

Introduction

- New HIV infections can occur at any age
- Older adults living with HIV (OALWH) are commonly affected by stigma and various comorbidities that can affect quality of life, self-image, and behavior¹
- In this analysis, we examined factors associated with recent HIV diagnosis in older adults and perceived treatment challenges

Methods

- Positive Perspectives 2 (PP2) is a multinational (25 countries), cross-sectional, web-based survey of people living with HIV aged ≥18 years, with data collected in 2019 (N=2389)
- This analysis focused on data from the 699 OALWH (aged ≥50 years) and currently receiving antiretroviral therapy (ART)
- Multivariable logistic regression explored correlates of recent diagnosis (≤2 years before survey response; 2017-2019)
- Endpoints included comparison of patient perspectives for those newly diagnosed and those who were diagnosed >2 years before the survey response on the following topics:
 - Sharing HIV status
 - Treatment perceptions
 - Relationship with healthcare providers (HCPs)

Results

Participant Characteristics

- 699 OALWH from 25 countries were included in this analysis (Table 1)
- 632 individuals received ART for ≥2 years and 67 for <2 years

Table 1. Survey Participants Aged ≥50 Years: Demographics and Location^a

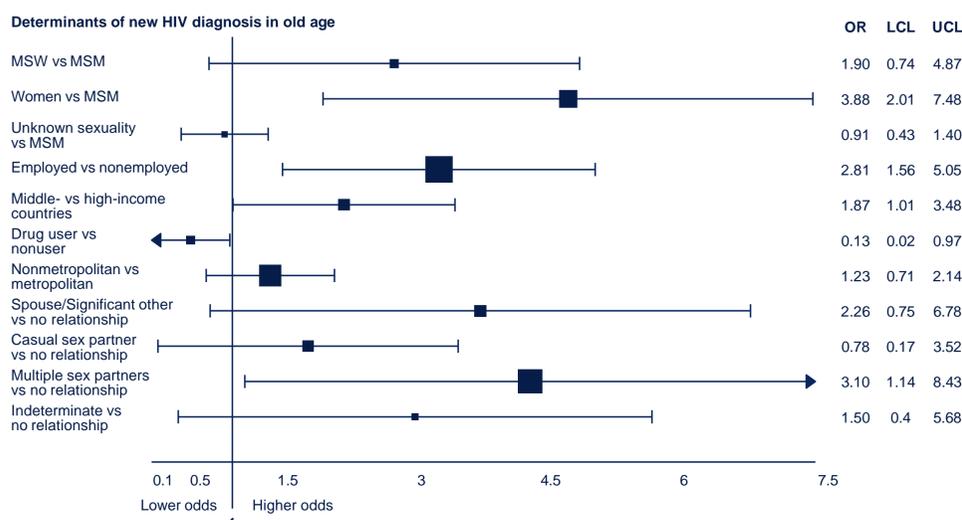
Characteristic	Newly diagnosed OALWH (N=67)	Treatment-experienced OALWH (N=632)
Age, median (range), y	55 (50-86)	56 (50-75)
Female, n (%)	38 (57)	172 (27)
White, n (%)	37 (55)	376 (59)
Sexuality, n (%)		
Heterosexual	36 (54)	230 (36)
Homosexual	25 (37)	344 (54)
Other ^b	6 (9)	58 (9)
Region, n (%)		
Europe	22 (33)	335 (53)
North America	21 (31)	125 (20)
Asia	13 (19)	37 (6)
Latin America	5 (7)	45 (7)
Australia	3 (4)	62 (10)
South Africa	3 (4)	28 (4)
Employment, n (%)		
Full time	30 (45)	166 (26)
Retired	8 (12)	121 (19)
Unable to work	3 (4)	88 (14)
Other ^c	26 (39)	257 (41)

^aNumbers may not add up to 100% because of rounding. ^bOther included bisexual, asexual, pansexual, other, and prefer not to say. ^cOther included employed part time, not retired and seeking employment, self-employed/freelance/contract work, student, voluntary work (but not retired or employed), prefer not to answer, and none of the above.

Factors Associated With Recent Diagnosis

- Recent HIV diagnosis among older adults was likely to be sexually contracted, especially among those with multiple sexual partners vs none (adjusted odds ratio [AOR], 3.10; 95% CI, 1.14-8.43) and was unlikely to be related to recreational drug use (AOR, 0.13; 95% CI, 0.02-0.97; Figure 1)
- Odds of recent HIV diagnosis were higher among women vs men who have sex with men (MSM; AOR, 3.88; 95% CI, 2.01-7.48), individuals who were employed vs unemployed (AOR, 2.81; 95% CI, 1.56-5.05), and individuals from middle- vs high-income countries (AOR, 1.87; 95% CI, 1.01-3.48)

Figure 1. Factors Associated With Recent HIV Diagnosis Among OALWH

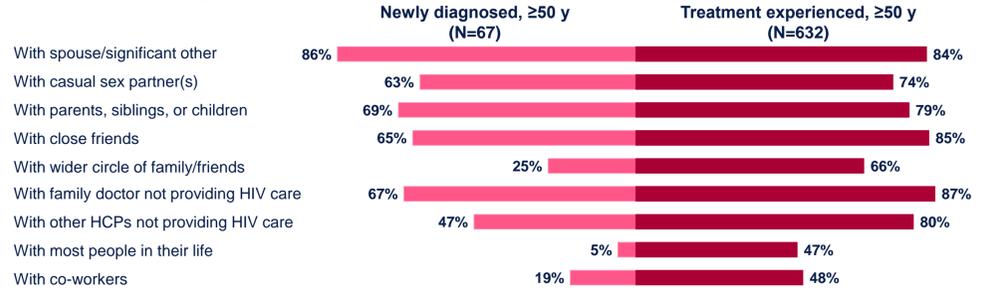


Relative size of marker reflects relative size of subgroup. LCL, lower confidence limit; MSM, men who have sex with men; MSW, men who have sex with women; OR, odds ratio; UCL, upper confidence limit. Drug use refers to recreational drugs, both licit and illicit. Logistic regression analysis assessed for all factors listed in figure. Relationship status was assessed indirectly using a series of survey questions that asked participants with whom they had shared their HIV status, with separate assessments done for spouse/significant other and sex partner. Those not in the relationship of interest selected "not applicable."

Sharing HIV Status

- Newly diagnosed OALWH were less open with their HIV status (except for with spouse/significant other) than those who were treatment experienced (Figure 2)

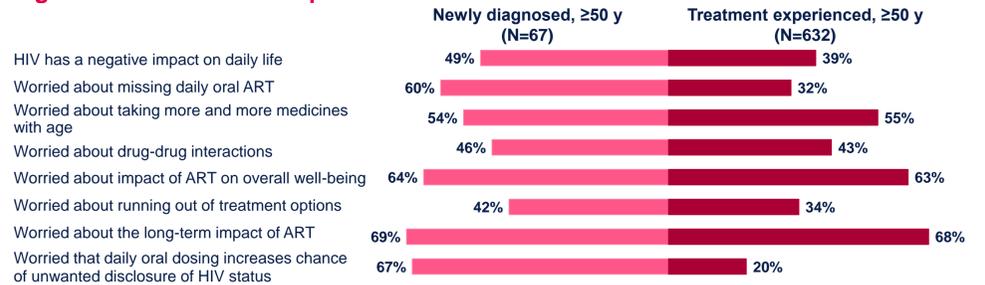
Figure 2. Sharing of HIV Status



Perceptions of Treatment

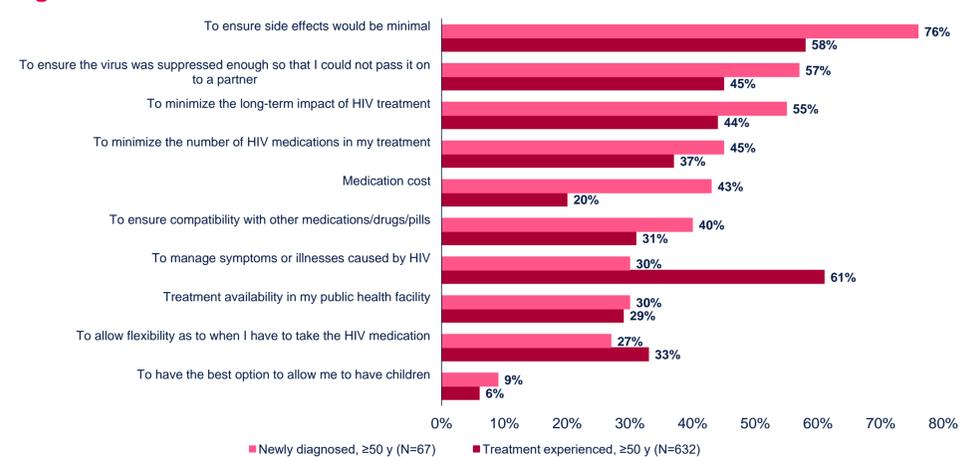
- Newly diagnosed OALWH reported greater concerns that daily oral ART increased chances of unwanted disclosure of HIV status compared with treatment-experienced OALWH (67% [45/67] vs 20% [129/632]; Figure 3)

Figure 3. Treatment Perceptions



- Before initiating ART, newly diagnosed OALWH were more concerned with minimizing side effects (76% [51/67] vs 58% [367/632]) and medication cost (43% [29/67] vs 20% [128/632]) than treatment-experienced OALWH (Figure 4)

Figure 4. Treatment Priorities at ART Initiation

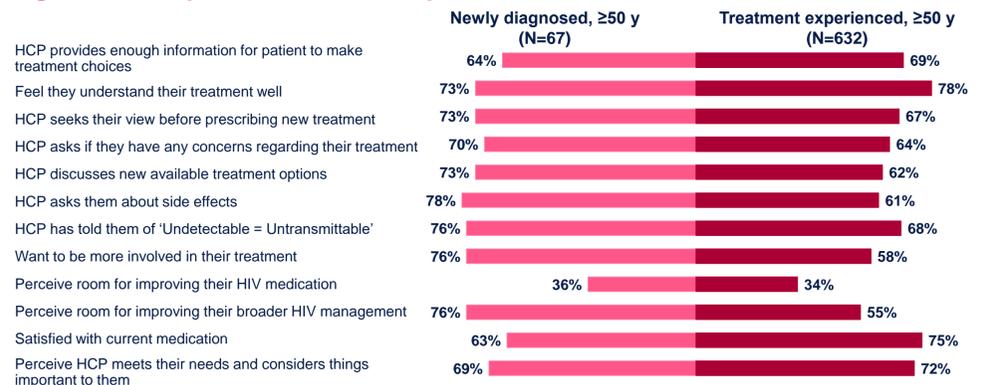


- Treatment satisfaction among newly diagnosed OALWH (63% [42/67]) was lower vs those with less recent diagnosis (75% [474/632])

Perceptions of HIV Management

- Newly diagnosed OALWH reported more perceived room for improving HIV management (76% [51/67] vs 55% [345/632]) and had more interest in greater involvement in their care (76% [51/67] vs 58% [367/632]) vs treatment-experienced OALWH (Figure 5)

Figure 5. Perceptions of Relationship With HCPs



Conclusions

- Women had the highest likelihood of new HIV diagnosis among older adults
- Unwillingness of newly diagnosed OALWH to share HIV status with family/friends may constrict social support, while unwillingness to share with HCPs may increase likelihood of fragmented care
- Two-thirds of newly diagnosed OALWH were concerned that daily oral ART increased their chances of unwanted disclosure of status
- Considering the unmet needs of newly diagnosed OALWH when planning their treatment and actively involving them in their care may improve their satisfaction with HIV management

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Reference: 1. CDC. <https://www.cdc.gov/hiv/group/age/olderamericans/index.html>. Accessed September 15, 2020.