

Aging, HIV, and Primary Care at Health Centers: Session 1

Lisa Krinsky, MSW, LICSW

Program Director, LGBTQIA+ Aging Project

Kevin L. Ard, MD, MPH

Medical Director, National LGBTQIA+ Health Education Center,
The Fenway Institute

09/18/2025



NATIONAL LGBTQIA+ HEALTH
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

Learning Objectives

- Review the unique health needs of aging patients with HIV.
- Explore the intersection of HIV care and aging-related health concerns.
- Discuss best practices in patient-centered primary care for aging patients with HIV.
- Identify strategies to address barriers to care for aging patients with HIV.

The National LGBTQIA+ Health Education Center

- Training and Technical Assistance
- Grand Rounds
- Online Learning
 - CE and HEI Credit
- Environmental Influences On Child Health Outcomes (ECHO) Programs
- Publications and Resources



Learning Module



Publication



Toolkit



Video



Webinar



NATIONAL LGBTQIA+ HEALTH
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

www.lgbtqiahealtheducation.org

Technical Questions?

- Please call Zoom Technical Support:
1.888.799.9666 ext. 2
- You can contact the webinar host using the chat function in Zoom. Click the “Chat” icon and type your question.
- Alternatively, e-mail us at education@fenwayhealth.org for less urgent questions.



NATIONAL LGBTQIA+ HEALTH
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

Sound Issues?

- Ensure your computer speakers are not muted
- If you cannot hear through your computer speakers, navigate to the bottom toolbar on your screen, go to the far left, and click the arrow next to the phone icon
- Choose “I will call in”
- Dial the phone number and access code



CME/CEU Information

Physicians	AAFP Prescribed credit is accepted by the American Medical Association as equivalent to AMA PRA Category 1 Credit™ toward the AMA Physician's Recognition Award. When applying for the AMA PRA, Prescribed credit earned must be reported as Prescribed, not as Category 1.
Nurse Practitioners, Physician Assistants, Nurses, Medical Assistants	AAFP Prescribed credit is accepted by the following organizations. Please contact them directly about how participants should report the credit they earned. <ul style="list-style-type: none">•American Academy of Physician Assistants (AAPA)•National Commission on Certification of Physician Assistants (NCCPA)•American Nurses Credentialing Center (ANCC)•American Association of Nurse Practitioners (AANP)•American Academy of Nurse Practitioners Certification Program (AANPCP)•American Association of Medical Assistants (AAMA)
Other Health Professionals	Confirm equivalency of credits with relevant licensing body.

Unique Needs of Older Adults with HIV

Because everybody deserves to age with dignity and respect

*Lisa Krinsky, MSW, LICSW
Director*



L G B T Q I A +
A G I N G P R O J E C T

A PROGRAM OF THE FENWAY INSTITUTE

Aging: What's So Different?

Aging Issues

Healthcare

Housing

Medication Costs

Social Network: Family,
Friends

Income

Retirement /Work

Social / Recreational
Activities

HIV+ Aging Issues

Healthcare

Housing

Medication Costs

Social Network: Family,
Friends

Income

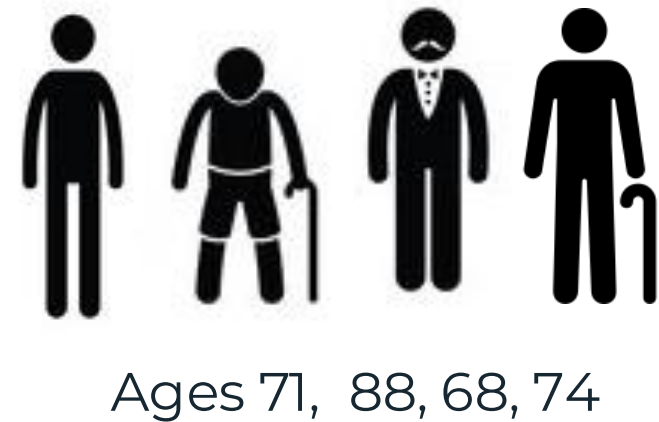
Retirement / Work

Social / Recreational
Activities

Vertical Caregiving



Horizontal Caregiving



HIV and Aging

- What is considered “old” in HIV community?
 - Age 50+
 - Life expectancy increasing to 70s
- Long Term Survivors
 - living with HIV for 10-40 years
 - Pioneers of HIV care and treatment; now aging
- Newly Diagnosed
- HIV impacts some communities more than others

HIV and Aging: Current Data

- What percentage of all people in the U.S. living with HIV & AIDS are age 50 and older?
 - 54% of all people in the U.S. living with HIV & AIDS are age 50 and older
 - 70% of all people in the U.S. living with HIV & AIDS will be age 50 and older by 2030
- What percentage of all new HIV infections in the U.S. are in people age 50 and older?
 - 16% percent of all new HIV infections in the U.S. are in people age 50 and older

CDC. [HIV Surveillance Report: Diagnoses, Deaths, and Prevalence of HIV in the United States and 6 Territories and Freely Associated States, 2022](#)
HIV Surveillance Report 2024;24.

HIV/AIDS and Aging

- Stigma
- Mode of Transmission
- Background
- Age

Long Term Psychological Impact Persists

- Psychological impact of losses 1980-90s persist
- HIV supports of early era now gone
 - 70% live alone
 - Increased poverty (early disability)
 - Current losses and unresolved grief
 - Lack of social network/connection

Principles of Psychologically Responsive Care

- **Safety:** physical and emotional safety
- **Trustworthiness and Transparency:** open, honest, and respectful
- **Peer Support:** connections for shared experience
- **Collaboration and Mutuality:** working with patients to support their autonomy
- **Autonomy and Choice:** patient control over own decisions
- **Unique Experiences:** recognizing and addressing patient's unique life experiences

HIV/AIDS and Aging

New Infections/New Diagnoses in Older Adults

16% of all new infections 2022

- “Low risk” population
- Desexualize older adults
- Symptoms ascribed to “typical aging”
- 33% of those age 55+ diagnosed with late-stage disease
- More rapid progression to AIDS and shorter survival

CDC. [Monitoring Selected National HIV Prevention and Care Objectives by Using HIV Surveillance Data, United States and 6 Territories and Freely Associated States, 2022](#). *HIV Surveillance Supplemental Report* 2024;29(2).

What Impacts Quality of Life



Barriers to Care

- Loss of long-term providers and patients' reluctance to disclose HIV status to new providers
- Providers who aren't familiar with the psychological impact of the early years of the epidemic
- Providers who only treat HIV/AIDs as a chronic condition
- Integrated Care: patients no longer seeing Infectious Disease specialists

Action Steps for Health Centers

- HIV, sexually transmitted infections (STI), and injection drug use (IDU) prevention and screening with older adults
 - CDC guidelines: HIV testing 13-64 yrs
65+ if at risk – ask questions!
- Psychologically responsive care with HIV+ older adults
- Provider knowledge and understanding HIV/AIDS epidemic history
- Referrals for non-medical services that support unique lived experiences

Thank you!

Lisa Krinsky, MSW, LICSW
lkkrinsky@fenwayhealth.org

Because everybody deserves to age with dignity and respect

HIV and Aging: Clinical Considerations

Kevin L. Ard, MD, MPH

Medical Director, National LGBTQIA+ Health Education Center, The Fenway Institute
Co-Clinical Director, Division of Infectious Diseases, Massachusetts General Hospital



NATIONAL LGBTQIA+ HEALTH
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

Outline

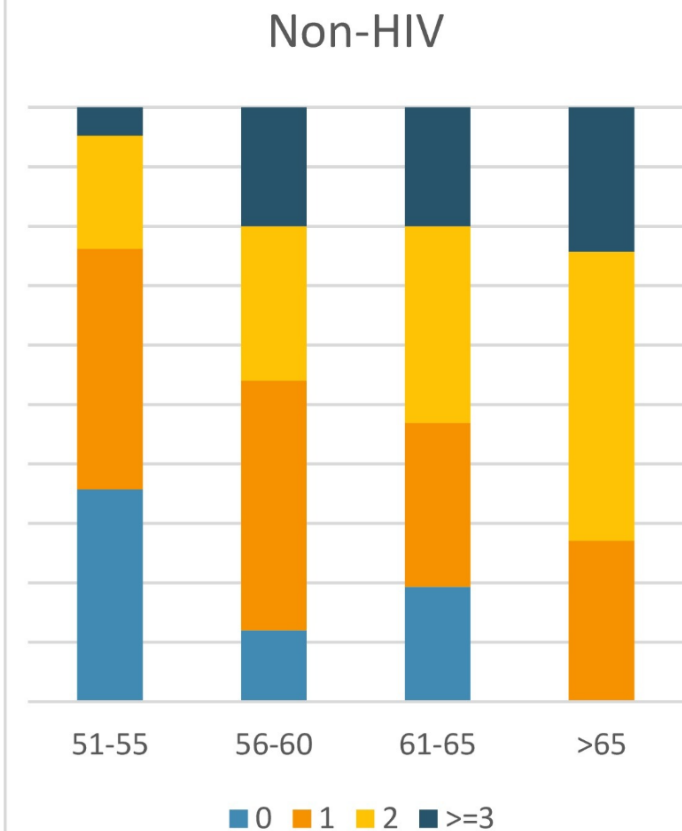
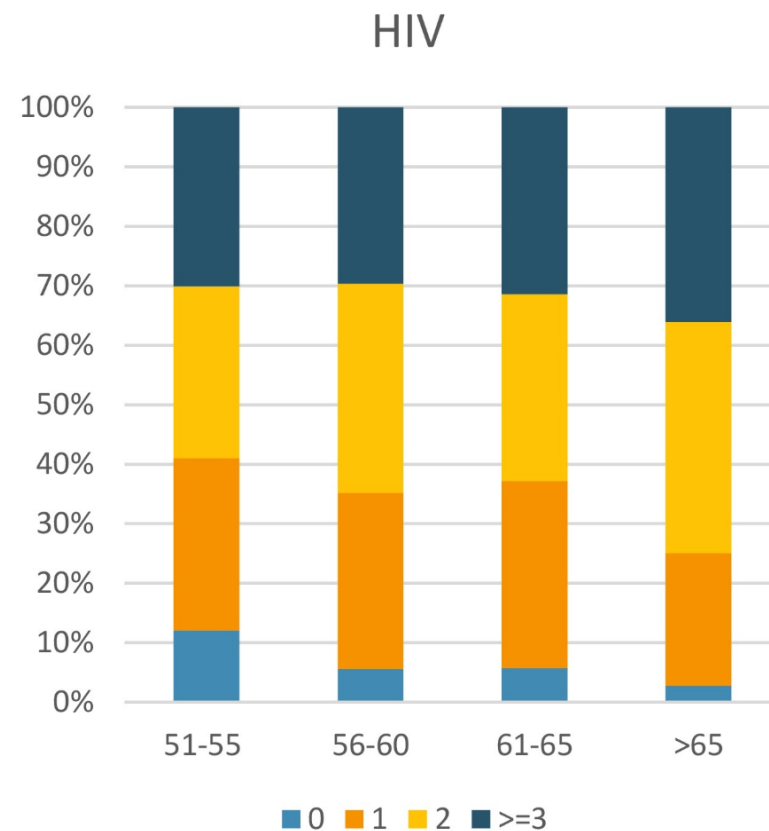
1. HIV as a disease of advanced aging
2. Common clinical conditions among older people with HIV
3. Unique considerations for long-term survivors and those newly diagnosed in older age
4. Multidisciplinary care for older people with HIV
5. Resources

People with HIV develop comorbidities earlier than those without HIV

The number of comorbidities among people with and without HIV, by age

Comorbidities include:

- Hypertension
- Diabetes mellitus
- Chronic kidney disease
- Osteopenia or osteoporosis
- Hepatic disease
- Cardiovascular disease
- Cancer



Atherosclerotic cardiovascular disease (ASCVD)

- Two-fold higher risk among people with HIV than those without HIV
- Tends to occur ~10 years earlier among people with HIV
- ASCVD risk prediction tools underestimate risk among people with HIV
- Statin therapy is recommended for people with HIV between 40-75 years, regardless of ASCVD risk
- Avoid abacavir-containing regimens

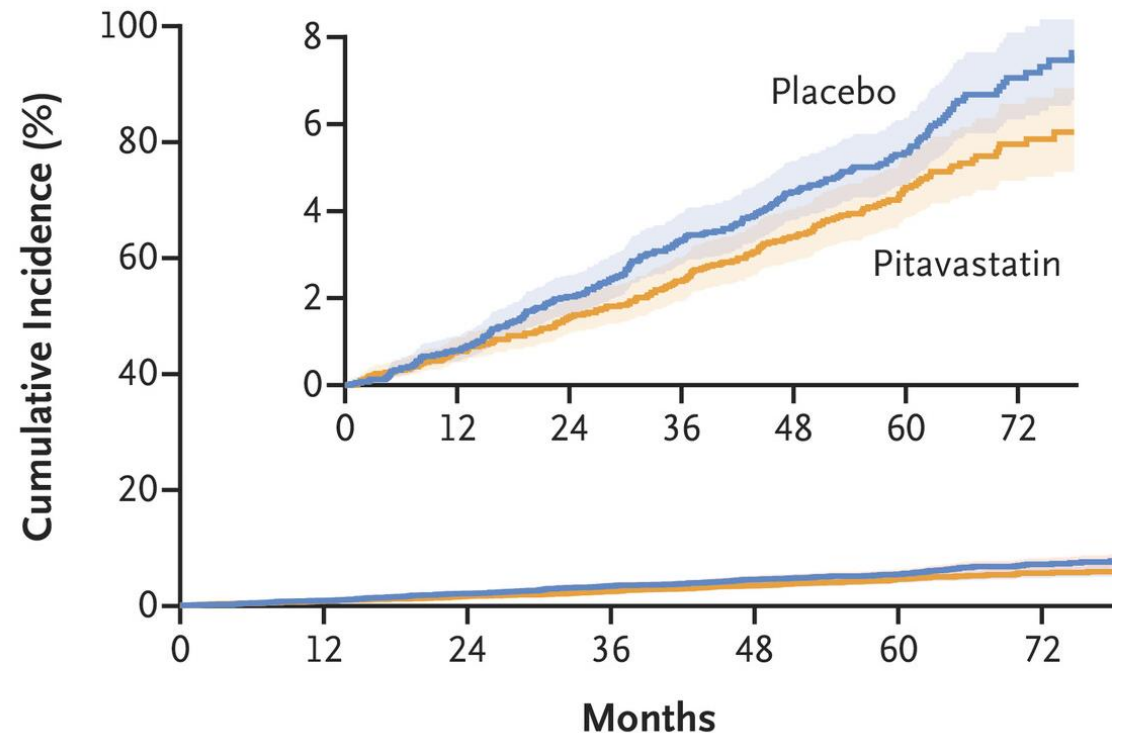


NATIONAL LGBTQIA+ HEALTH
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-arv/special-populations-hiv-and-older; Grinspoon SK, N Engl J Med, 2023

First MACE or Death



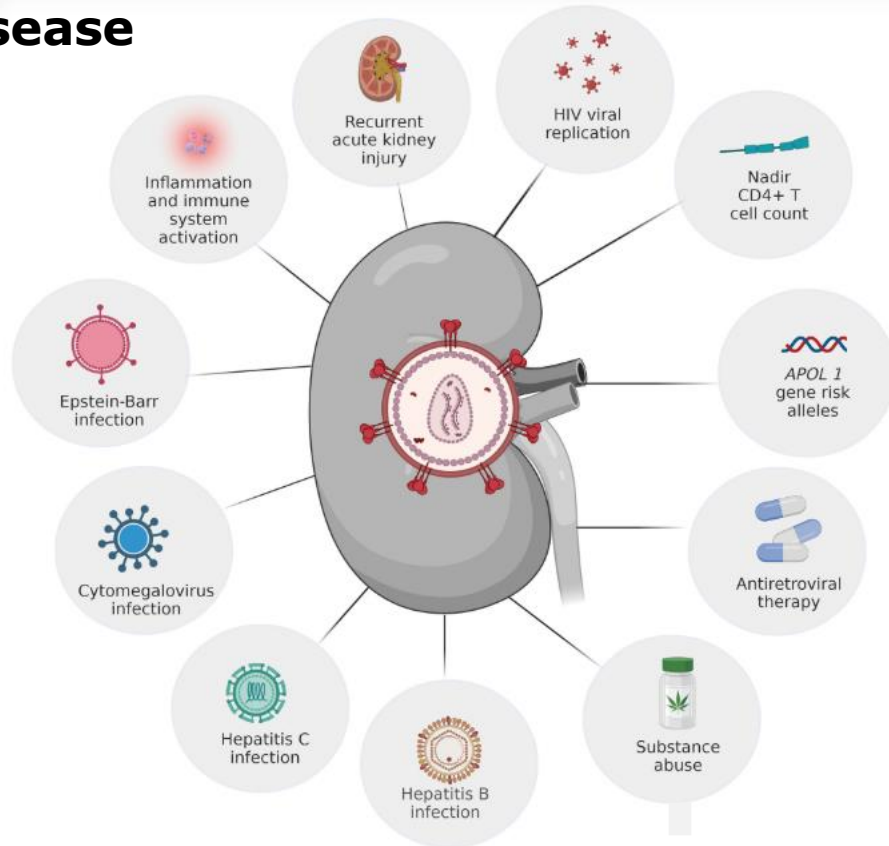
MACE = major adverse cardiovascular event

Neurocognitive impairment

- When assessed via neuropsychological testing in research settings, ~30% of people with HIV on ART meet criteria for HIV-associated neurocognitive disorder (HAND)
- Neurocognitive impairment hinders retention in care and medication adherence
- Referral to a neurologist may be warranted
- Primary care clinicians can evaluate/address reversible factors: hypothyroidism, sleep apnea, medication effects, depression, social isolation, etc.

Chronic kidney disease

HIV-associated risk factors for kidney disease



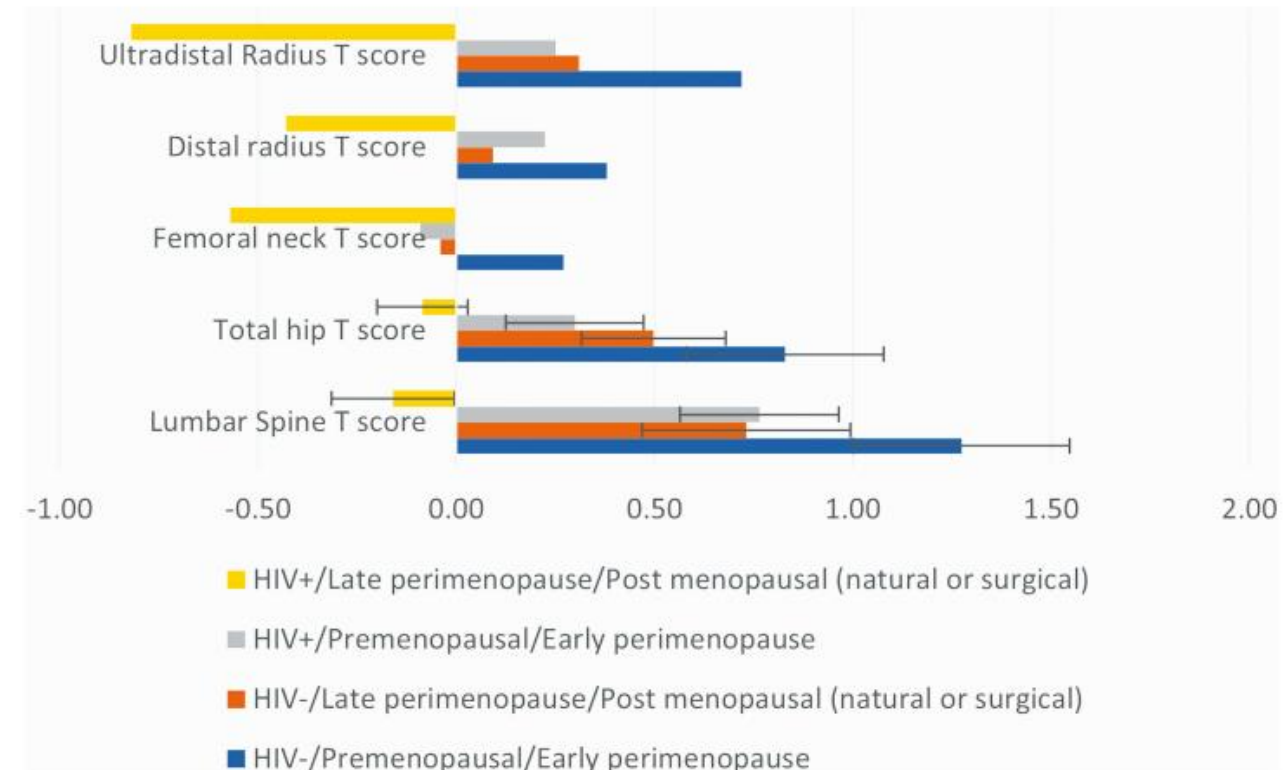
- Kidney disease was present in ~17% versus ~7% of older people with and without HIV, respectively, in one analysis
- Measurement of renal function at baseline and periodically thereafter is an integral part of HIV care
- Tenofovir disoproxil fumarate, and sometimes all tenofovir products, are avoided

Bone health

- People with HIV have 1.5-fold higher risk of fragility fractures and 4-fold higher risk of hip fracture than those without HIV
- Treatments containing tenofovir disoproxil fumarate and/or protease inhibitors are associated with greater bone density loss
- Baseline bone density assessments are recommended for people with HIV, regardless of sex, beginning at age 50

Menopause

- HIV may be associated with earlier onset of menopause
- Menopause may compound bone loss in people with HIV
- Severe menopausal symptoms are associated with suboptimal antiretroviral therapy adherence
- Management of menopause does not differ between people with versus without HIV



Clinical considerations for long-term survivors

- Often histories of extensive psychological impact and loss, but also persistence and flourishing
- Often multiple medical comorbidities, plus:
 - HIV-associated lipoatrophy and lipohypertrophy
 - Complicated HIV drug resistance patterns from use of older antiretroviral agents
 - Some have been able to re-simplify their HIV treatments (e.g., to a single-tablet regimen) with the advent of potent integrase inhibitors with high barriers to resistance



Clinical considerations for people newly diagnosed with HIV in older age

- Diagnosis may occur at later stages of disease than in younger people
- CD4 count recovery may be slower among older people than among younger people
- Polypharmacy is more common among older people; review for drug-drug interactions with antiretroviral therapies is crucial
- As with all people newly diagnosed with HIV, discussion of HIV transmission, treatment, and Undetectable = Untransmittable (U=U) is key



NATIONAL LGBTQIA+ HEALTH
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-arv/special-populations-hiv-and-older

Older people with HIV may benefit from integrated, multidisciplinary care

Primary care
Behavioral health care
Geriatric assessment
Social work
Neurology
Nutrition

In the next webinar, we will discuss a multidisciplinary care model for older people with HIV



NATIONAL LGBTQIA+ HEALTH
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

Three helpful resources

- 1. Department of Health and Human Services ART Guidelines for HIV and the Older Person:**
<https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-arv/special-populations-hiv-and-older>
- 2. HIV in Primary Care Guidelines:**
<https://www.idsociety.org/practice-guideline/primary-care-management-of-people-with-hiv/>
- 3. University of Liverpool HIV Drug Interaction Checker:**
<https://www.hiv-druginteractions.org/>



Thank You!

Questions/Comments?



NATIONAL LGBTQIA+ HEALTH
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

HRSA Disclaimer

This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under cooperative agreement number U30CS22742, National Training and Technical Assistance Partner (NTTAP), for \$625,000.00 with 0% of the total NTTAP project financed with non-federal sources. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS, or the U.S. Government



NATIONAL LGBTQIA+ HEALTH
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE