About HIV/AIDS

1 Research reveals that the number of older adults living with HIV/AIDS in the U.S. is the largest ever in history. Often referred to as the “aging of the epidemic,” older adults with HIV tend to fall into three groups: those who were infected earlier in life and are aging with the disease; the newly diagnosed (those who could have been living with HIV for any amount of time but were only recently diagnosed), and the newly infected (those whose infection is in the beginning stages). Newly infected older adults account for 16 percent of all new HIV diagnoses annually.
While limited, the available research on older adults with HIV suggests that HIV rates are increasing among adults ages 50 and older—and that the AIDS epidemic has disproportionately affected LGBT elders and marginalized sub-groups within LGBT older adult populations. Studies have identified older men who have sex with men, transgender elders (especially transgender elders of color), and older lesbians as populations adversely affected by HIV/AIDS.

As one notable example, older adults of color are disproportionately affected by HIV. The Centers for Disease Control (CDC) reports that among adults 50 and older, African-Americans and Latinos were 12 times and 5 times more likely, respectively, to contract HIV than their white counterparts.

Because many providers assume older adults don’t require testing, and because many LGBT older adults fear discrimination from health care providers, early HIV detection remains minimal among LGBT elders. While early detection of HIV greatly improves the chances of living longer, physicians often fail to perceive older adults at risk for HIV, neglecting to ask about sexual partners and drug use, and as a result, might not administer HIV tests.

Research indicates that HIV may progress faster among older adults, making early detection and treatment especially important for this population. Unfortunately, the many symptoms of HIV are often casually ignored or misconstrued as symptoms associated with aging, further complicating detection among older adults. Common symptoms for HIV include chronic pain and fatigue, weight loss and fevers.

Get routinely tested for HIV. The best thing you can do to protect yourself and your loved ones is to get tested; older adults, like everyone else, can be HIV positive for years without showing any symptoms. Early detection of HIV is key to a successful treatment plan and to age successfully with HIV.
7 **Protect yourself by asking the right questions.** Ask your sexual partners if they are HIV positive, have had unprotected sex or if they have shared needles. By assessing their risks, you can also assess your own. To greatly reduce your chances of contracting or spreading HIV through sexual activity, use a condom or other form of protection.

8 **Speak openly to your doctor and friends, recognizing that some providers might need more information about LGBT issues.** Speaking openly to your doctor about your daily experiences will help ensure that he/she has the necessary information to offer advice that’s appropriate to you as an LGBT older adult. Additionally, it sends an important message to health providers that LGBT people exist across the age spectrum and that older adults can have healthy sex lives at any age.

9 **Surround yourself by supportive friends and family.** Research suggests that individuals who retain a positive attitude are more likely to adhere to their treatment regimen, keep medical appointments, maintain personal relationships and report a higher quality of life. Living with HIV does not have to hinder your social activities or intimate relationships. Consider joining or participating in activities at your LGBT center or other groups where you feel welcome, comfortable and safe.

10 **Remember that you are not alone and that many older adults living with HIV/AIDS have found access to LGBT-affirming health care in their communities.** Increasingly, more service providers and community organizations are recognizing the importance of providing HIV support groups and social activities for LGBT older adults. SAGE is proud to offer HIV+ Support Groups, individual case management, benefits counseling, and mixers for LGBT elders living with HIV/AIDS.

To learn more about the variety of resources and programs that SAGE offers, please call us, or visit us online at [sageusa.org](http://sageusa.org).
KEY SOURCES AND ADDITIONAL READING

Research on Older Adults with HIV ACRIA (AIDS Community Research Initiative of America)
http://www.acria.org/files/ROAH%

Age Page: HIV, AIDS, and Older People
National Institute on Aging
http://www.nia.nih.gov/HealthInformation/Publications/hiv-aids.htm

HIV/AIDS among Persons Aged 50 and Older
The Centers for Disease Control and Prevention
http://www.cdc.gov/hiv/topics/over50/index.htm

HIV & Aging Policy White Paper
Services & Advocacy for GLBT Elders
http://www.sageusa.org

Growing Older With the Epidemic: HIV and Aging
Gay Men’s Health Crisis (GMHC)
http://www.gmhc.org/files/editor/file/a_pa_aging10_emb2.pdf

Older Americans and HIV/AIDS
AIDS Action

SAGE COMMUNITY SERVICES

SAGE @ The LGBT Community Center
208 West 13th Street, Room 207
New York, NY 10011
212-741-2217

SAGE Harlem Center
2090 Adam Clayton Powell, Jr. Blvd.
Suite 201, 2nd Floor
New York, NY 10027
646-660-8953

Services & Advocacy for GLBT Elders (SAGE) is the world’s largest and oldest organization dedicated to improving the lives of LGBT older adults. SAGE’s mission is to lead in addressing issues related to lesbian, gay, bisexual and transgender (LGBT) aging. In partnership with its constituents and allies, SAGE works to achieve a high quality of life for LGBT older adults, supports and advocates for their rights, fosters a greater understanding of aging in all communities, and promotes positive images of LGBT life in later years. sageusa.org