

HIV/AIDS epidemic among older adults in Brazil

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Older adults in Brazil (individuals aged 60 years or older) accounted for 9.8% of the general population in 2005 and 14.0% in 2015. The invisibility of sexuality among older adults implies late diagnoses of HIV/AIDS in this population. The results of the present study lead to reflections regarding the representativeness of HIV/AIDS to the health of older adults and contribute data that can assist administrators, health professionals and others who work with the older population to rethink their attitudes during contact with such individuals and establish dialog addressing issues related to sexual activity, which could have an impact on the early diagnosis of HIV in this population.

Key words: HIV, AIDS, STD, Elderly, Brazil

INTRODUCTION

The scientific community faces the challenge of public health issues related to the growing population of older adults in the 21st century. In Brazil, older adults (individuals aged 60 years or old) accounted for 9.8% of the general population in 2005 and this figure increased to 14.0% in 2015, demonstrating that men and women are living longer due to advances in the fields of medicine and technology as well as improvements in cultural, social and economic aspects, all of which have provided better living conditions ¹.

Active ageing is a worldwide public policy that establishes healthy habits and lifestyles and promotes the participation of older adults in group activities ². While this sociability is seen as positive, one of the issues raised regards sexuality, as sex is often practiced without protection in this population, which increased the odds of sexually transmitted diseases (STDs) and HIV/AIDS ^{3,4}.

In recent decades, the epidemiological profile of the HIV/AIDS pandemic has undergone changes, with the increased vulnerability of diverse groups, including older adults. This occurrence is largely due to the lack

of recognition of an active sexual life in this portion of the population ⁵. The invisibility of the sexuality of older adults implies problems regarding the late diagnosis of HIV/AIDS, which is linked to three aspects: 1) health professionals do not recognize the vulnerability of older adults to HIV/AIDS; 2) older adults do not see themselves as vulnerable to STDs; and 3) health professionals attribute symptoms suggestive of the opportunistic infections that occur with AIDS to other diseases considered to be more frequent in the older population ⁶. Considering the concepts of individual, social and programmatic vulnerability proposed by Ayres (2006) ⁷, this paper offers a preliminary reflection on the implications of the representativeness of HIV/AIDS to the health of older adults, focusing on the portion of the population aged 60 years or older in Brazil.

OBJECTIVE

Analyze the HIV/AIDS epidemic among older adults in Brazil based on information from the 2017 HIV/AIDS Epidemiological Bulletin published by the Ministry of Health ⁸.

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METHODS

A prospective, descriptive study was conducted involving cases of HIV and AIDS among individuals aged 60 years or older registered in the National Notification System between 1980 and 2017 and published in the HIV/AIDS Epidemiological Bulletin of the Brazilian Ministry of Health ⁸.

RESULTS

A total of 882,810 cases of AIDS were registered in Brazil between 1980 and June 2017, affecting 576,245 males and 306,444 females. The incidence of AIDS among older adults went from 15.2 per 100,000 inhabitants in 2007 to 19.3 in 2016 (Fig. 1) and the ratio between sexes (M:F) went from 1.5 in 2005 to 2.2 in 2016, affecting more men than women ⁸.

As of 2007, with the free supply of antiretroviral drugs and the increase in the survival rate of individuals affected by HIV, the records of these cases began in the country. The incidence of HIV without AIDS among the elderly increased from 4.8 per 100,000 inhabitants in 2007 to 7.5 in 2016 (Fig. 1).

The mortality rate due to AIDS among older males went from 5.2/100,000 inhabitants in 2007 to 8.5/100,000 inhabitants in 2016. In the same period, the mortality rate due to AIDS among older women went from 2.2/100,000 inhabitants to 3.6/100,000 inhabitants ⁸.

DISCUSSION

The present results reveal a change in the epidemiological profile of the HIV/AIDS pandemic in recent decades among the older population in Brazil, demonstrating the vulnerability of this portion of the population to STD/HIV/AIDS ^{5,6}. This phenomenon is associated with biopsychosocial transformations, advances in

communication technology and the establishment of social and emotional ties that have a positive impact on day-to-day relationships, including love and sexual relationships ^{3,9}. In this context, the prevention of STD/HIV/AIDS and information on contracting diseases and the importance of caring for one's health are relevant issues to discuss with this age group. The interaction between medications taken for the health conditions common to this population is another important aspect to address, as antiretroviral drugs can complicate the health of older adults, leading to the non-adherence to these medications for HIV/AIDS ^{9,10}.

Social prejudice, low levels of income and schooling, the use of alcohol and drugs ¹² and unprotected sexual relations characterize social vulnerability ¹³. This scenario indicates that a large portion of the population aged 60 years or older in Brazil is beyond the reach of online campaigns and poorly integrated strategies that discuss risk and prevention ¹⁰. Thus, DST/HIV/AIDS prevention campaigns have not fully met their goals, whether for mainly targeting young people or for failing to recognize sexuality in the older population. Nonetheless, this is a macro issue that involves, above all, the pillars of prevention and health care. Moreover, health professionals and others who work with prevention methods must face the challenge of understanding individual, social and programmatic vulnerabilities related to HIV/AIDS ^{7,11}, which also involve sexual behavior between genders and generationally distinct groups, as well as changes in attitudes regarding sexuality among older adults ⁴. This point underscores the importance of the training of interdisciplinary teams through permanent education policies in order to broaden the understanding and efficacy of health professionals when dealing with DST/HIV/AIDS.

There is also a need to involve both the public and private care networks, encompassing hosting services, screening, consultations and the offer of goods and services directed at the early diagnosis of HIV/AIDS, which is of fundamental importance to treatment and the prognosis ^{4,10,13,14}. It is first necessary to consider three plausible groups: 1) older adults with a clinical diagnosis of HIV/AIDS; 2) those who contracted HIV/AIDS prior to reaching 60 years of age and remain asymptomatic or undiagnosed; and 3) those who recently acquired HIV after reaching 60 years of age and are in the development stage of AIDS ^{15,16}.

This study offers information and serves as alert to administrators, health professionals and others who work toward the prevention of HIV/AIDS in the older population to rethink their attitudes during contact with such individuals and establish dialog addressing issues related to sexual activity, which could have an impact on the early diagnosis of HIV in this population.

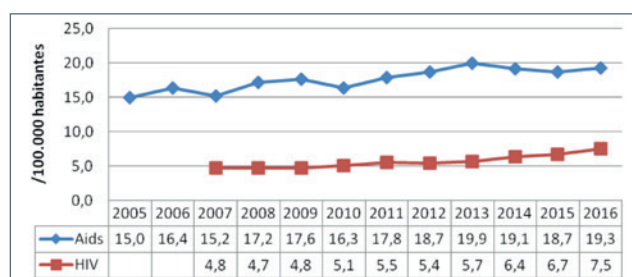


Figure 1. Detection rate (/100,000 inhabitants) of cases of HIV and AIDS among older adults; Brazil, 2005-2016 (from Brazilian STD AIDS Epidemiological Bulletin, 2017, mod.) ⁸.

CONCLUSIONS

The findings of the present study demonstrate that the number of cases of HIV and AIDS among individuals aged 60 years or older has increased in recent decades. This fact underscores the need for public policies and effective strategies directed at this group focused on prevention, management and adherence to treatment for DST/HIV/AIDS as well as the longitudinal monitoring of older adults seen at public and private services, with the notification of cases of STD/HIV/AIDS.

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This study was not funded.

CONFLICT OF INTEREST

The authors declare no conflicts of interest.

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