there still doing a promiscuous lifestyle. He's not doing it; I'm not doing it. And this is how... this is the decision that we made in our relationship for each other.

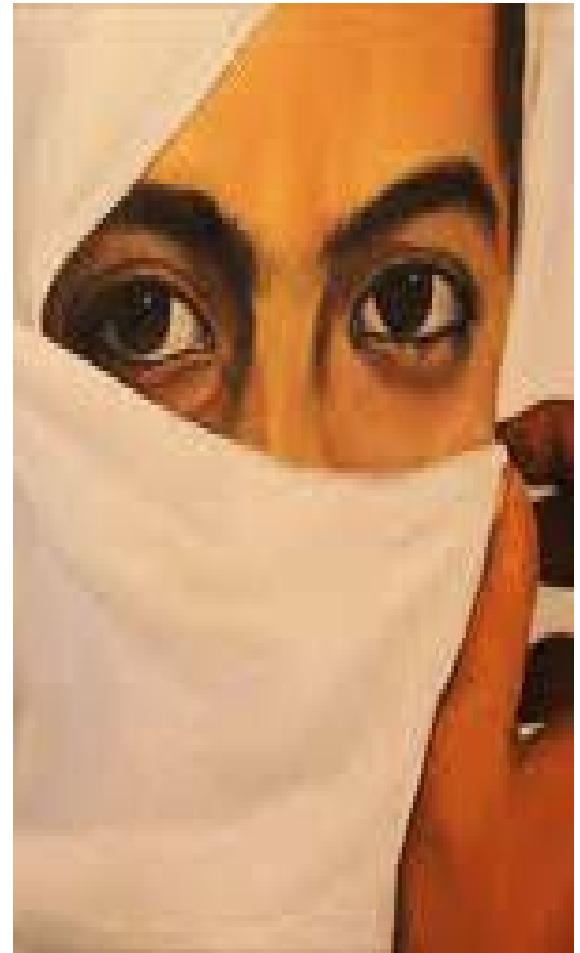


UAVI & Non-Disclosure and caught in a lie/risk of losing partner

52, Af-Am, LTP (HIV-)

With me, I've been dealing with this man
for seven years...We don't use condoms.
I'm afraid. I remember one time he went
to the doctor...I paced back and forth,
couldn't sleep until I heard from him.
But it was something else... I was scared.

Trust me, ... just because we having
unprotected sex doesn't mean it ain't on
my mind that something won't happen
because I'm undetected.



Conclusion

- More than two-thirds of the HIV-infected women in the WIHS were sexually active, and 22-25% engaged in UAVI over 13 years of follow-up
 - These findings suggest that as women, with and without HIV, age they may need additional support for maintaining safer sex practices.

Recommendations

1. Talk to your patients about safer sex practices
2. Promote sexual health at all ages
 - Intimacy is important!
3. Depression, loneliness and social isolation
4. Risky behaviors can happen at any age

End of AIDS?

Acknowledgements

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Thank you

