

Hiv in older adults: medical solutions and dilemmas essay

[Sociology](#), [Community](#)



The Human immunodeficiency virus (HIV) is changing the manner that it impacts humanity since its conception in the twentieth century. While it is considered as very fatal, in terms of mortality rate, it is also true that recent advances in the medical and scientific fields have somehow made the disease more manageable. As such, several researches and studies find that those living with the HIV in contemporary times live longer than their counterparts in previous decades. However, it is also a medical reality that most of the studies have focused on the younger sets of victims, and not those belonging to the age group of fifty years and older. In this respect, this paper will delve on the medical steps being undertaken to learn more on the said age group, their relation to recently-realized advantages of certain medications, and HIV's effects on the psychological health of older-generation carriers of the said virus.

In professional medical practice, the median age of people positive with the HIV is fifty years and older. Those who belong to this age group are compromised due to the lack of researches investigating HIV's impact to their physical and psychological wellbeing, despite of the improving survival rate in terms of number of years living with the said virus. This 'older adults' group is an important "blind spot in the global response to the epidemic of HIV infection and acquired immunodeficiency syndrome" (Negin and Cumming 847) especially when considering their proportions to the global and U. S. populations. In this respect, studies estimate that there are around 2.8 million individuals fifty years and older with the HIV infection, which is 10% of all the HIV cases in the United States (Negin and Cumming 847), with estimation that "50% of the nationally prevalent AIDS cases fall into this

older age group by the year 2015" (Valcour and Paul 1449). Hence, based on these figures there is indeed a need to learn more of HIV's effects to the older adults group.

Medical Problems Faced by Older Adults with HIV

It is only in recent years that a cross-study with regards to HIV and neuropsychiatric diseases such as dementia can finally be made. This is true since those infected with HIV when the infection began were young individuals, thus were non-symptomatic with age-related degenerative diseases. However, at present this no longer the case, given the increase in HIV-positive persons belonging to the older adults group. In this respect, researches and studies found that " The pathology typically attributed to Alzheimer disease has now been reported in HIV-infected patients" (Valcour and Paul 1452), so much so that the theory ' actively progressive HIV dementia' has gained much medical consideration.

There seems to be enough medical grounds to argue a strong connection between the HIV infection and psychotic disorders, especially when considering that the " Prevalence rates range from 0. 5% to nearly 15%, depending upon the method of surveillance" (Hinkin et al. 3). Further, the presence of Major Depressive Disorder and Subsyndromal Depressive Symptomatology also increase among those infected with HIV when compared with non-HIV-positive groups. Hence, in respect to these two findings, the medical assessment that " 87% of older AIDS patients performed within the impaired range on a series of standard neuropsychological tests" (Hinkin et al. 7) as opposed to non-HIV carriers strengthen the claim of a connection between HIV and psychological

disorders, especially for older adults.

However, there is a positive note to the dilemma of HIV. One of these is HAART, which is the acronym for highly active antiretroviral therapy, and which allows “ greater life expectancy for HIV-infected individuals, which will ultimately result in a ‘ graying’ of the HIV/AIDS epidemic” (Hinkin et al. 1).

Likewise, it has been proven that “ Prophylactic treatment with cotrimoxazole can potentially enhance HIV care programs by preventing secondary bacterial and parasitic infections” (World Health

Organization/UNAIDS 30). These life-extending methods have proven effective in their aim of delaying death due to implications of the HIV, and that they are two of the reasons for the prevalence of people who were infected by HIV decades earlier, and have continued to live despite of the said infection.

The information gained from this research has allowed me to understand deeper the consequences of the HIV epidemic. I am now aware that it is never sufficient simply to control the virus, but more so to know its resultant effects and treat them with the highest level of medical professionalism. This is especially true with the recent knowledge that HIV in older age has strong connection with psychological disorders; those that were previously thought to be exclusively due to old age and not on HIV. Hence, the problems caused by prolonged mortality rates among people with HIV infections are not at all pessimistic, given that this paved the way for a much better understanding of the true nature of the HIV dilemma.

Works cited

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