

# preventing hiv in older adults

acRia

**Written by: Brian Toynes, Kai Wright, and Mark Milano**  
**Edited by: Mark Milano and Kai Wright**  
**Associate Editors: Laura Engle and Luis Scaccabarozzi**  
**Graphic Design: Jedd Flanscha**

**This booklet was funded by the New York City Department of Health and Mental Hygiene.**

**Copyright © 2008 AIDS Community Research Initiative of America (ACRIA). All rights reserved. Reproduction of this booklet is encouraged as long as it is copied in its entirety and credited to ACRIA.**

**230 West 38th Street, 17th Floor, New York, NY 10018**  
**212-924-3934 FAX 212-924-3936**

**[www.acria.org](http://www.acria.org)**

**The information in this booklet is presented for educational and informational purposes only and is not intended as medical advice. All decisions regarding a patient's personal treatment and therapy choices should be made in consultation with a physician. AIDS Community Research Initiative of America is solely responsible for the contents of this booklet. The statements and opinions expressed within do not reflect the views of any publication funder. The photographs in this booklet are for purposes of illustration only. The statements and experiences in these pages are not those of the models, and the use of their likenesses implies nothing about their health status, sexual orientation, or life history.**

**Daniel Tietz**  
**Executive Director and Editor-in-Chief**

# Table of Contents

|   |           |
|---|-----------|
| <b>Preventing HIV in Older Adults.....</b>                | <b>2</b>  |
| <b>HIV/AIDS 101 .....</b>                                 | <b>4</b>  |
| <b>How Do I Avoid HIV? .....</b>                          | <b>6</b>  |
| <i>The Four Levels of Risk .....</i>                      | <i>7</i>  |
| <i>Ways Aging Makes Things Riskier .....</i>              | <i>8</i>  |
| <i>The Dos and Don'ts of Sex and Drugs....</i>            | <i>10</i> |
| <b>Tips for Talking to Your<br/>Doctor About Sex.....</b> | <b>12</b> |
| <b>How Do I Know<br/>If I'm HIV Positive? .....</b>       | <b>14</b> |
| <i>Getting an HIV Test.....</i>                           | <i>15</i> |
| <i>Types of HIV Tests.....</i>                            | <i>16</i> |
| <i>Understanding the Results.....</i>                     | <i>17</i> |
| <b>Post-Exposure<br/>Prophylaxis (PEP).....</b>           | <b>18</b> |
| <b>HIV Positive: What Now? .....</b>                      | <b>19</b> |
| <b>Coping with HIV.....</b>                               | <b>20</b> |
| <i>Telling Others.....</i>                                | <i>21</i> |



# Preventing HIV in Older Adults

Everyone knows life doesn't stop at 50, so why do many people think sex does? In reality, the image of sexless seniors couldn't be more off the mark. Studies show people have active sex lives well into their 60s, 70s, and even 80s—a fact that common sense ought to make obvious. As one senior put it, “At 72, I can still rock your world!”

What may not be as obvious to older adults is that sex carries the same health risks as it does for younger people – and in some ways, even greater ones.

**And for some older adults, that may be a tricky thing to think and talk about. After all, anyone over 50 grew up in a time when HIV was unknown.**

And if you view condoms mainly as a form of birth control, you may think it's not necessary to use them after menopause. But you never age out of sexually transmitted diseases (STDs), including HIV.

Yet, in the more than 25 years since the epidemic began, there have been no sustained efforts to help older people learn about their risks for HIV. It's not just public health's failure. Many doctors fail to discuss sex and safety with older patients, too. And let's be real, many older adults aren't eager to talk about it either! Long-

held taboos about keeping sex private can stretch right into the doctor's office. That's particularly dangerous for older adults because some doctors may miss the signs of HIV infection, which can be similar to the symptoms people experience during the natural aging process.

Another risk factor for HIV is injection drug use. Again, this is a behavior not thought to be common in older adults. Like sex, drug use doesn't suddenly stop when you reach a certain age. So if you are using needles, it's important to understand the risks of sharing them, and how to protect yourself from infections.

Today, people who have HIV are living long, healthy lives, thanks to the availability of treatment that works. This means the number of older adults with HIV will continue to increase.

As more people find out about, and live with, HIV past the age of 50, they face challenges in maintaining their health.

The Centers for Disease Control and Prevention estimates that people over 50 will account for half of all Americans living with HIV by 2015. More than a third of NYC residents with HIV are over 50, and more than a quarter of the one million people with HIV in the U.S. are over 50.

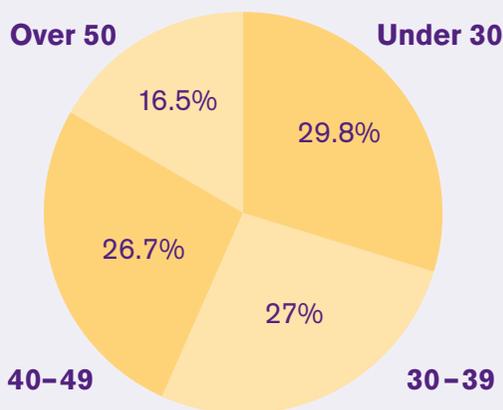
All of these people will face unique challenges in maintaining their health. Ailments common to aging (arthritis, cardiovascular disease, diabetes, depression, etc.) may occur earlier in people with HIV and have a more severe impact on their health. A 2006 study of people with HIV over 50 by the AIDS Community Research Initiative of America found that the number of people who reported depressive symptoms was five times higher than in the general population.

And that's all before you even consider issues like ageism, isolation, HIV stigma, and societal stereotypes. Like everybody else, you may be afraid, embarrassed, or ashamed to get tested for a disease associated with sex and injection drug use. Or to tell friends and family members that you need help coping emotionally and physically with the disease.

But living a long, healthy life with HIV requires support and understanding from doctors, family, friends and community. And people with HIV aren't the only ones who need support – people who care for their own adult children or grandchildren are also affected by this disease.

The first step is learning the basics: How to protect yourself and your loved ones from HIV; how to learn your HIV status; and how to stay informed and healthy whether you're negative or positive. This booklet will help you get started on all three missions, so you can make sure your senior years remain the most valuable of your life.

## NYC HIV Infections in 2007



# HIV/AIDS 101

The AIDS epidemic has been around for decades, but that doesn't mean we all understand it. Did you miss the intro course on HIV back in the 1980s? Don't sweat it. Here's what you need to know to get started.

## What is HIV?

**Human Immunodeficiency Virus (HIV)** is the virus that causes AIDS. And the name itself tells you a lot...

**Human:** HIV is a human virus. It can only be acquired through human contact. It is not spread to or from any animal.

**Immunodeficiency:** HIV attacks a person's immune system and cripples a person's defenses against other infections.

**Virus:** HIV is a virus. Viruses are the smallest known disease-causing agents. They can reproduce only by infecting living cells.

## What is AIDS?

**Acquired Immune Deficiency Syndrome (AIDS)** is the later stage of HIV infection. By the time someone develops AIDS, the virus has significantly damaged the body's defenses (immune system). Like HIV, the name itself helps explain...

**Acquired:** A disease that is acquired through specific actions or behaviors. It is not genetic, like some other immune disorders.

**Immune:** The body's basic defense system, which helps regulate organisms in the body, defends against new infections, and helps us to rebound when sickness does occur.

**Deficiency:** A weakening of a person's immune response, leaving people with AIDS vulnerable to infections that people with normal immune systems can resist or control.

**Syndrome:** A group of symptoms or illnesses that affect people with AIDS.

## How Does HIV Affect the Body?

Viruses tend to specialize. They zero in on a few particular types of cells in the body. HIV is best known for targeting the immune system's T cells, which organize the system's response to infections. However, it can also attack cells of the brain, nervous system, digestive system, lymphatic system, and other parts of the body.

The immune system is made up of specialized cells in the bloodstream that fight off invading germs to keep the body healthy. The T cells (also referred to as "T4," "helper," or "CD4" cells) are the leaders of the operation. These white blood cells identify invaders and give orders to soldier-type cells, which then battle the various bacteria, viruses, cancers, fungi, and parasites that can make a person sick.

Like all viruses, HIV's only purpose is to reproduce. Once it attacks and moves into a T cell, it converts that cell into a miniature virus factory. The newly created virus particles then move on to fresh T cells and repeat the process. Over time, HIV can destroy virtually all of an infected person's T cells in this manner.

With fewer and fewer "leaders" to rely on for warnings, the "soldier" cells become powerless. They can no longer recognize and fight off common organisms that would not present a problem to a healthy immune system. These organisms may be lying dormant in the body already, or may enter from outside. The immune system's weakness gives them the opportunity to multiply and cause illness, so they are called "opportunistic infections." People with fully functioning immune systems are almost never troubled by these particular infections, but those with damaged immune systems are highly vulnerable to them.

When HIV weakens a person's immune system enough that he or she comes down with one or more of these rare opportunistic infections, that person may be diagnosed as having AIDS. Also, if the T-cell count drops below 200 or below 14%, a person can be given an AIDS diagnosis. AIDS can be thought of as the most severe form of HIV disease.

# How Do I Avoid HIV?



HIV infection is passed only through:

- blood
- semen (including pre-cum)
- vaginal fluids
- breast milk

That means the main risks are having unprotected sex or sharing needles and other equipment used for injecting drugs. But over the years there's been lots of confusion about how, exactly, you can get HIV. Here's a brief primer.

*...HIV/AIDS 101 continued*

## Is There a Cure?

There is no cure for HIV/AIDS. However, medical treatments can keep the virus in check and help prevent the infection from progressing to AIDS. The sooner that people find out they are infected, the more they can do to stay healthy.

## Who Can Get HIV?

Anyone can get HIV regardless of age, race, sex, class or sexual orientation. A person's risk for HIV comes from what they do and how they do it. Whether or not a person is part of a community with a high or low infection rate, they can get HIV. Staying uninfected takes thinking, planning and follow-through. Often it means talking about things that may be uncomfortable. It can help to practice talking with people you can trust or who are going through the same thing.

## The Four Levels of Risk

---

The first thing to know when it comes to HIV and other STDs is that not all risks are the same—some things are riskier than others, and some aren't risky at all!

### Level 1 No risk

Closed-mouth kissing  
Mutual masturbation  
Massage and body contact

### Level 2 Very low risk

Open-mouth kissing  
Oral sex without ejaculation or swallowing,  
or with a condom

### Level 3 Low risk

Oral sex with ejaculation or swallowing  
Vaginal or anal intercourse with a condom

### Level 4 High risk

Vaginal or anal intercourse without a condom  
Sharing sex toys (vaginally or anally)  
Sharing needles, syringes, or other drug equipment  
(including needles for diabetes and other conditions)

These levels of risk apply only to HIV. Other infections, like gonorrhea and syphilis, are easily transmitted through oral sex. Ask your doctor or a counselor about how to make decisions about what sexual activities are right for you. Ask yourself what level of risk you're comfortable with. If you choose to have oral sex without a condom, but end up worrying about it for the next month, it's not worth the risk.

## *Ways Aging Makes Things Riskier*

---

As an older adult, there are things to watch out for that younger people don't have to think about. Some of these special considerations involve changes to the body, and others involve emotional matters.

### **Risks after Menopause**

Many older adults think they've got less to worry about with sex after menopause because there is no risk of pregnancy. Ironically, the opposite is true when it comes to HIV. As women age, the amount of natural vaginal lubricant decreases and the vaginal walls become thinner. These changes put women at greater risk because small cuts and tears are more likely during sex, and those tears give HIV easier access to the bloodstream if your partner has HIV.

In general, the physiology of the female body offers HIV easier entry to the bloodstream for women than men during vaginal intercourse. After intercourse, semen stays inside the vagina, unlike vaginal fluid which is easily wiped off the penis. HIV concentration is also greater in semen than in vaginal fluid. Similarly, the receptive partner in anal sex (whether male or female) is at greater risk of contracting HIV than the inserting partner, because the anal cavity offers more opportunity for HIV to get into the body.

### **Renewed vitality, renewed risks**

Erectile dysfunction (ED) – the inability to maintain an adequate erection for satisfactory sexual activity – affects the lives of many older men and their partners. But the development of medications such as Viagra, Levitra, and Cialis has allowed many men to enjoy renewed, active sex lives. The danger is that these men may not have had recent sexual health education. If you're newly sexually active, make sure you learn your HIV status and get educated on ways to protect yourself and your partners. Men with HIV should also talk to

their doctor about the interactions of HIV meds and ED meds, in order to avoid any complications. It is strongly recommended that ED meds not be mixed with alcohol and be avoided if you have hepatitis.

## Ageism and AIDS

The term ageism refers to the stereotyping of and discrimination against people simply because of their age. Ageism comes in many different forms, but one particularly dangerous one is the assumption that older people shouldn't, can't, or don't want to have sex. That happens too often with health care providers and public health campaigns that fail to ask, or even consider, whether an older adult patient is at risk for HIV. Don't be afraid to insist your doctor talk to you about sexual health – or get a new one who will!

## The isolation trap

Despite the popular image, older adults can and do remain socially engaged (and sexually active!) for decades. Nevertheless, for many, our once full lives can seem to shrink dramatically as we age. Friends and family pass away or fall out of contact; retirement leads to extra free time; and prejudices such as ageism, racism, and homophobia start to wear us down. All of these social circumstances can make older people feel isolated – and that, in turn, can lead to poorer health and greater

sexual risk taking. Be mindful of how your social circumstances are affecting your emotions and actions, and talk to a care provider about how to change them.

## Depression can be treated

As we age, the sometimes dramatic physical and social changes in our lives can lead to depression. But families and doctors may miss the symptoms of mild – or even severe – depression, writing them off as grief for a loved one or temporary problems readjusting. These missed diagnoses can leave seniors to cope on their own with symptoms that could be treated. As a result, some people choose to self-medicate with alcohol and other drugs, and may then engage in unsafe sexual activity that could put them at risk for HIV.

Symptoms of depression include feelings of sadness or hopelessness that don't go away; loss of interest in or pleasure from daily activities; appetite changes and weight gain or loss; and thinking about death or suicide. If you are experiencing any of these, please see your doctor to discuss possible treatments.

## *The Dos and Don'ts of Sex and Drugs*

---

Whether you are HIV positive or negative, you can take control of your life. By practicing the following behaviors, you can greatly reduce your risk for getting HIV or passing it to anyone else:

### **Use latex condoms**

- When used correctly, condoms seldom break, tear, or slip. Myths and rumors aside, studies clearly show they are over 99% effective in preventing HIV when used consistently and correctly.
- Always use water-based lubricant to prevent breakage.
- Learn how to put on a condom correctly: roll it down the penis – don't stretch it. Avoid air bubbles.
- You can use a dry (unlubricated) condom or a flavored condom for oral sex.
- Never reuse a condom.
- Condoms are not only for preventing pregnancy; they also stop HIV and STDs.

### **Use clean needles and bleach**

- Use a new needle every time you inject medicines, insulin, drugs, steroids, or hormones.
- It's important not to share needles or any injecting paraphernalia ("works"). But if you must, make sure to clean them thoroughly before using them. Rinse them three times with water, three times with bleach, and then again three times with water.

## Get tested

- If you are sexually active, you should get tested for HIV and all other STDs regularly – at least once a year. You owe it to yourself and your partners.
- It's particularly important to get tested if you have ever engaged in high-risk sexual behavior or drug use (shared needles, etc.). Also be sure to talk to your health care provider about your sexual and drug-using practices when you get tested.
- If you or your partner had a blood transfusion between 1978 and 1985, or an operation or blood transfusion in a developing country at any time, you should get an HIV test.
- If you have a partner, both of you should be tested for HIV and other STDs.

## Get informed!

- Speak to your doctor.
- Ask questions.
- Learn as much as you can and get the answers you need.
- Use these resources:
  - **Copasetic Women Over 50**  
212-864-6978
  - **Gay Men's Health Crisis (GMHC)**  
[www.gmhc.org](http://www.gmhc.org) 212-367-1000
  - **Gay Men of African Descent, Inc. (GMAD)**  
[www.gmad.org](http://www.gmad.org) 212-828-1697
  - **GRIOT Circle, Inc.**  
[www.griotcircle.org](http://www.griotcircle.org) 718-246-2775
  - **Hispanic AIDS Forum (HAF)**  
[www.hafnyc.org](http://www.hafnyc.org) 212-868-6230
  - **New York Association of HIV Over 50 (NYAHOF)**  
[www.nyahof.org](http://www.nyahof.org) 212-367-1009
  - **Services and Advocacy for Gay, Lesbian, Bisexual, Transgender Elders (SAGE)**  
[www.sageusa.org](http://www.sageusa.org) 212-741-2247

# Tips for talking to Your Doc

You can take an active role when it comes to your health. Doctors can be one of your best sources of support and information, so here are some tips for talking to them:

Before your appointment, take some time to think about what you want to discuss. Having a clear agenda will help you and your doctor make the most of your visit. This can include questions about your sexual practices.

Write down your questions before you go. A trip to the doctor may make you feel anxious or nervous, and you might forget your questions. Having them in writing can help you remember.

If you want to talk about sexual concerns, set the agenda for that visit right at the start. You might say, “I have some concerns about my sex life. Could we take some time today to discuss them?” Your initiative can guide your doctor to prioritize your sexual concerns.

Share your life’s realities with your doctor. This may mean opening up to your doctor about the people around you who make it tough to stay safe. Naming your obstacles will help your doctor better support you in staying healthy.

Your doctor may overlook your successes. If you’ve cut back on your drinking, drug use, or the number of your sexual partners, share that. Knowing you are making a change will help your doctor think of ways to support you further.

If you hear your doctor repeat the same advice time after time, consider it proof that she or he cares about you. Such words of concern can make a big difference.

# tor about Sex

Do your own research on the Internet or in the library to learn more about what sexual practices are considered safe and unsafe, and what you can do to protect yourself and others. After the research, you may have more questions for your doctor.

Keep the door open for further discussions. Ask your doctor if she or he is willing to take more time to discuss safer sex with you at your next appointment or whether there is another member of the health care team who can help you develop a safer sex plan.

If your doctor dances around the topic of sex, you can steer the conversation so that it meets your needs. You can say, “How can I stay healthy and have sex?”

If you have HIV, let your doctor know that you do not want to pass it on to others. You can ask for suggestions on how to disclose your HIV status and how to negotiate safer sex. Ask about the risk of re-infection with a different strain of HIV, and the risk of getting other sexually transmitted infections.

If you find that your doctor is not receptive to talking about sex and drug use, it might be time to think about changing doctors.

# How Do I Know if I'm HIV Positive?

## *Symptoms of HIV/AIDS*

---

Ageism doesn't stop at the clinic door. Some of the symptoms of HIV are similar to age-related conditions, and many doctors buy into the myth that older people don't have sex or use drugs. When an older patient complains of fatigue, weight loss, or failing memory, a doctor who isn't aware of the symptoms of HIV disease may attribute the symptoms to advancing years. In a different version of "Don't ask, don't tell," the failure of doctors to ask the right questions can be compounded by patients not revealing intimate details of their sex lives or drug histories to doctors who are often half their age. As a result of all of these factors, misdiagnosis is frequent in older people who are, in fact, HIV positive.

Most people (up to 80%) who become infected with HIV develop temporary symptoms about 10-15 days after the infection occurs. These symptoms, which are similar to the flu, reflect your body's initial reaction to the virus. The most common signs and symptoms include:

- Fever
- Rash
- Night sweats
- Headache
- Fatigue
- Swollen glands
- Sore throat
- Nausea, vomiting, or diarrhea
- Mouth ulcers or sores
- Joint pain and/or muscle ache
- Ulcers or sores on the penis or vagina

These early HIV symptoms usually disappear within a week to a month and are often mistaken for symptoms of other infections, including the flu and other sexually transmitted infections like mononucleosis and hepatitis. Experiencing these symptoms does not mean you have HIV, but it is important to find out their cause. During this time, people have high levels of HIV in their body, and anyone who engages in high-risk behavior with them has a much greater chance of being infected.

More persistent or severe symptoms may not appear for ten years or more after initial infection. The symptoms of AIDS are usually due to infections that do not normally develop in people with healthy immune systems. Symptoms of these "AIDS-defining illnesses" can include: headache, chronic cough, diarrhea, swollen glands, lack of energy, loss of appetite, unexplained weight loss, frequent fevers and sweats, frequent yeast infections, skin rashes, pelvic and abdominal cramps, sores on certain parts of your body, and short-term memory loss. Once again, having these symptoms does not mean you have AIDS.

**Only an HIV test and your doctor can tell you if you have HIV.**

## Getting an HIV Test

---

Standard HIV tests do not look for HIV itself, but rather check to see if the immune system has begun making antibodies to fight the virus. These antibodies can take up to three months to appear, so if you just got infected last week, it's probably not going to show up on an HIV test today. See your health care provider right away if you are concerned about being exposed to HIV, but you will have to return for another test three months later. This is known as the “window period” – the time after infection but before antibodies will give a positive HIV test result.

If you visit an HIV counseling and testing program, you can not only learn your HIV status, but also meet with a counselor to talk about your sex and drug-using behavior and, if necessary, receive information and referrals to prevention programs, medical care, or other services.

**There are two different ways to take an HIV test:**

**Confidential HIV testing**, in which you give the care provider your name when getting tested. Only medical personnel or state health departments have access to the test results. In New York State, you must provide written permission before this information can be revealed to others.

**Anonymous HIV testing**, in which you don't have to give your name to the testing center and only you are aware of the results. Test results are given by numbers that are randomly assigned to your test at the time you take it. Anonymous testing is available in 39 states (including New York) and in Washington, D.C., and Puerto Rico.



## *Types of HIV tests*

---

There are several HIV antibody tests being used today. Not all testing options are available in all areas. Contact your local health department for the tests available in your area.

**Standard blood test:** This test requires that a tube of blood be drawn from the person's arm, and actually consists of two separate tests, the ELISA and the Western Blot. The ELISA test comes first, and screens for HIV antibodies. If it is "reactive" it must be confirmed with a Western blot test, which is more specific and will confirm if someone is truly HIV positive. A Western blot is needed because other conditions – such as lupus or syphilis – can produce a false-positive ELISA result. Results for both tests can take up to two weeks.

**Oral test (Orasure):** The Orasure HIV test is an alternative to the standard blood test. It uses a specially treated pad placed in a person's mouth and gently rubbed between the lower cheek and gum. The pad collects an oral fluid that contains HIV antibodies in an HIV-infected person. It does not test for HIV in saliva. Results can take anywhere from three days to one week, and the test includes both ELISA and Western Blot tests.

**Rapid HIV antibody tests (OraQuick):** Because of the delay in getting results for both standard blood tests and oral tests, care providers have found that many people do not return for their results. But a rapid HIV test gives results in about 20 minutes, and is the type most often used at testing sites today. This test uses either oral fluids or a fingerstick sample of blood to detect antibodies to HIV. If you test negative, your results are final. But a "reactive" result must be confirmed with the more specific Western Blot blood test.

**Home testing kits:** The do-it-yourself test kit uses the same technology as the standard blood test. An individual fingerstick sample of blood is collected at home and mailed to a laboratory. Test results are provided over the telephone in three to seven days. The serum home testing kit costs between \$30 and \$60 and is available at many drug stores. Currently there is only one FDA-approved home sample-collection kit; it is called Home Access.

## Understanding the Results

---

### What Does a Negative Test Result Mean?

A negative test result shows that no HIV antibodies were found in your blood at the time the test was taken. A negative test result can mean either that you are not infected with HIV or that you are infected but your body has not yet produced enough antibodies to show up on the test. Remember, it usually takes three to six weeks for your body to produce antibodies, and it can take up to three months. If you are advised to have the test repeated, avoid behaviors that put you and others at risk of HIV infection. If you test negative three months later, you do not have HIV.

### What Does a Positive Test Result Mean?

A positive test result means you have HIV. There's no way to tell from this result who gave you the virus, how long you've had it, or when it will begin to affect your health. You may see or hear your test results referred to as "HIV-positive," "HIV+," "HIV-antibody positive," or "seropositive for HIV." These terms all mean the same thing.

At this time, there is no cure for HIV, and infection is lifelong. But there are a number of treatments available to keep the virus in check. Anyone with HIV can transmit it to others through high-risk behaviors like unprotected sex or sharing needles, so it is crucial that people with HIV take steps to prevent exposing others to the virus.



# Post-Exposure Prophylaxis (PEP)

## What Is It?

HIV post-exposure prophylaxis (PEP) is the use of HIV drugs as soon as possible after a person has been exposed to HIV through high-risk behavior. It can reduce (but not eliminate) the possibility of HIV infection. PEP is not a “morning after” pill for HIV. It is an intensive four-week program of two or three HIV medications. The medications have serious side effects – such as fatigue, diarrhea, headaches, nausea and vomiting – that can make it difficult to finish the program.

Treatment should be started promptly, preferably within the first few hours after an exposure. It should be started within 36 hours of a high-risk exposure, and will probably not be effective if it is started more than 72 hours after exposure. The sooner PEP is started, the more effective it is.

## What is a “high-risk exposure”?

PEP is only recommended for high-risk exposures to HIV, such as:

- Unprotected vaginal or anal sex with a partner who is known (or likely) to be HIV positive
- Sexual assault that included vaginal or anal sex
- Sharing needles
- Needlestick or other puncture/cut
- Contact with significant amounts of blood through an open cut or wound, or through a mucous membrane (such as eyes, nose, mouth, etc)

## If a high-risk exposure has occurred, what should I do?

In the case of a high-risk exposure to HIV, immediately go to any hospital emergency room and say that you think you may need PEP for HIV. The staff will determine the seriousness of the exposure and if PEP is necessary. If you think the risk was high, it's best not to wait until morning to call your doctor – get to the ER right away. The sooner PEP is started, the greater the chance it will work.

# HIV Positive: What Now?

For an older person, an HIV diagnosis can cause disbelief, denial, and fear of disclosure. Here are some tips to help cope with HIV as a senior:

- Make sure you have the right doctor. Does your current doctor have experience treating HIV? If not, you may need to find a new doctor or clinic where you can receive good quality HIV care from more knowledgeable providers.
- If you don't have a doctor, get one. Find a healthcare provider locally, or out of your area if you prefer. But find one who is accessible and will help you understand your treatment options. Early medical care is especially important for middle-aged and older people.
- Get professional support. You may be afraid to disclose your HIV status to the people who normally support you. Try talking to a mental health counselor, health educator or peer counselor. These people have a great deal of knowledge to share. Some peer counselors may have had similar experiences and can help you develop good coping strategies.
- Think about how you handle stress. What is the likelihood that you will fall back on prior destructive behaviors like substance use, or become isolated or depressed? Seek support so you do not lose control and fall into a pattern that can only be detrimental to your health.
- Don't hide. Join an HIV support group. You may make a friend who can help you through the emotional trauma.
- Consider getting involved in volunteering or advocacy work. Making a personal contribution can bring new meaning to your life.
- Get medical attention for the special needs of seniors. Menopausal and post-menopausal women may have concerns about hormone therapy and cancer. Seniors may already be taking many medications. Find out about HIV drug interactions. Be aware of increased risks for heart disease and diabetes.
- Let all of your doctors know about all the medications that you are taking, from prescription drugs and over-the-counter meds like Roloids, to herbs and supplements, so that they can check for any interactions.
- Learn all you can about HIV. Educate yourself about HIV transmission, how to stay healthy, and basic facts about HIV and treatment options.

# Coping with HIV

It can be scary for people to find out that they have HIV. One way to deal with that fear is to learn as much as possible about HIV and AIDS. Reliable information is essential. Friends and family can give advice, but the most reliable information can come from your doctor, your counselor or HIV/AIDS organizations in your community. Don't let your feelings about your past behavior, your lifestyle, or the possibility that you gave HIV to others keep you from seeking help and information.

Listen to your doctor's advice. Early treatment helps many living with HIV to live longer and healthier lives. It is normal to feel sad, anxious or frightened when you first learn that you have HIV. However, if you have trouble sleeping, eating or concentrating, or if you have thoughts of suicide, tell your doctor. If you feel anxious or depressed, treatment can help you feel better.

It's okay to be afraid, but don't let this fear keep you from doing all you can to help yourself. Here are some things you can do:

Get medical check-ups at regular intervals, even if you're feeling well. Ask your doctor how often you should have a check-up.

Always practice safer sex. If you don't know how, find out! Your doctor can give you information.

Help your body fight infection by drinking less alcohol and using less tobacco – or give them up entirely. Eat a balanced diet. Get regular exercise. Get enough sleep.

Find out what causes stress in your home and work life. Do whatever you can to reduce this stress.

Don't share needles for drugs, piercing, or tattooing.

Volunteer to work for an AIDS organization. Facing your fears directly can be a good way to cope with them.



## *Telling Others*

---

If you have tested positive for HIV, let your doctor and dentist know. This will help you get the care you need. Know that your privacy will be respected and that your doctor and dentist cannot legally refuse to treat you just because you have HIV.

You'll also need to tell your past and present sexual partners. This is important so that they can get tested too. It is also important to tell future sexual partners that you have HIV.

You can get advice on how to talk about your HIV status from your counselor, doctor, or medical service provider.

Disclosing your HIV status can be stressful. Try to find at least one person who can support you as you start telling others. If you have not told any family yet, turn to your doctor, social worker, counselor, or an AIDS organization in your community (many of which have support groups to help with the process).

People will react differently to the news. Your friends and family may immediately embrace you and accept your diagnosis. Others may react negatively or need some time to process what you have told them, and to overcome fears or misinformation.

Just like you, the people you tell will need support too. Give them brochures or books about HIV that they can read later. Give them telephone numbers of support groups in the area. Also let them know who else knows your status, so that they can turn to each other for support.

## *Taking Care*

---

As we grow older, it becomes increasingly important to take good care of ourselves. We have to monitor our health – watching our blood pressure, cholesterol, and blood sugar, for example – and sometimes make adjustments in what we eat or what we do. HIV is just one more thing to add to the list!

But understand that a positive test result, even in an older person, is not a death sentence and does not make that person an invalid. With proper treatment, an older adult with HIV can continue to live an active and healthy life for years.



ACRIA is an independent, not-for-profit community-based AIDS research and education organization committed to improving the length and quality of life for people with HIV through medical research and health literacy.

ACRIA conducts an HIV Health Literacy Program to offer people with HIV and their care providers the tools and information they need to make informed treatment decisions. Health Literacy Program services include: workshops conducted at community-based groups throughout the New York City area in English and Spanish; technical assistance trainings for staff of AIDS service organizations; individual treatment counseling; and publications, including a quarterly treatment periodical and booklets in English and Spanish on treatment-related topics. TrialSearch is our online, searchable database of HIV clinical trials enrolling throughout the United States. ACRiA's National Training and Technical Assistance Program offers training and ongoing support to help non-medical service providers and community members in various parts of the country acquire the skills and information needed to provide HIV treatment education in their communities. The Older Adults Training and Technical Assistance Program offers similar services locally and nationally with a focus on the needs of middle-aged and older adults.

To learn more about ACRiA's research studies or the HIV Health Literacy Program, please call or email us at [treatmented@acria.org](mailto:treatmented@acria.org). Information about our programs and copies of all of our publications are also available on our website.

This booklet was funded by the New York City Department of Health and Mental Hygiene.

Free distribution of this booklet was made possible in part by generous donations from U.S. government employees to ACRiA through the Combined Federal Campaign (CFC). CFC #11357

AIDS Community Research Initiative of America, 230 West  
38th Street, 17th Floor, New York, NY 10018 212-924-3934 Fax:  
212-924-3936

[www.acria.org](http://www.acria.org)

Daniel Tietz, Executive Director