Medium

Aging with HIV/AIDS: Be "Extra Vigilant" About Mental Health

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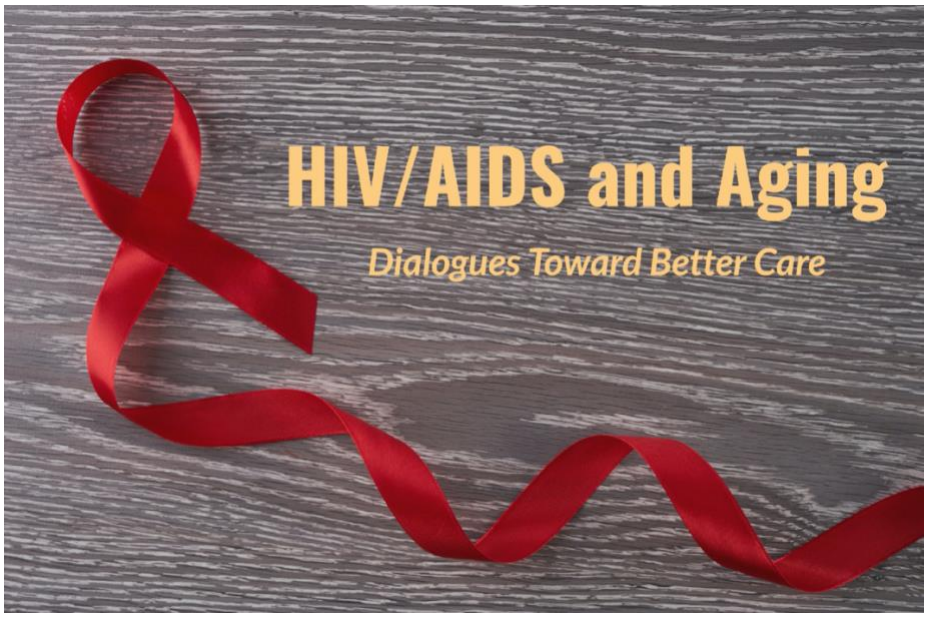

Over the next few months, to mark important awareness days such as National HIV/AIDS and Aging Awareness Day, National Gay Men's HIV/AIDS Awareness Day, National Latinx AIDS Awareness Day and World AIDS Day, I will be interviewing key experts on the wide-ranging topic of aging with HIV/AIDS. We will be looking at what people with HIV, partners, caregivers, communities and the health care industry can do to help expand knowledge, reduce HIV stigma, and promote healthy aging. The first dialogue in the series, with ***Stephen E. Karpiak****, PhD, Director of GMHC's National Resource Center on HIV & Aging can be found here. Today's conversation is with* ***Mark Brennan-Ing, PhD****, senior research scientist at Hunter College's Brookdale Center for Healthy Aging.*

Arthur Fitting: For people with HIV looking to maintain their health as they get older, what are the key health challenges they face?

Mark Brennan-Ing: Long-term survivors are really challenged trying to figure out what's happening because of HIV and what's happening because of normal aging. The default is to blame everything on HIV, because for so long, managing their HIV has been the source of their major medical issues.

There's evidence that the onset of multiple chronic illnesses, which can happen to anyone as they age, happens at an earlier age when people have HIV. People should know about that, but, at the same time, try not to internalize ageist beliefs. As part of aging, people with HIV are going to get symptoms of different chronic conditions, and they should address them with their healthcare provider, just as they do with their HIV.

One important area of care is polypharmacy [multiple medications]. People with HIV already have a high pill burden. When you add medications for diabetes, high blood pressure, or other illnesses on top of that, that can be a lot to manage.

The bottom line is that people need to make sure they take charge of their health. You don't have to do it alone — involve family and other caregivers, and health care providers, as part of a team that's going to help you manage your health.

AF: How do we make sure that people become advocates for their own health, in a comprehensive and holistic way?

MBI: First, make sure you have your mental health needs adequately addressed — which many people aging with HIV do not. There's still a stigma attached to mental health, which prevents people from seeking care. I always try to normalize behavioral health issues and encourage people to seek mental health care because it can have a lot of ripple effects. For instance, we know that depression is one of best predictors for being non-adherent to medication.

It's particularly important now because so many people have been isolating, which exacerbates any kind of mental health problem. Living through another pandemic has been very triggering for a lot of people with HIV, and I encourage people to be extra vigilant about their mental health. If you are depressed or anxious, if the pandemic or social isolation is exacerbating substance misuse or causing a relapse. bring up these issues with your provider. These feelings are normal at this time, but don't ignore them. Try to get some help.

There's also burnout. For people with HIV and other longstanding chronic illnesses like diabetes, you just get worn out over time trying to manage it.

AF: You even see that now, with COVID, there's a sense of burnout — people tired of taking the precautions they're supposed to take.

MBI: Yes. For people with chronic illnesses, that sense of burnout means the care has to become psychosocial in addition to medical. It helps to have friends, family and others in the community help people manage chronic illness — not necessarily through direct care, but it can help people cope with their own health if they know they have support.

AF: Even before COVID, there were demands for behavioral health care that were not being met.

MBI: There was certainly a lack of capacity in the system to begin with, especially with Medicaid and Medicare — there's a real lack of providers. We are never going to meet the targeted goals of Ending the Epidemic and Getting to Zero unless we expand capacity and reduce barriers to behavioral health care.

Fortunately, telehealth is now more accessible and reimbursable. I recently saw a news program about a physician doing work with opioid users through telehealth. That can reduce barriers to getting care, in terms of transportation and fitting it into your schedule.

AF: That brings me back to my earlier question, about the best ways to get people involved in their own care as they age. Should people seek out the care of a geriatrician as they get older, who may have a more holistic approach to health?

MBI: It's not easy to find a geriatrician. but you can manage your care successfully with your primary care physician if you stay on top of your health, make sure you're getting all the age-appropriate care you need, get screenings when you're supposed to get screenings, and make sure your physicians are talking to each other.

There are only about 7,000 certified geriatricians in the whole of the United States, so it's not realistic to think we're going to be able to refer every older person with HIV to a geriatrician. I've been working with colleagues across the country on solutions that include diffusing models of geriatric care into HIV clinical practice. That means taking a holistic view of health, having an integrated care team to manage comorbidities, having the family/significant other caregiver involved in developing the care plan, focusing on function, and asking, "What's important to the patient?" Is it getting out every morning to walk, being able to travel to a grandchild's graduation (in the pre-pandemic world), being able to read the newspaper? And you gear your care toward those functions. It's a different way of thinking about patient care.

AF: How about for an older person who's newly diagnosed with HIV? How would you start that conversation?

MBI: it would need to be a gradual conversation. Getting an HIV diagnosis, even now with effective treatments, it's overwhelming. There's so much baggage that comes with it, and older people may be thinking of it as a death sentence, like it was back in the 80s. But it's definitely not. You can have a life expectancy that's nearly normal if you stay in care, if you take your antiretroviral medications and control your viral load — and if you take good care of yourself.

AF: Thank you Mark for taking this time to give us more information on this very important health topic and thank you for supporting our LGBT Health program at VNSNY.