

Let's Talk About Sex for Seniors

W. David Hardy, MD

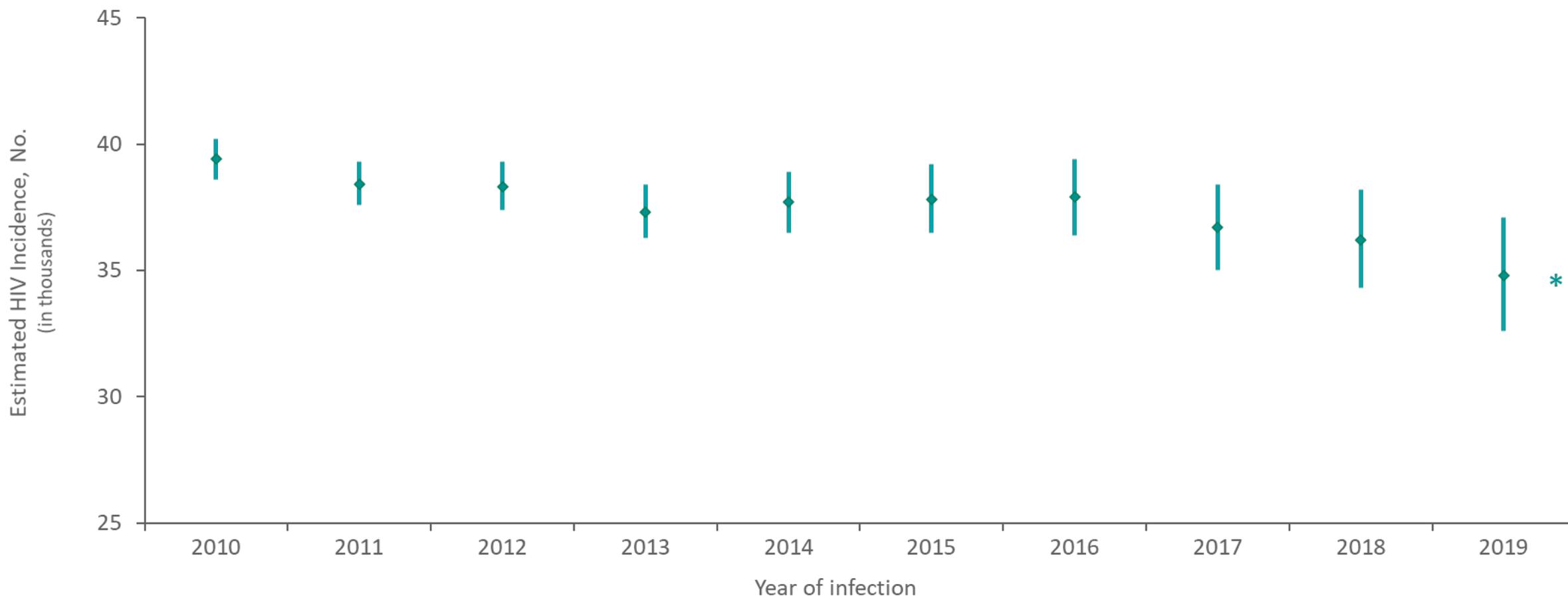
Attending, LA General Medical Center-USC Rand Schrader Clinic

Adjunct Clinical Professor of Medicine

Division of Infectious Diseases

Keck School of Medicine of USC

Estimated HIV Incidence among Persons in the United States 2010–2019

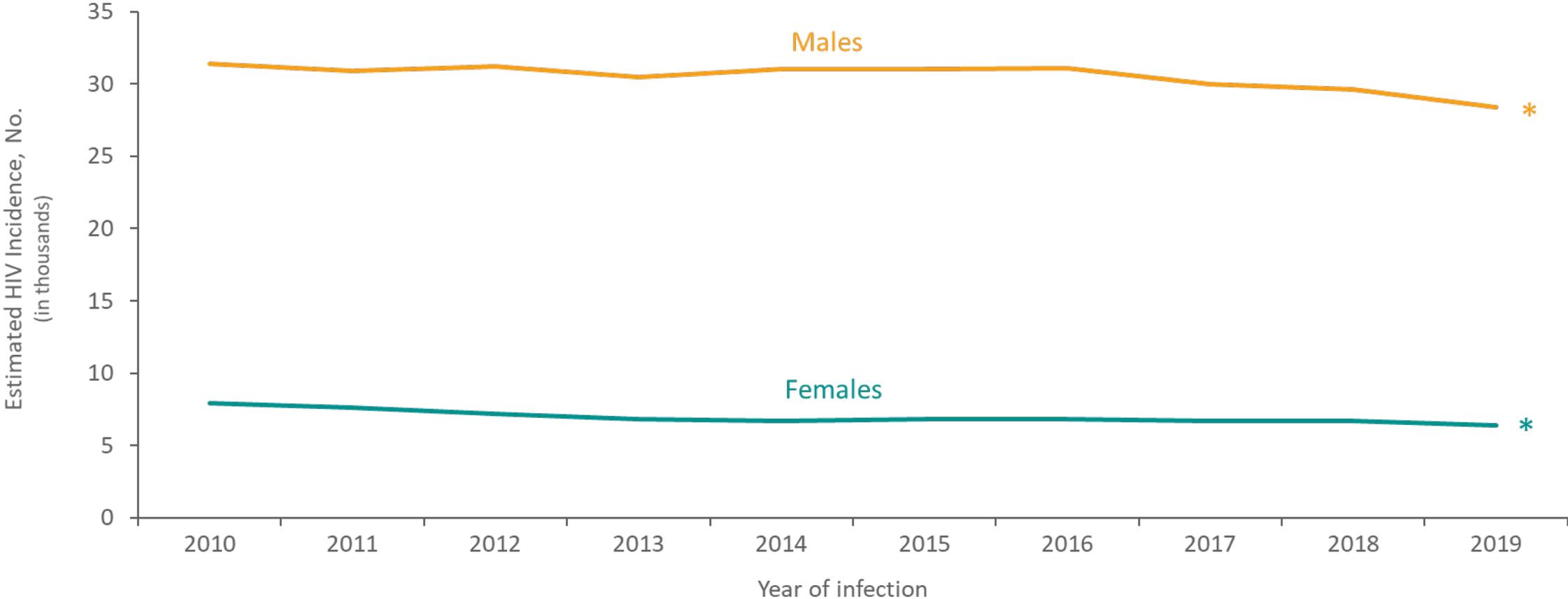


Note. Estimates were derived from a CD4 depletion model using HIV surveillance data. Bars indicate the range of the lower and upper bounds of the 95% confidence intervals for the point estimate.

* Difference from the 2010 estimate was deemed statistically significant ($P < .05$).



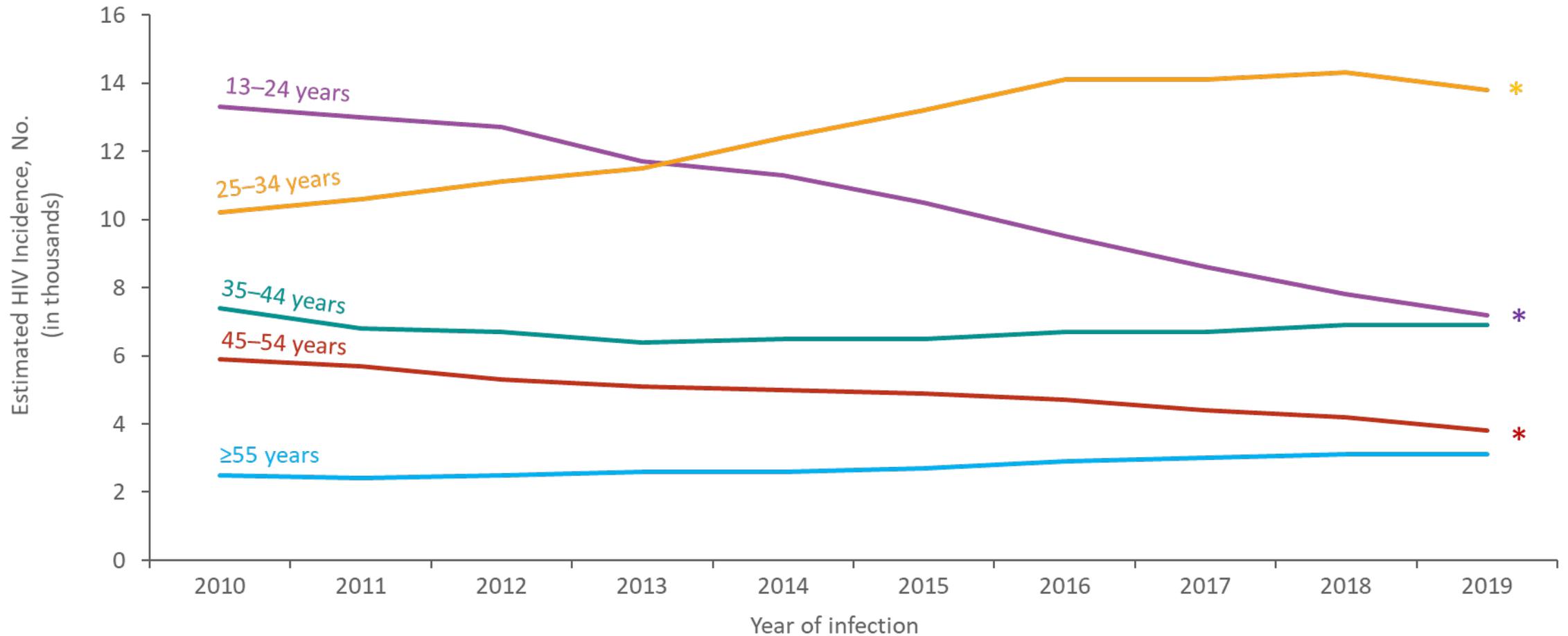
Estimated HIV Incidence among Persons the U.S. by Sex at Birth 2010–2019



Note. Estimates were derived from a CD4 depletion model using HIV surveillance data.
* Difference from the 2010 estimate was deemed statistically significant ($P < .05$).



Estimated HIV Incidence among Persons in the U.S., by Age 2010–2019

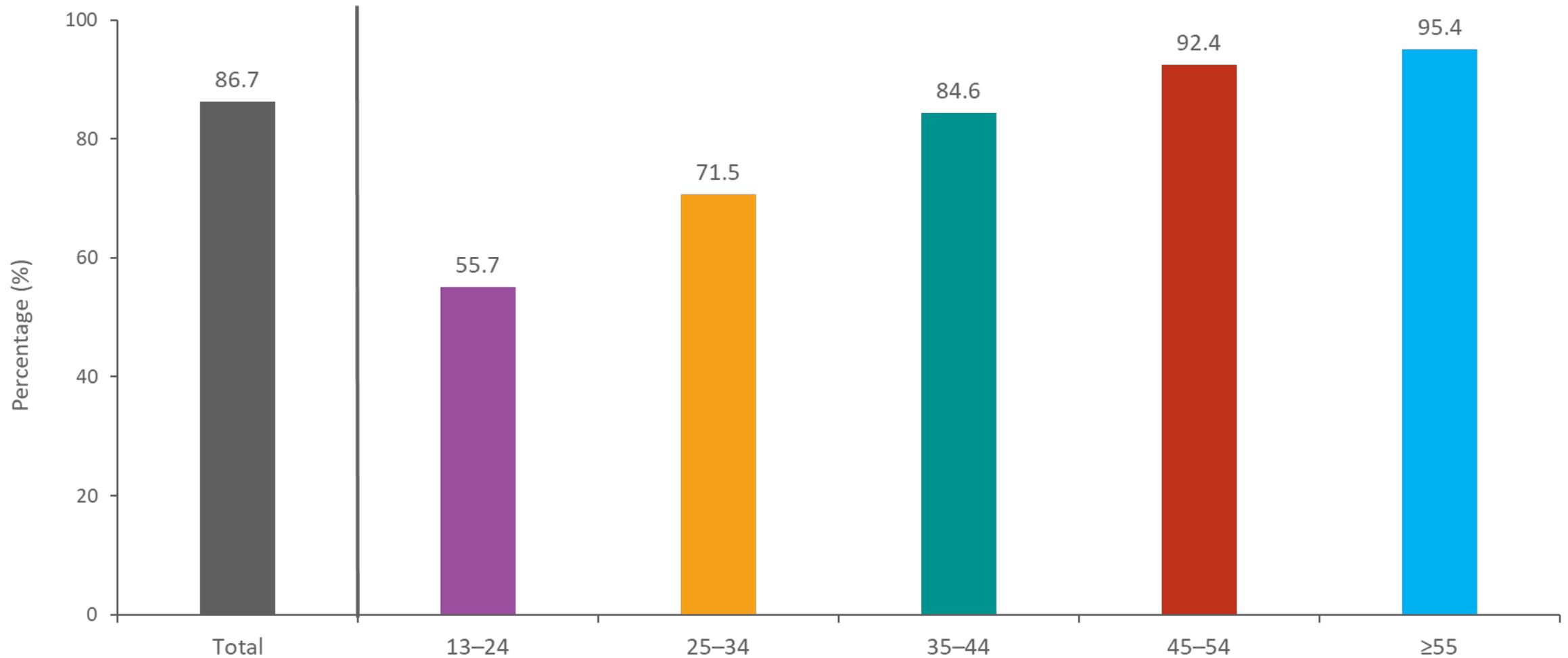


Note. Estimates were derived from a CD4 depletion model using HIV surveillance data.

* Difference from the 2010 estimate was deemed statistically significant ($P < .05$).



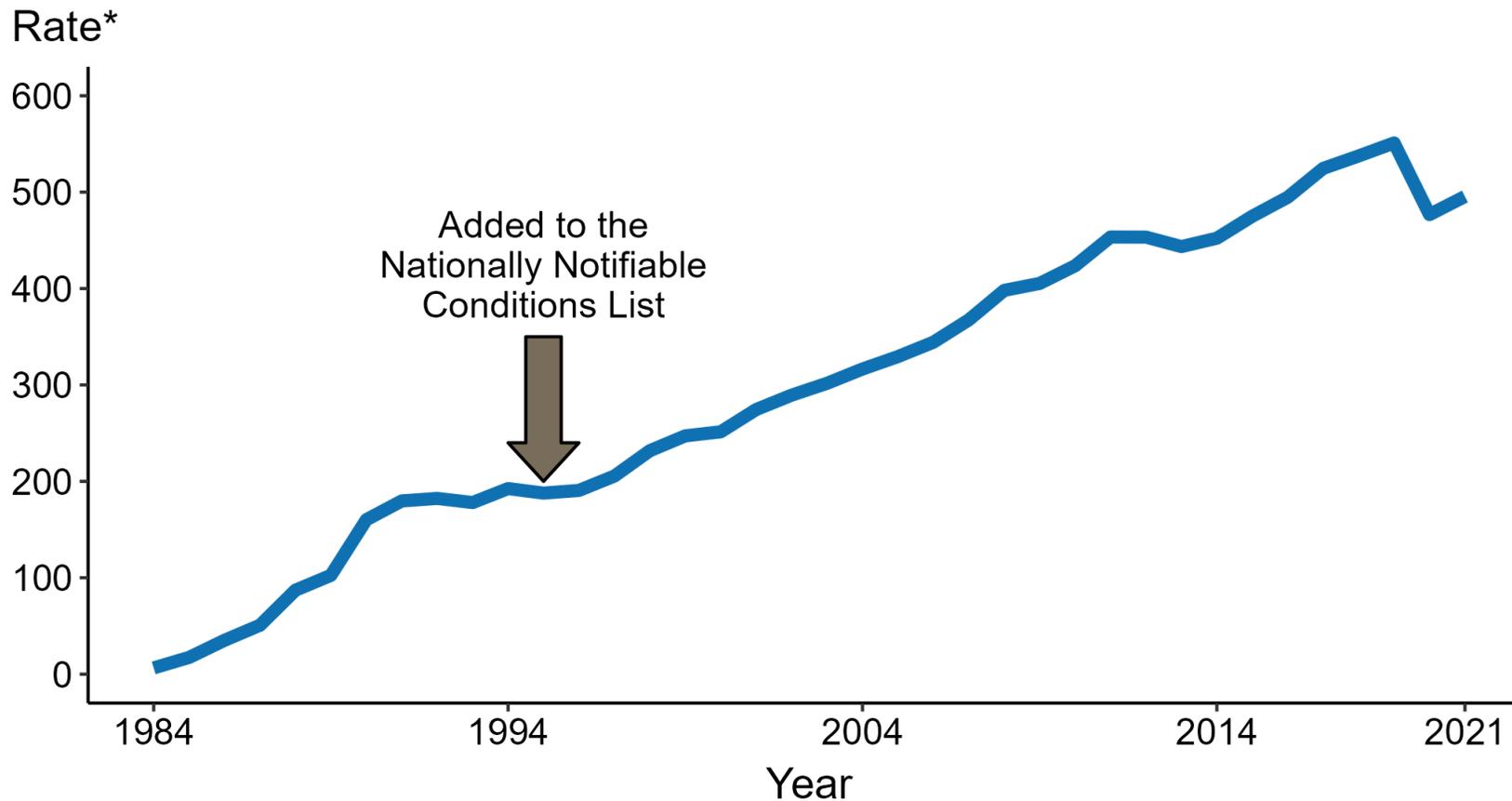
Percentage of Persons Who Know Their HIV Status in the U.S., by Age 2019



Note. Estimates were derived from a CD4 depletion model using HIV surveillance data. Estimates for the year 2019 are preliminary and based on deaths reported to CDC through December 2020.



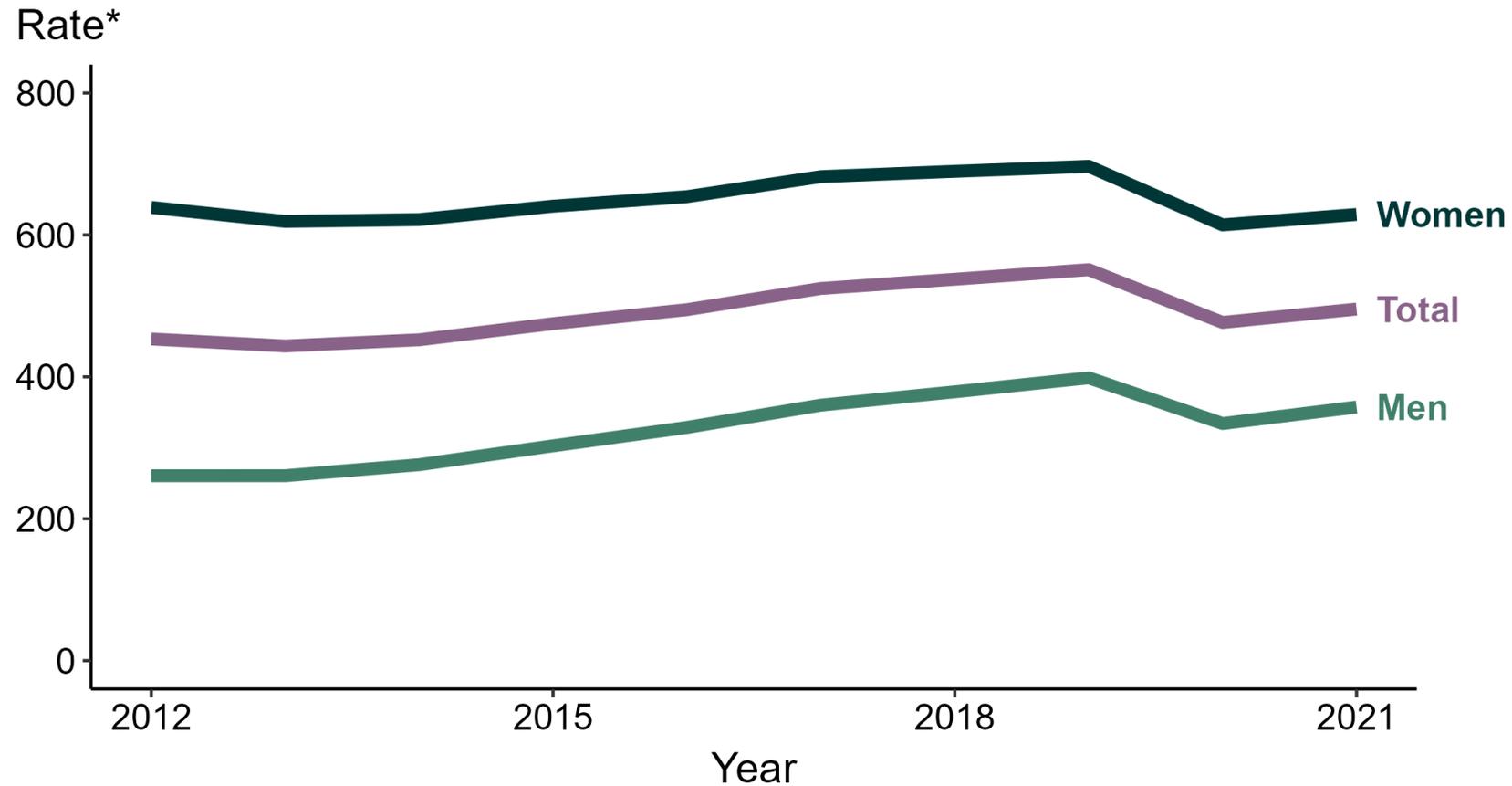
Chlamydia — Rates of Reported Cases by Year, United States, 1984–2021



* Per 100,000



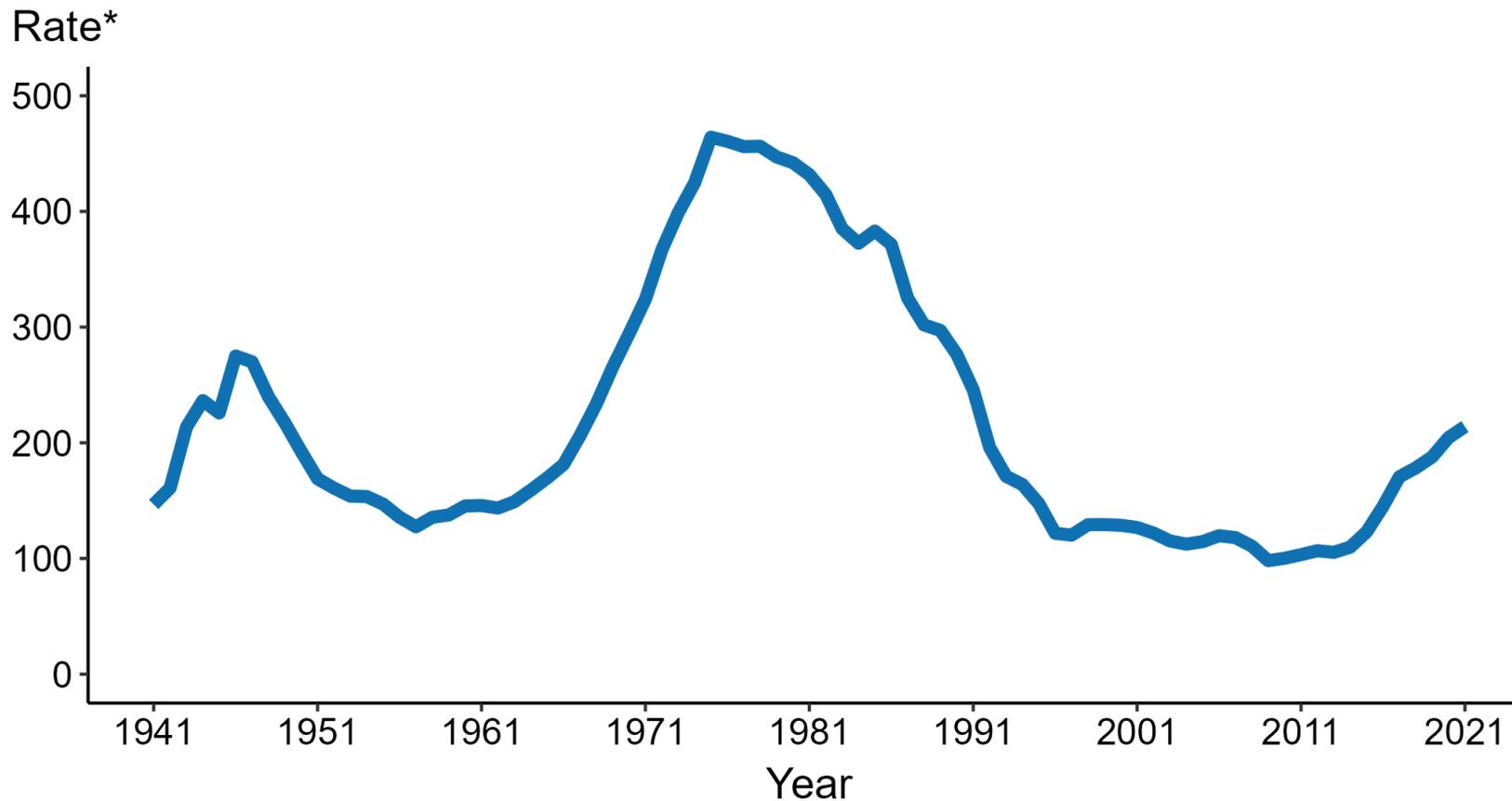
Chlamydia — Rates of Reported Cases by Sex, United States, 2012–2021



* Per 100,000



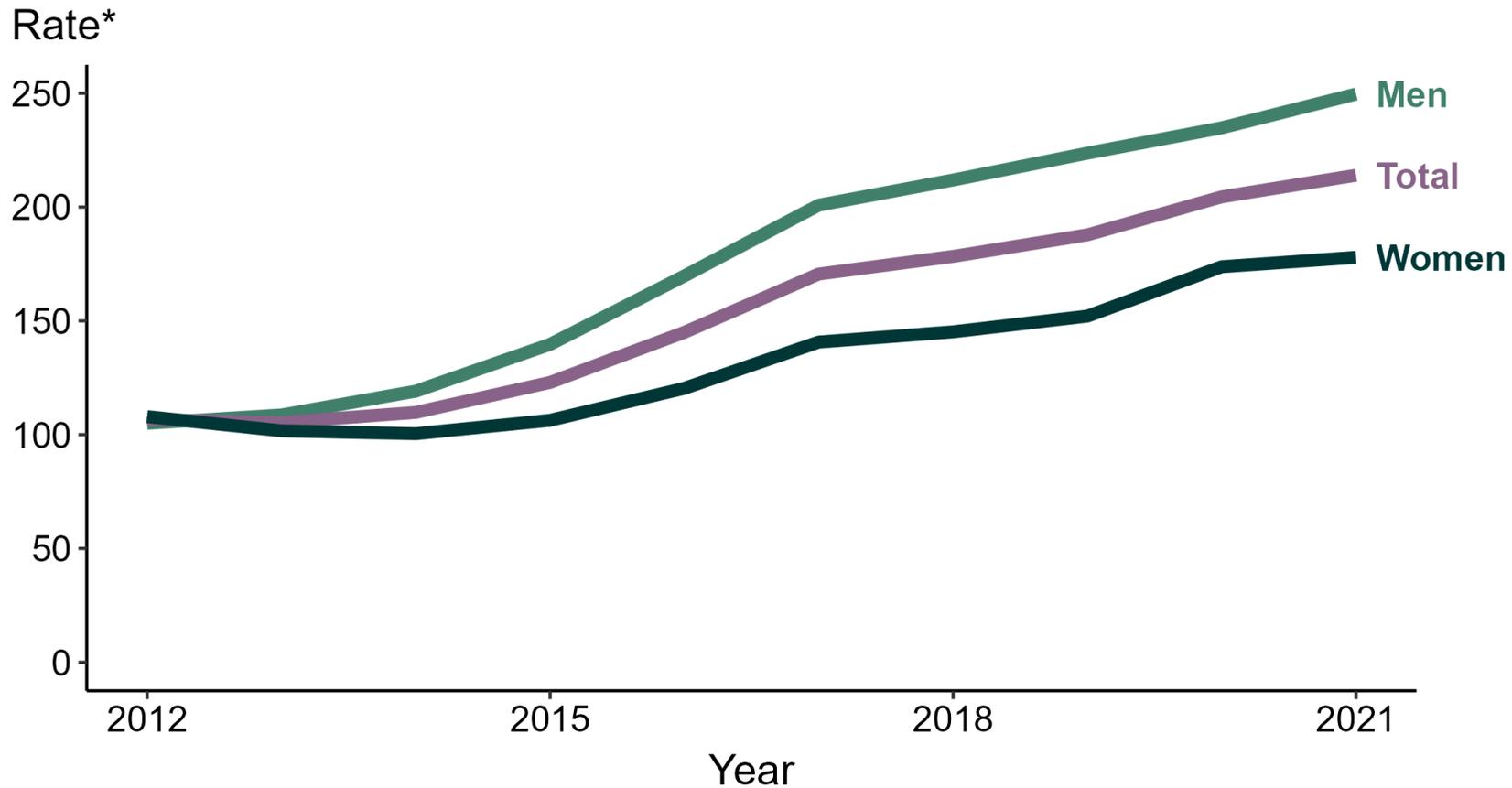
Gonorrhea — Rates of Reported Cases by Year, United States, 1941–2021



* Per 100,000



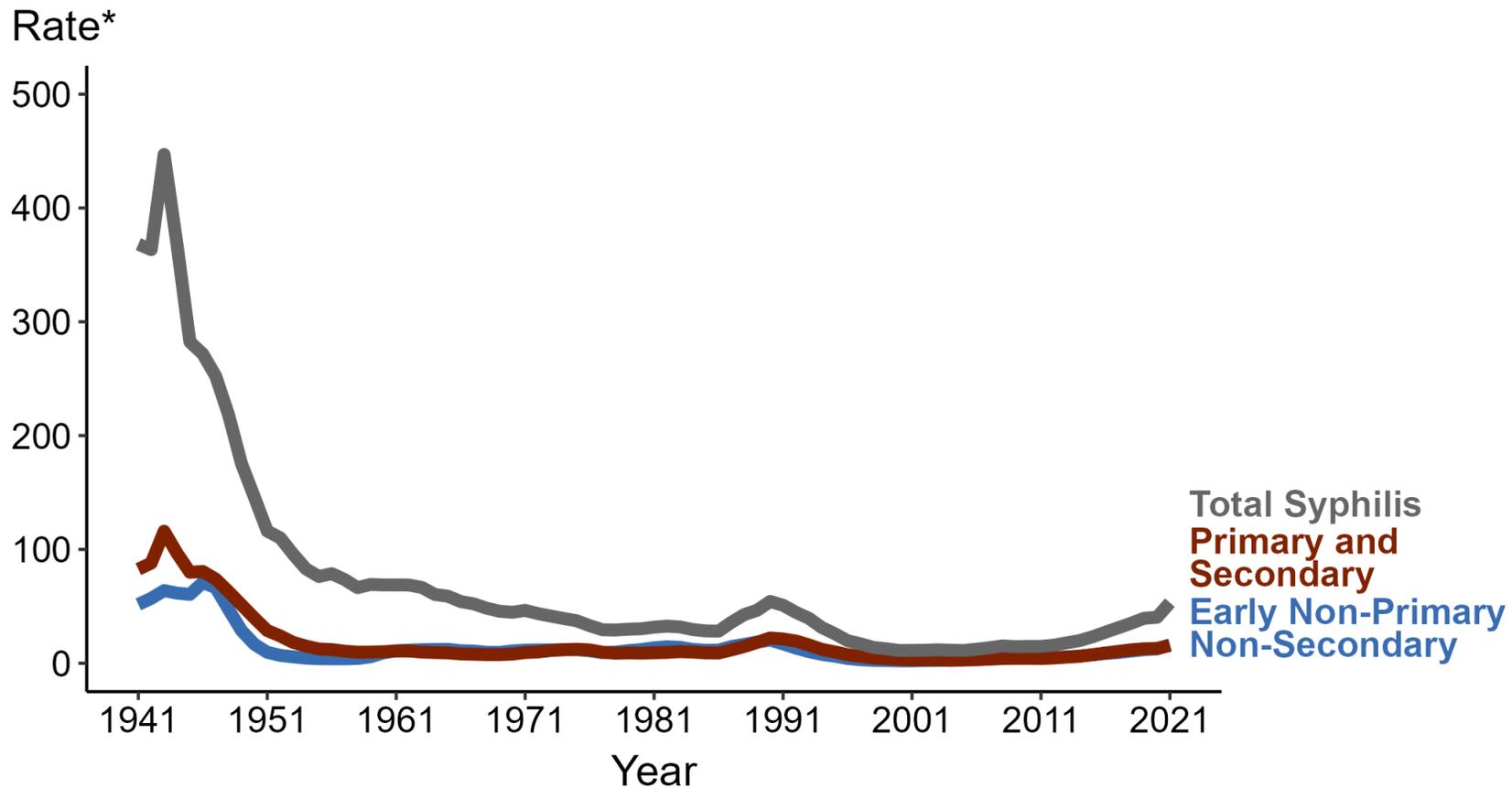
Gonorrhea — Rates of Reported Cases by Sex, United States, 2012–2021



* Per 100,000



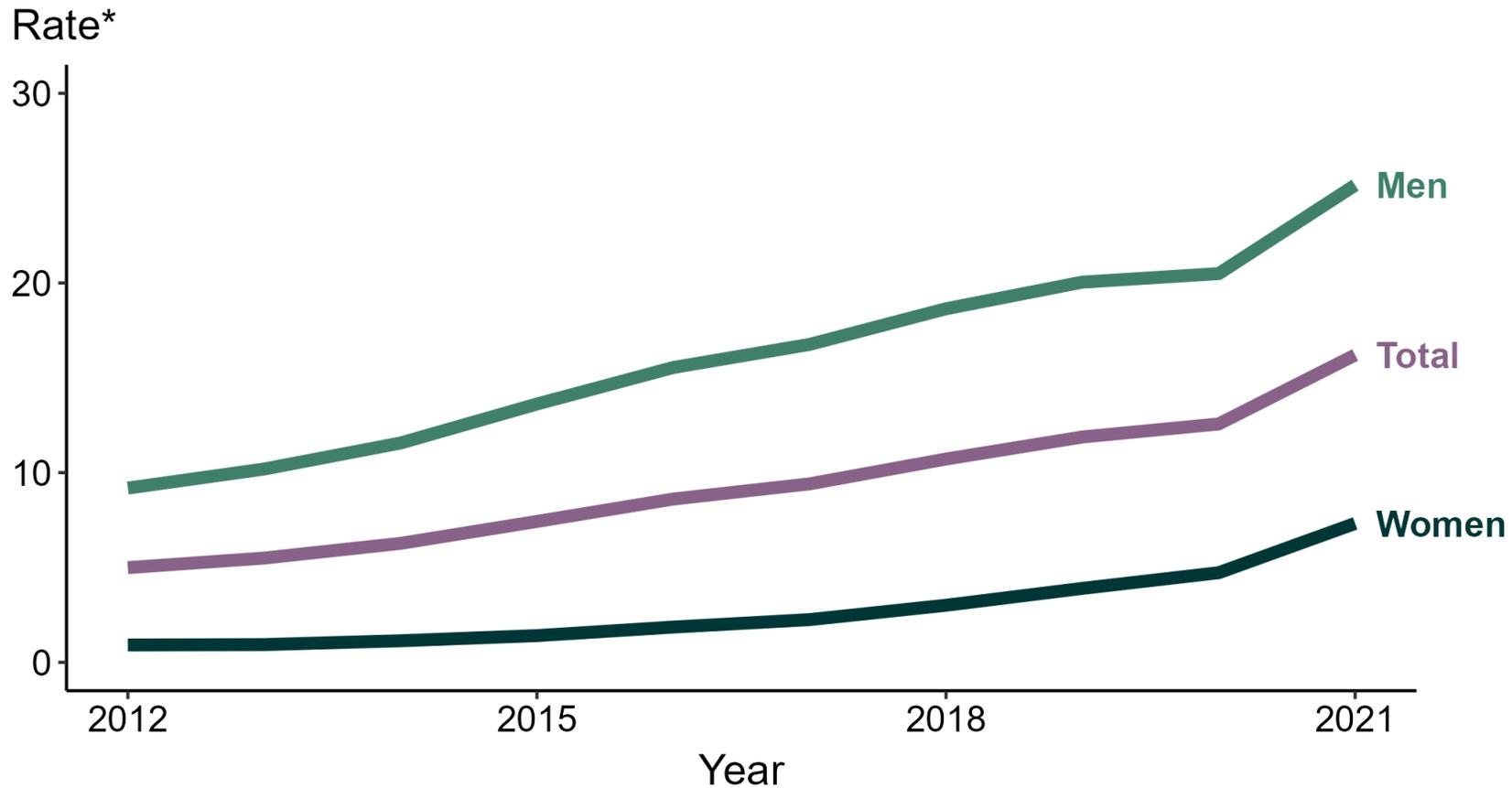
Syphilis — Rates of Reported Cases by Stage of Infection, United States, 1941–2021



* Per 100,000



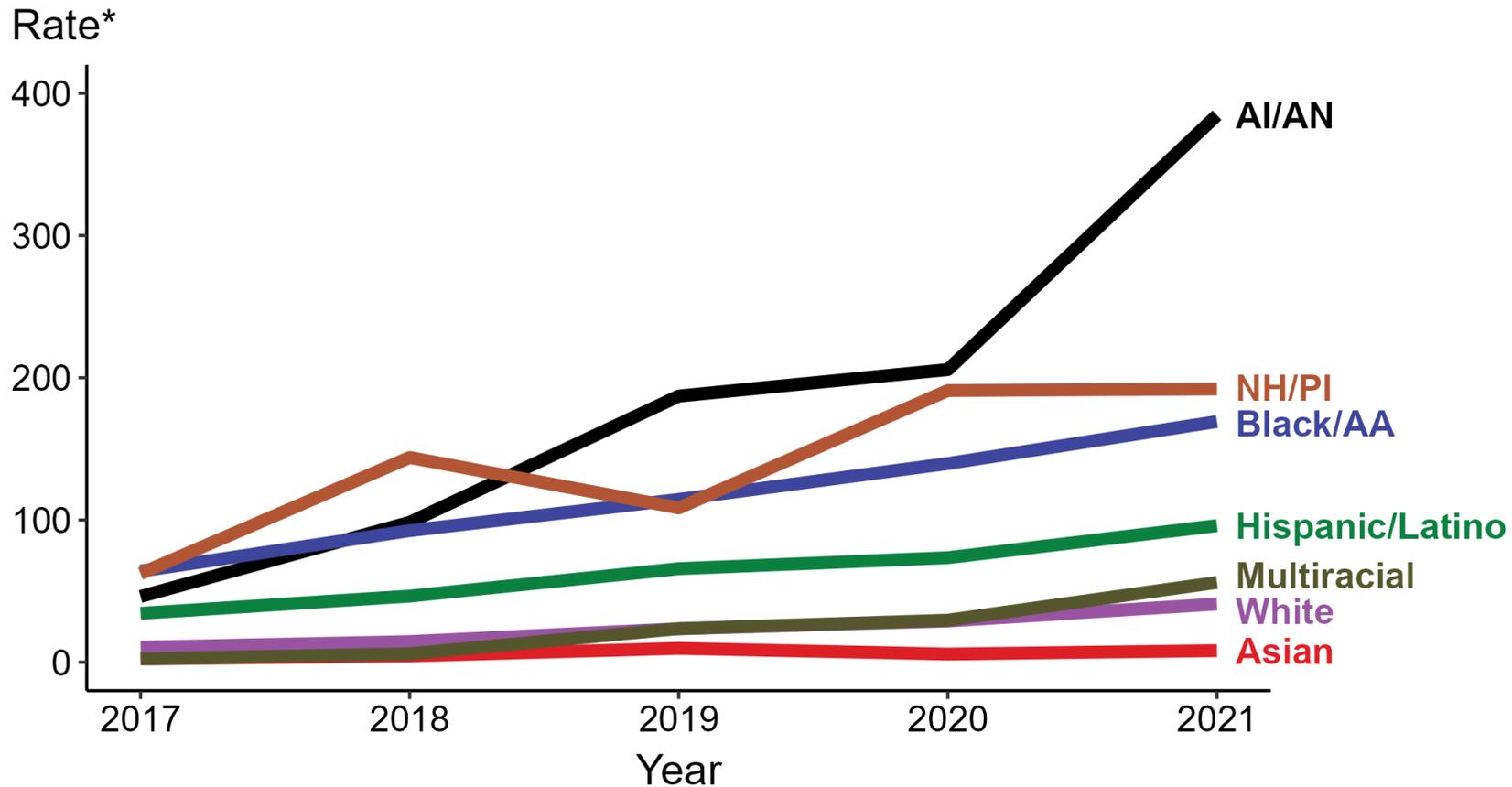
Primary and Secondary Syphilis — Rates of Reported Cases by Sex, United States, 2012–2021



* Per 100,000



Congenital Syphilis — Rates of Reported Cases by Year of Birth, Race/Hispanic Ethnicity of Mother, United States, 2017–2021



* Per 100,000 live births

ACRONYMS: AI/AN = American Indian or Alaska Native; Black/AA = Black or African American; NH/PI = Native Hawaiian or other Pacific Islander



Should older people get tested for HIV and STIs?

- CDC recommends that everyone 13 to 64 years old get tested for HIV, at least once, and that people at higher risk of HIV get tested more often.
- For several reasons, older people are less likely to get tested for HIV and STIs:
 - In general, older people are often considered at low risk of getting HIV and STIs. Health care providers may not always think to test older persons.
 - Some older people may be embarrassed or afraid to be tested.
 - In older people, signs of HIV or STIs may be mistaken for symptoms of aging or of age-related conditions.
 - For these reasons, HIV and STIs are more likely to be diagnosed at an advanced stage in many older people. Diagnosing these at a later stage also means a late start to treatment and possibly more damage to the body.



What Seniors Need to Know About STIs

- According to the CDC, rates of the three most common STIs—chlamydia, gonorrhea and syphilis—all have risen in the senior population over the past five years.
- Many factors may be contributing to this trend, and seniors need to know their risk so they can take steps to prevent infection.
 - Medications to treat erectile dysfunction in men and vaginal dryness in women may keep people sexually active longer than in past decades, which increases the chance of acquiring an STI.
 - Older adults also may see no need for birth control, so they forego condom usage without considering how barrier protection might spare them from getting an STI.



Over the past 5 years, data regarding men and women over age 65 show:

- Chlamydia cases nearly doubled, from 6,801 infections reported in 2013 to 13,534 in 2017.
- Gonorrhea cases almost tripled, going from 4,627 to 12,930.
- Syphilis cases more than doubled, rising from 912 to 1,935.
- These rates don't affect men and women equally. Men tend to experience more STIs than women do, but the rates are rising among both groups.
- These numbers don't address rates for herpes, human papillomavirus (HPV) or other sexually transmitted diseases.



STI Symptoms Seniors Should Know

- Seniors having sex with new partners should know common STI symptoms in order to seek prompt medical attention if needed.
- **Chlamydia Symptoms**
 - May produce mild symptoms or be asymptomatic early on
 - Burning sensation when urinating
 - Discharge from the penis or vagina
 - In men: pain or burning around the urethral opening or pain or swelling in one or both testicles
 - In women: pain during intercourse



STI Symptoms Seniors Should Know

■ Gonorrhea Symptoms

- In men: pain with urination and/or discharge from the penis
- In women: pain with urination and/or discharge from the vagina; spotting or bleeding also is possible

■ Syphilis Symptoms

- Often no symptoms in early stage
- Painless lesion in the genital area, mouth or lips that heals within 3 to 6 weeks
- Swollen lymph node(s) near the site of the skin lesion
- Fever, loss of appetite, nausea and fatigue beginning 12 -24 weeks after the lesion's appearance

Itchy skin rash including on hands and/or feet



STI Treatment in Seniors

- Treating seniors for STIs may require special considerations of the individual's general health status and current medications.
Antibiotics can cure these infections.
- Sexual partners should be notified so they can consult their doctor. Usually, partners of anyone who gets chlamydia, gonorrhea or syphilis need to be treated even if they aren't exhibiting symptoms.
- Some people with chlamydia experience re-infection after taking antibiotics. Re-testing (test-of-cure) after three months may be necessary to confirm successful cure.



What Seniors Should Know About Preventing STDs

- Seniors should not necessarily avoid physical intimacy just to prevent STIs, even though abstaining from sex is the surest way to prevent infection. Try these strategies for STD prevention:
 - Engaging in sexual relations with multiple partners increases the risk of getting an STI.
 - Have a frank discussion with your doctor or gynecologist about your sexual health.
 - Both men and women can get an STI through oral sex.
 - Learn the proper way to use a condom. You can find many videos online that demonstrate how to put on and remove condoms.
 - Condoms may not completely protect one from herpes or human papillomavirus (HPV or genital warts) on uncovered areas of genitals.



Let's Talk About Sex: An Education Event for Service Providers to Promote Sexual Health in Older Adults

Jeff Bailey, APLA Health
Brian Risley, APLA Health

September 22, 2023



Presentation Overview



How did we get here? – The Healthy Living Project

Southern and Northern California HIV & Aging Conference

California HIV & Aging Educational Initiative

Collaboration in Care Conference

Healthy Living Project

- Focus Group Discussions
 - Up to 3 focus groups for 5 priority populations (MSM, transgender women, cisgender women, heterosexual men and monolingual Spanish speakers)
 - 11 groups from October 2016-June 2017
- Each group lasted 2 hours
 - Eligibility
 - At least 50 years or older
 - Living with HIV
 - Residing in Los Angeles County
 - A member of one of the 5 priority populations
- All participants received a \$50 gift card remuneration



APLA NEEDS YOUR HELP!

Are you HIV-positive?
 Are you female?
 Are you at least 50 years or older?

If you answered **YES** to **ALL** of these questions, we want to hear from you!

Share your experiences with HIV, growing older, and healthy living
You will receive a \$50 gift card for your 2½ hour participation
If interested, please call 213.201.1540



APLAHealth | COMMUNITY HEALTH | ACO | This project is funded by Glaxo Sciences, Inc.

Healthy Living Project – General Findings

Gratitude

Resilience

Satisfaction with Services

HIV is not the primary concern

California HIV & Aging Conferences

Purpose:

1. Analyze challenges and program opportunities for older adults with HIV.
2. Discuss opportunities for EHE jurisdictions to realign their portfolio of services to meet the needs of older adults with HIV.

Break-out sessions: Held one week later, focused on discussing challenges and potential intervention strategies.

HIV & AGING CONFERENCE
SOUTHERN CALIFORNIA

Covering San Diego, San Bernardino, Riverside, Orange and Los Angeles Counties.

STATEWIDE CONFERENCE
SEPTEMBER 23, 25, 29

Registration is Limited—
Reserve Your Spot Today!

Northern CA Conference coming in 2021

RSVP Here
To Register for this Zoom Event

Planning for the Service Needs of People Living with HIV 50+

OBJECTIVES

- Describe real-world challenges and solutions for people aging with HIV.
- Explain how psychosocial barriers affect people aging with HIV.
- Strategize realignment of existing services for older adults living with HIV.

Logos: APLA Health, GILEAD HIVAGE, AETC, janssen, CHIPTS

HIV & AGING CONFERENCE
NORTHERN CALIFORNIA

JUNE 3rd & 4th
(JUNE 8th Regional Sessions)
9:30 am – 1:30 pm

REGISTER NOW

STATEWIDE CONFERENCE
Covering the Bay Area and Northern Counties

Honoring the 40th Anniversary of the HIV/AIDS Epidemic

KEYNOTE: Michael Gottlieb, MD
First Identifier of AIDS as New Disease

CALL TO ACTION: Phill Wilson
Prominent African-American HIV Activist

Collectively Changing the Landscape: Coordinating Services to Meet the Needs of People Living With HIV 50+

CONFERENCE LEARNING OBJECTIVES

- Describe real-world challenges and solutions for people aging with HIV
- Explain how psychosocial barriers affect people aging with HIV
- Identify two strategies to realign existing services for older adults living with HIV

DISCLAIMER: The criteria and the qualifications for 13 months of continuing education credit for nurses is approved by the California Board of Registered Nursing, Provider # CPE 008. Log the hours in Caring Care AIDS Education & Training Center is approved by the California Association of Managers and Family Therapists (CAMFT) to sponsor continuing education for MFTs, LSWs, LPCCs, and LEPs. The Area Health Education Center (AHEC) Executive Director holds the responsibility for the program content and delivery. The course meets the qualifications for 13 hours of continuing education credit for LSWs, LPCCs, and LEPs as required by the California Board of Behavioral Science, Provider # 00848. Any activities within the program that are not board-approved will not count for continuing education credit. Course completion will not be awarded upon completion of course evaluation. Documentation must be obtained by 14 Pacific for a period of four years after the conclusion of the program.

Logos: APLA Health, GILEAD HIVAGE, AETC, |shantel|, and others.

California HIV & Aging Listening Sessions

San Diego
Listening Session

For People Living with HIV Over
50 in San Diego County.

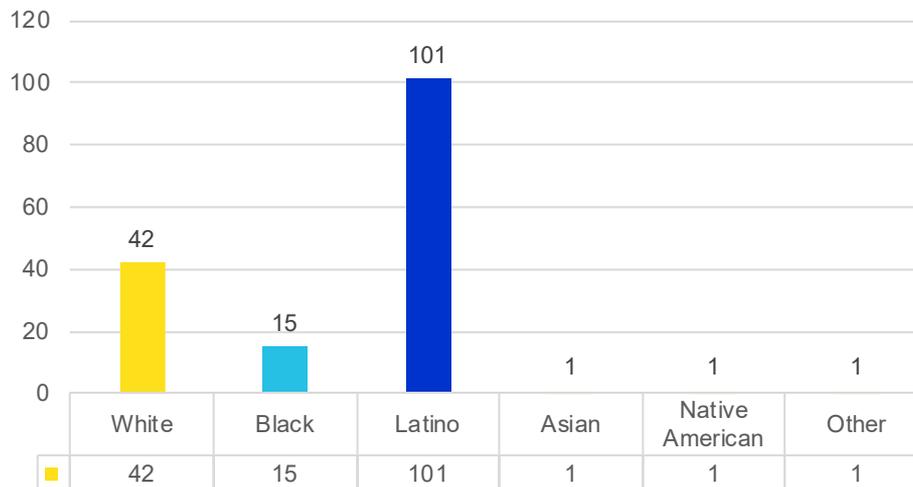
Session 5:30 - 7:00PM
Dinner and Raffle 7:00PM-7:30PM

Friday,
January 31, 2020

San Diego LGBT
Community Center
3909 Centre St,
San Diego, CA 92103

Limited Space.
MUST RSVP at 213-201-1482

Total Participants	161
Mean Age	58 (37-85)
Male	79%
Female	19%
Non-Binary	1%
Transgender	1%



Lessons Learned – Common Themes

Housing

Financial Security

Mental Health

Integrated Care

Telehealth

Transportation

Access to nutritional food

Collaboration in Care Conference



Save the Date!

Collaboration in Care Conference

IMPROVING HIV AND AGING SERVICES

SEPTEMBER 18-19 | SACRAMENTO, CA
HYATT REGENCY DOWNTOWN

CLICK BELOW FOR MORE INFORMATION:

[CollaborationInCare.org](https://www.CollaborationInCare.org)

We thank the Gilead Foundation for essential funding to hold this conference

Agenda Day I: California Track

- Integrating Geriatric Principles into HIV Care: Models and Approaches
- Are We The Problem? Addressing Bias in Clinical Protocols
- Reigniting the Power of MIPA
- The Loneliness of Ageing with HIV
- Neurocognition 101: Building Supportive Systems
- Community Care Panel: Outreach and Socialization
- Addiction Medicine: Approaches to the Brain, Behavior, and Substance Use
- Addressing Stigma among Older Adults with HIV
- Community Care Workshop: Client Education and Empowerment



Acknowledgements

Healthy Living Project Participants, Listening Session Participants, Service Providers, and the following Conference Planning Committee Members: Demisha Burns – WORLD, Elena Rosenberg-Carlson – CHIPTS , Vince Crisostomo – SFAF, Tom Donohoe - PAETC , Uyen Kao – CHIPTS, Victoria Meyers, Denver PTC , Amanda Newstetter - PAETC, Jessica Price - PAETC, Brian Risley – APLA Health, Judy Vang – AETC, , Sentient Research, and APLA Health’s Community Based Research program.