Aging with HIV
Challenges and Successes of a Lifetime
Defined by the Epidemic

Perry Halkitis, PhD, MS, MPH
Components of Presentation

• The Epidemiological Landscape of Aging with HIV
• The Challenges of Aging with HIV
  – The AIDS Generation book project
    • Overview
    • Manifestations of aging HIV+ gay men who are long term survivors
    • Understandings of resilience
• Approaches for Working with Aging HIV+ Individuals
THE EPIDEMIOLOGICAL LANDSCAPE OF AGING AND HIV
Adults 50+ Living with HIV in the United States

Number of people living with HIV

Over age 50 in 2011: 1.25 Million (37%)
Over age 50 in 2015: 50%
Over age 50 in 2020: 70%

CDC, 2013
WORLD AIDS DAY 2014
The Global HIV Epidemic is Aging

4.2 Million
Number of Older Adults with HIV World Wide

100,000
Number of Older Adults Infected with HIV Annually Globally

60%
% of All Older Adults with HIV Living in Sub-Saharan Africa

50%
% of Adults with HIV Over Age 50 in the USA by 2015
The Impact of HAART (ART)
Reasons for Aging HIV+ Population

• Effective antiretroviral therapy (ART) developed in 1996
• Aging of the U.S. population in general (Baby Boomers)
• Large numbers of HIV+ ages 40-49 will enter old age within a decade and 30-39 within two decades (CDC, 2013)
• Seronconversion in older adulthood
  • 16% of newly detected HIV+ age 50+ (CDC, 2007)

RESULT:

2% INCREASE IN HIV+ 50+ PER YEAR IN THE LAST DECADE (CDC, 2013)
THE CHALLENGES OF AGING WITH HIV
Synergistic Challenges

- People aging with HIV are living longer fuller lives
- But aging with HIV presents additional challenges
  - age-related comorbidities
  - heightened health concerns during older adulthood
  - ongoing HIV-related trauma
  - risk-taking that may compromise well-being
    - sexual activity without condoms
    - substance use
  - potentially fragile social networks
  - stigma due to age, HIV, race, SES, gender, gender identity, sexual orientation...
  - uncertainty in terms of physical, emotional, and social health

Are we equipped to address these conditions?
Often, successful aging for an HIV+ older adult is understood in relation to physical well being and predicated on ART.
Treatment with ART is understood both in relation to the well-being of the HIV+ individual but also as means for prevention—Treatment as Prevention (TasP)
TasP

- Test
  - Testing
  - Counselling
- HIV-positive
- Adopt safer behaviours
- Linkage to care

- Enrol in care
  - Counselling / follow up
  - Initiation of ART
  - Adherence to ART
- Retain in care
- Treat
- Maintain viral suppression

Decrease in HIV transmission
Does Treatment As Prevention Care for the HIV-positive?

Posted: 01/21/2014 3:59 pm
Out of the more than one million Americans with HIV:

- 942,000 know they are infected (80%)
- 726,000 were linked to HIV care (62%)
- 480,000 have stayed in HIV care (41%)
- 437,000 are receiving treatment (36%)
- 328,000 have a very low amount of virus in their bodies (28%)
HIV care and viral suppression improve with age, except among those aged 65 and older.

Note: Although national data were not available to provide estimates of viral suppression for those under the age of 25, the data show that 13-24 year-olds.
Treatment Cascade by Race/Ethnicity

BY RACE/ETHNICITY: African Americans are least likely to be in ongoing care or to have their virus under control.
Factors Affecting Adherence to ART in Older Adults with HIV

- **Comorbidities**
  - cardiovascular disease, cancer, osteoporosis, hypertension, kidney failure and liver disease (Bhatia, Ryscavage, & Taiwo, 2012; Gebo & Justice, 2009; Guaraldi et al., 2011; Nokes et al., 2011; Petoumenos & Worm, 2011)

- **Neurocognition**
  - poorer executive function result in poorer adherence (Kinkin, 2004)

- **Psychosocial states**
  - low social support, maladaptive coping, low affect (Johnson et al., 2009)
  - alcohol use (2001)
  - stigma (Halkitis et al., 2013)
  - sexual compulsivity (Halkitis et al., 2013)

- **Structural**
  - Physician patient relationship (Catz et al, 2001)
ART and adherence to ART are important for older adults living with HIV, but care cannot be defined solely by controlling the virus and medical models.
Threats to Living

• Physical (Chirch et al., 2014)
  – coexisting chronic conditions
  – polypharmacy
  – accelerated physiological changes
  – neurocognitive decline

• Socio-Emotional (Rueda et al, 2014)
  – isolation
  – lack of social support
  – financial burdens
  – Challenges to decision making

• Vulnerabilities and Potential Outcomes
  – Disability
  – dying from non-HIV-related condition
HIV, Aging, and Disability

- Aspects of disability (O’Brien et al., 2013)
  - Physical health symptoms
  - Mental health symptoms
  - Difficulties with day to day activities
  - Challenges to social inclusion
Those who care for older adults living with HIV must attend equally to physical, emotional, and social well-being.
The U.K Experience

Treatment cascade of adults living with HIV: United Kingdom, 2011

- 100% HIV infected (n=94,900)
- 77% HIV diagnosed (n=72,900)
- 73% Retained in care (n=69,200)
- 64% On treatment (n=60,700)
- 58% Undetectable VL (n=52,200)
The experiences of older adults living with HIV are not monolithic.
HIV, Aging, and Intersectionalities

• **Race/ethnicity**
  – African Americans account for 46% of all HIV diagnoses among older adults (CDC, 2013).
  – Among people 50 years or older in the United States, Latinos are 5X as likely as their white counterparts to be living with HIV (CDC, 2008)
  – Poorer health outcomes and mortality (Levine et al., 2007)

• **Sexual orientation**
  – Gay and bisexual men constitute 2-5% of the population yet > 50% of those infected and 60% of new infections (CDC, 2012)
  – Significant numbers gay men 50+ who are HIV

• **Gender**
  – Women face unique challenges (e.g. early menopause, osteoporosis, undiagnosed heart disease (Anastos et al., 2002; Durvasula, 2014)

• **SES**
  – Worse access and treatment among low SES (Joy et al., 2008)
  – Health outcomes are worse among the poorer living with HIV (McMahon et al., 2011)

• **Long term survivors vs. recent seronconverts**
  – 50,000 who have lived with HIV 25 years or longer
  – Increasing number of older adults becoming infected (Costagliola et al., 2014)
Neighborhoods with the highest proportions of PWHA are in the South Bronx, Central Brooklyn, Chelsea-Clinton and Harlem.

Denominators for prevalence based on 2010 Census population.
As reported to the New York City Department of Health and Mental Hygiene by June 30, 2013.
Most high-prevalence neighborhoods also have high mortality among PWHA. However, Chelsea-Clinton has the highest prevalence in the city but comparatively low mortality.

Age-adjusted to citywide population of PWHA in 2012.
As reported to the New York City Department of Health and Mental Hygiene by June 30, 2013.
It is critical to attend to the diversity of life experiences of older adults living with HIV.
Research documents the challenges and drivers of these challenges faced by older adults living with HIV
GOLD Project
aka Project GOLD

Funded by a Pilot Grant from Center Grant #3P30DA011041-20S1
Psychosocial Burdens

Mental health, substance use, and sexual behavior risks among older HIV+ MSM

- PTSD & depression symptoms: 20%
- Marijuana use: 38%
- Other illicit drug use: 26%
- Unprotected anal intercourse with HIV+ partner: 20%

Halkitis et al, 2012
## Psychosocial Burdens are Associated

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Halkitis et al, 2012
Total Current Burden Score

Halkitis et al, 2012
Unprotected Sexual Behavior

Halkitis et al, 2012
## Current Burden and Risk (OR, 95% CI)

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<td>(0.84, 2.17)</td>
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Halkitis et al, 2012
Cigarette Smoking

Ompad et al, 2014
Smoking and Health Complications

Ompad et al, 2014
Executive Functions: Trails B
HIV+ High School Education Or Less

Kupprat et al, 2013
Executive Functions: Trails B
HIV+ More than High School Education

Kupprat et al, 2013
Treatment (ART) Adherence

- 96% reported being on ART
- >48% failed to take their medications on schedule
  - 1 in 5 reported missing at least one dose in the past 4 days
    - Compromises health of the older adults living with HIV
    - Compromises Treatment as Prevention (TasP)
Non-Dosing of ART as Per Instructions

ART adherence was associated with depression, HIV-related stigma, and sexual compulsivity but not age and education.

Halkitis, et al, 2014
Research on Older Adults with HIV

Principal Investigators
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Associate Director for Research, ACRIA

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Associate Research Scientist, ACRIA

ROAH Advisory Committee Chairperson
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Fordham University Graduate School of Social Service and
Bronxville Distinguished Scholar

ROAH is a comprehensive research study of 2000 people over the age of 50 living with HIV in New York City.

Conducted and funded by the
AIDS Community Research Initiative of America
290 West 38th Street, New York, NY 10018

Daniel Tietz, Executive Director
Minority Status Burden

- Non English: 17.80%
- Inad Income: 75.60%
- Non US Born: 16.90%
- Disabled: 53.20%
- Non-Straight: 32.60%
- Non-White: 87.10%

Storholm et al, 2013
Mental Health Burdens

- Lack Autonomy: 46.20%
- Lack Per Growth: 48.20%
- Lack Env Mastery: 47.80%
- Lack Self Accept: 48.20%
- Lack Purpose: 47.10%
- Lack Pos Relations: 46.90%
- Loneliness: 60.50%
- Depression: 32.00%

Storholm et al, 2013
HIV Stigma and Burdens

Storholm et al, 2013
Research findings underscore that aging with HIV is a phenomenon that transgresses physical, emotional, and social states and care must be predicated on all elements of well being
Yet aging with HIV can be especially difficult.

Older adults with HIV report high levels of isolation, yet few community spaces embrace their full identities as older people, people with HIV and, in most cases, given the epidemic's prevalence, LGBT and people of color.

Additionally, medical research has found multiple health concerns related to aging with HIV—and the psychological dimensions of living with HIV, or a new diagnosis, can spur its own storms.

Without a large-scale, dedicated response, the "younger" end of this older adult spectrum, including Don, will join their older peers over the next decade in entering an aging system unprepared to meet their unique needs, despite their overwhelming numbers."

Robert Espinoza, Senior Director for Public Policy and Communications at SAGE
From: HIV, Aging and LGBT people: A Metamorphosis, The Huffington Post, September 15, 201
In the last 5 years, the community of older adults living with HIV has mobilized to have their voices heard and to help shape the conversation about aging with HIV.
The Graying of AIDS

(www.grayingofaids.org)
Community Forum:
New York City, May 9, 2013

Medius Working Group, 2013
http://www.youtube.com/watch?v=wakvKuF9EYs
In commemoration of National HIV and Aging Day (September 18)
Gay Men's Health Crisis presents

We Aren’t Dead Yet!
What Do We Do Now?
A community discussion for HIV-positive and HIV-negative survivors of the epidemic

Wednesday, September 17
6:30 PM to 8:30 PM
GMHC, 446 West 33rd Street – 7th floor
(between 9th and 10th Avenues), NYC

Panelists:
Jim Albaugh, longtime survivor
Jim Ego, ACT UP New York
Kevin Gree, longtime survivor
Judith Raikin, PhD, MPH, Dept. of Psychiatry,
Columbia University Medical Center

Moderator:
Perry Heltzel, PhD, MPH, Professor, NYU & author of
The AIDS Generation: Stories of Survival and Resilience

We want to hear from veterans, survivors and allies about what kinds of support and services you need.

The discussion is free and open to all.
Light refreshments will be served. For more information, email krishnas@gmhc.org or call (212) 367-1016.

HIV and Aging:
Now What?

A free public forum on getting older with HIV, for community members, providers—and folks who didn’t expect to make it this long.
Safer Sex Prevention Campaigns
There are many lessons to be learned and approaches to service and care that can be informed from the life experiences of those who survived and thrived.

The resilience of long-term survivors
THE AIDS GENERATION: STORIES OF SURVIVAL AND RESILIENCE
On the Use of The Term “AIDS Generation”

- Strauss & Howe (1991)
  - a generation shares *age location in history*
    - encounter key historical events and social trends while occupying the same phase of life
  - members of a generation are shaped in lasting ways by the eras they encounter as children and young adults and they share certain common *beliefs and behaviors*

- The AIDS Generation is all of us in the USA-- across gender, sexual orientation, serostatus, hometown-- who can of age in the first decade or so of the epidemic and whose life was shaped by HIV/AIDS regardless of how proximal we were to the epidemic epicenters
  - Including gay men who are long term survivors of HIV/AIDS
Purposes of The AIDS Generation Project

• Document the life experiences of HIV+ gay men who are long term survivors
  – Delineate strategies for survival manifested by men prior to HAART in 1996
  – Understand the process and experiences of aging HIV+ gay men who are LTS
  – Decipher resiliencies among HIV+ gay men who are LTS

Move away from a deficit model
Chapter 1

30 YEARS AND COUNTING: THE STORY OF AIDS IN THE GAY COMMUNITY
Study Sample

- N = 15
- Age at time of interview: 51 (40 - 58)
- Age at Diagnosis: 26 (18 - 38)
- City of Birth:
  - 4/15 New York Metropolitan Area
- Race/ethnicity:
  - 4 Black Non Hispanic
  - 1 Hispanic
  - 10 White Non Hispanic
Methods

• Individual face-to-face interview ~ 3 hours (April – June, 2012)
• All participant focus group ~ 2 hours (September, 2012)
• Individual and group correspondences for clarifications electronically (October – December, 2012)
Analysis

• Informed by The Listening Guide (Gilligan, 1993)
  – Looking beyond the words

“Rather than simply retelling events and stories and quantifying emerging themes, I attempt instead to share each man’s voice in relation to the topics addressed in this book. For example, while conveying how each man first found out about his HIV status, I of course attend to the circumstances and contexts of this monumental event, but attend equally to how each man tells this story, how he conveys the information, and his emotional state in sharing this event in his life—to his voice.” (Halkitis, 2013, Ch. 2)
Chapter 2

THE MEN OF THE AIDS GENERATION:
A STUDY OF GAY MEN SURVIVING AIDS
Areas of Exploration

• Diagnosis and Death in the Pre-ART Era
  – Initial Diagnosis
  – Reacting and Coping
    • Own mortality
    • Devastation of social circles
• Strategies for Life With HIV
  – Managing and Surviving
    • Biological self
    • Psychological self
    • Social self
• Manifestations of Aging with HIV
• Demonstrations Resilience
Chapter 5

AND THEN MIDDLE AGE:
GAY MEN AGING WITH HIV
Aging for the Gay Men of the AIDS Generation

• The experience of aging is marked
  – Negotiating and making sense of life/memories
  – Understanding Legacy
  – Socio-emotional rollercoaster
  – Physical manifestations (HIV and non HIV related)
  – Confronting ongoing AIDS epidemic in gay men
Aging: Meaning Making

- Experiencing memories
  - part of the normal life cycle
  - emerges for most as they enter the later stages of life
  - fraught with loss and despair
    - may be even more vivid and challenging to negotiate,
    - healthy negotiation of these psychosocial struggles is key as these men understand their past and their legacies
I realized my life is going to be a struggle between, you know, honoring the fallen soldiers and the memory of the time and ACT UP and what I’m holding in my heart and trying to find some measure of peace within myself so that I can walk away—you know, live my life. You know, and that—but that’s just going to be life.

(Jackson, age 57, diagnosed 1987 age 33)
Aging: Legacy

• Middle age is marked by a reexamination of the earlier stage of life (Erikson, Erikson, and Kivinick, 1986)
• Individuals reexamine and rework the life of the past while navigating through the life of the present.
• For men of AIDS Generation
  – the tension between the syntonic and dystonic forces
    • generativity versus stagnation
  – complemented by a reexamination of the life stages of the past
    • renegotiating unresolved previous struggles
      – Interrupted by AIDS
Aging: Legacy

My childhood created wild daydreams of the presidency, multiple Academy Awards, reaching at least the third round at Wimbledon. My adulthood is creating reasonable and no less admirable daydreams of a legacy based more realistically on matters directly in my control: my relationships with family and friends, my passion for my career, and the example John and I can set in our marriage. This puts me squarely in Erickson’s “integrity versus despair” conflict. When I remember who I really am, what gifts I was given that I can use, I explore and celebrate my own integrity. When I regress to dwelling on the fictional me, who was going to graduate from medical school at 19, that’s a foolproof recipe for despair.

(Bobby, age 47 diagnosed 1987 at age 22)
Making sense of getting older was a process in which all of the men with whom I spoke were actively engaged.

The process of aging and making sense of what it means to be an older man is the one area that was less well formed, perhaps more poorly understood; active and ongoing:

- a set of evolving processes, thoughts, ideas
  - Reevaluation of life choices
  - Living longer as an expectation
  - Exhaustion and Trauma
  - Hope
  - Frustration
  - A new set of deaths
Aging: Socio-emotional Rollercoaster

You know, I mean we all had thing. I’ll never forget, when the Golden Girls, first Ed, and the last five of us, that was our dream, to get old and live together. And I’m the only one here with Bianca, and it’s like, “Okay, what do you want to do?” And now it’s like I tell people, I go like this, and wherever the wind blows, that’s where I’m going to be.

(Antoine, age 53, Diagnosed 1986 at age 26)
Aging: Physical Deterioration

• Aging process generates physical manifestations that have not been previously experienced in one’s life.
  – This is the natural course of human development

• For the men of the AIDS Generation
  – monitoring their health closely for 30 years
  – confusion and dread
    • unclear if these new and emerging conditions are due to aging or HIV serostatus or the interaction of both
All I know is that it takes a lot longer to heal. Like my back. When I used to pull it, it’d be fine in a day. Now it’s 5 days—and cuts and colds. That’s the problem of getting older. Or maybe it’s because I’m poz. I dunno.

(Gianni, age 49, diagnosed 1988 at age 25)
Aging: Older in a Young Gay World

• Emotional challenges of socialization in youth oriented gay culture

• Yearning for the past
  – Sentimental view of gay community
  – Perception of no gay center of life or of coming together

• Concern, confusion, and anger at ongoing epidemic
  – Infections in young gay men
Oh, one of the things that irritates me so much is that young people are being seroconverted... You know, it’s like they have no idea. They have no idea the kind of tenacity it takes to, for me, for 14 years to swallow these pills every day and then start to have to swallow Crestor and Lovaza and blood pressure medicine and all sorts of other things because of aging and because of genetics and God knows what else. (Hal, age 51, diagnosed 1984 at age 23)

Look, I didn’t know there even was an HIV. It was 1981. No one knew. What if I was 18 now? These guys know what’s going on. Would I always use condoms? I don’t know. I’m not sure I would. (Gianni, age 49, diagnosed 1988 at age 25)
Chapter 6

RESILIENCE: A LIFETIME OF LIVING WITH HIV
Disentangling Resilience

• Resilience Defined
  – How the men understood the idea of resilience

• Resilience Demonstrated
  – How the men manifested and continue to manifest their resilient natures
Defining Resilience:
Management of HIV

• The men understood their own resilience in relation to personal challenges managing HIV. The steps they enacted to manage the health crises that emerged over the course of their adult lives.
Resilience means making the choice, after months and months of vomiting, diarrhea, and being in pain and finally crawling back out of the hole, only to find yourself once again attacked and struck down even further, to take the step-by-step push to get back on top, even though you know that, physically, the top of the mountain is not possible. But you strive on.

(Richard, age 58, diagnosed 1992 at age 38)
When I was first diagnosed I never thought I’d live to be 30, let alone 40. My days with HIV, quickly turned into months, and then years and in another 2 years I’ll have lived with having HIV longer than I lived without having HIV...I’ll never say it’s been easy. I’ve dealt with everything from depression to sex addiction, but somehow I’ve managed to get up and move forward. I would never say I’ve returned to the previous state of normal functioning, but I feel like I did find a “new normal.
(Ryan, age 40, diagnosed 1991 at age 18)
• Definition of resilience also was understood with regard to the management of the social and emotional burdens of the AIDS epidemic
  – Beyond simply confronting the physical aspects of the diseases
To me it implies hope. For me it means that I know I will feel joy again in a way that is heightened by all the muck. It means getting stuck by needles every other month and still going to my doctor’s appointments. It means checking for HPV every 6 months knowing full well there will be irregular cells and that the procedure will leave me incontinent for at least a month and just wearing the damn diapers anyway. It means having enough respect for those people who didn’t have the option. It’s about respect mingled with hope.

(Kerry, age 49, diagnosed in 1992 at age 29)
Resilience evidenced in several ways throughout the life course

– the manner in which they reacted to their diagnoses
– how the faced the ongoing death around them
– the strategies they used to survive and to attend to their physical, emotional, and social well-being
– evident in their lives today as they manage the process of aging
  • Making meaning
  • Contributing
Lesson drawn from the AIDS Generation stories

IMPLICATIONS FOR CARE FOR OLDER ADULTS LIVING WITH HIV
Care Must be Holistic

- Holistic/biopsychosocial aspects of well being
- Build on the experiences and strategies for survival
  - Attend to the whole person
  - Not simply an “HIV vessel”
  - Physical, Emotional, Social
- attend to multiple physical morbidities, not just HIV
  - CVD
  - Non-AIDS related cancers
  - Care for physical self must be couples with acre for social and emotional self

Havlik et al, 2011
Biopsychosocial Drivers of the Syndemic in Gay, Bisexual, and Other Men Who Have Sex With Men

Biological Influences
- Prevalence of Infectious Disease
- Infectiousness
- Susceptibility
- Efficacy of Treatment
- Efficacy of Risk Reduction Strategies

Behavioral Influences
- Partner Selection
- Number of Partners
- Sexual Behavior
- Retention in Medical Care
- Treatment Initiation and Adherence
- Choice of Risk Reduction Strategy
- Adherence to Risk Reduction Strategy

Psychosocial and Structural Influences
- Knowledge, Attitudes, and Beliefs
- Minority Stress, Homophobia, and Racism
- Social Capital and Social Support
- Safe Schools and Legal Protections
- Allocation of Public Resources
- Access to Information and Tools

Syndemic Health Problems
- Mental Health
- Substance Abuse
- Violence and Sexual Abuse
- HIV
- STIs

NOTE: STIs = Sexually Transmitted Infections

Care Must **Attend to**

**Psychological States/Emotions**

- Physical well-being and optimal health behaviors is often directed by emotional well-being (Halkitis et al., 2012; Rueda et al., 2014)
  - Depression, anxiety, PTSD
- Proven therapeutic approaches to emotional well-being (Emlett et al., 2014; Lovejoy & Heckman, 2014; Heckman et al., 2014)
  - Motivation interviewing (MI)
  - Telephone administered MI
- Attention to social and psychosocial states (Slater et al., 2013; Starks et al., 2013)
  - Stigma
  - Social support
  - Homonegativity
Care Must Focus on Social Well Being

- Recognize and attend to the importance of community and camaraderie
  - Respect the idea that the aging HIV- are also a part of the AIDS Generation
  - Across race/ethnicity, gender, and sexual orientation
- Facilitate the development of social structures
  - Contexts for gathering and community organizing
  - Celebration of life successes
- Attend to the similarities that bind us but also the difference that define us
  - Intersectional identities
Care Must Focus on Thriving

• Emphasis on thriving
  – More than survival
  – Resilience
  – Build on lifelong strategies

• Focus on the power and strength
  – Emphasis on resilience not on deficit
  – Resilience and survival → Legacy
From our 2013 APA Symposium

BEHAVIORAL MEDICINE

SPECIAL ISSUE

BIOPSYCHOSOCIAL ASPECTS OF HIV AND AGING

Volume 40, Issue 3, 2014

Special Issue Editors: Timothy G. Heckman and Perry N. Hakstian

This Special Issue is now available online at the Behavioral Medicine website at www.tandfonline.com/VRMMD

Review the Table of Contents — FREE ACCESS is available to the content indicated below — download articles in PDF format or view in HTML format.

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Timothy G. Heckman and Perry N. Hakstian

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HIV/AIDS in Older Women: Unique Challenges, Unmet Needs

Remati Dubevasvui

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Substance Use and Sexual Risk Differences among Older Bisexual and Gay Men with HIV

Mark Brennan-Ing, Kristen E. Porter, Liz Seidel, and Stephen E. Karpilak

FREE ACCESS

Aging and HIV/AIDS: Neurocognitive Implications for Older HIV-Positive Latina/o Adults

Monica Rivera-Mindt, Caitlin Miranda, Alyssa Arenst, Desiree Byrd, Jennifer Monzon, Armando Fuentes, Francesca Arias, Miguel Arce Renteria, Ana Rosario, and Susan Mergello

Depression Moderates Treatment Efficacy of an HIV Secondary-Prevention Intervention for HIV-Positive Late Middle-Age and Older Adults

Travis I. Lovajny and Timothy G. Heckman

The Moderating Role of Sexual Identity in Group Teletherapy for Adults Aging with HIV

Barnadato Davena Heckman, Travis I. Lovajny, Timothy G. Heckman, Timothy Anderson, Tiffany Grimes, Mark Sutton, and Joseph A. Bianco

CONCLUSION

Current Knowledge and Future Directions on Aging and HIV Research

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