

Aging, HIV, and Primary Care at Health Centers: Session 2

Lisa Krinsky, MSW, LICSW

Program Director, LGBTQIA+ Aging Project

Kevin L. Ard, MD, MPH

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

Sean Cahill, PhD

Director of Health Policy Research,
The Fenway Institute

09/25/2025



NATIONAL LGBTQIA+ HEALTH
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

Learning Objectives

- Review the unique health needs of aging patients with HIV.
- Analyze the intersection of HIV care and aging-related health concerns.
- Discuss best practices in patient-directed 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

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.



Best Practices for 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

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.

What Impacts Quality of Life



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

Psychosocial Supports: Action Steps for Health Centers

- Psychologically responsive care with HIV+ older adults
- Provider knowledge and understanding HIV/AIDS epidemic history
- Screening and treatment for depression, disenfranchised grief, social isolation, and loneliness
- Referrals for non-medical services that support unique lived experiences

Thank you!

Lisa Krinsky, MSW, LICSW
lkrinsky@fenwayhealth.org

Because everybody deserves to age with dignity and respect

A Multidisciplinary Care Model for Older People with HIV

Kevin L. Ard, MD, MPH

A Case

- 74-year-old man with HIV since the 1980s, coronary artery disease, chronic obstructive pulmonary disorder, hypertension, diabetes mellitus, peripheral neuropathy, and visceral adiposity
- Extensive history of HIV drug resistance, currently virologically suppressed on a complex antiretroviral regimen; takes 10 other medications for other conditions
- Feels he is “getting old”, with unsteadiness, occasional falls, and lightheadedness
- Feels socially isolated and depressed
- Limited financial means



Multidisciplinary Care

- Primary care for people with HIV
- On-site specialty care
 - Neurology: peripheral neuropathy, cognitive decline
 - Psychiatry
 - Social work: counseling, benefits navigation
 - Nutrition
 - Women's health
 - Community health workers and intensive case management



Age Positively Program



Home - Medicine - Palliative Care & Geriatric Medicine - Treatments & Services

PALLIATIVE CARE & GERIATRICS

Age Positively Program

The Age Positively Program at Massachusetts General Hospital is a multidisciplinary initiative designed to enhance the care and well-being of people aging with HIV through clinical care, education, community partnerships and research.

Age Positively Town Halls >



**NATIONAL LGBTQIA+ HEALTH
EDUCATION CENTER**

A PROGRAM OF THE FENWAY INSTITUTE

Age Positively Program

- Clinical partnership between infectious disease/primary care and geriatric medicine at Massachusetts General Hospital
- Includes clinical care, community education, and partnerships, and research
- Includes a comprehensive geriatric assessment

Town Hall Recordings



The Pill Juggling Act: Staying Safe with Multiple Meds
June 13, 2024

With Dr. Matt Russell and Dr. Virginia Triant

[Watch the video »](#)

A Case, Continued

- Instituted home blood pressure monitoring; reduced doses of antihypertensives with resolution of lightheadedness
- Referred to neurology for neuropathy; medications adjusted to reduce neuropathy symptoms
- Connected with social work; engaged in biweekly counseling; visited friends out of state
- Comprehensive geriatric assessment; scored in the frail range; treated with physical therapy and nutrition



Summary

- Older people with HIV, including people who are long-term survivors, may have multiple, complex medical, and psychosocial needs
- Multidisciplinary care, including geriatric assessments, behavioral health care, social work, and case management, can help improve the health of older people with HIV





AGING, HIV, AND PRIMARY CARE AT HEALTH CENTERS PART II

Sean Cahill, PhD
September 25, 2025

Presenter

- Director of Health Policy Research, The Fenway Institute
- Adjunct Associate Professor, Boston University School of Public Health
- Member, Massachusetts Legislative Commission on LGBTQ Aging
- Member, HIV and Aging Policy Action Coalition

Outline

- I. Introduction: older people with HIV experience multiple comorbidities.
- II. There is a need for improved screening, diagnosis, and management.
- III. Best practices and clinical guidelines for screening for and managing.
 - A. Comorbidities
 - B. Geriatric conditions
 - C. Behavioral health and cognition
 - D. Psychosocial conditions

Collaborative Care Needed to Care for Older People with HIV

- HIV in adults aged 50 and older is a complex chronic disease usually associated with two or more comorbid conditions.
- Chronic inflammation caused by several factors—including HIV infection, substance use disorders, and life stressors — can contribute to comorbidities and frailty.
- Successful management of the health care of older people with HIV (OPWH) requires the collaborative, coordinated provision of care from multiple specialty areas.



Need for Improved Screening, Diagnosis, and Management

- There is a critical need to improve screening, diagnosis, and management of comorbidities, geriatric conditions, behavioral health, and psychosocial needs of older adults with HIV in the U.S.
- OPWH experience high rates of comorbid conditions, including cardiovascular disease, diabetes mellitus, kidney disease, reduced bone mineral density, and cancer.
- OPWH have high rates of geriatric or age-related conditions such as frailty and neurocognitive disorders.



Need for Improved Screening, Diagnosis, and Management

- Unaddressed behavioral health issues, such as depression, tobacco and substance use, often complicate management of HIV and contribute to comorbidities.
- Unmet psychosocial needs also affect behavioral health and well-being for OPWH.

“Depression and the Likelihood of Hospital Admission from the Emergency Department among Older Patients with HIV.” *J Health Care Poor Underserved*. 2019 & “Loneliness and HIV-related stigma explain depression among older HIV-positive adults.” *AIDS Care*. 2010



High Rates of Crystal Meth Use Among MSM

In the U.S. “crystal methamphetamine (“crystal meth”) use is endemic to urban men who have sex with other men (MSM). **The prevalence of crystal meth use among MSM has been shown to be 20 times that of the general population**, with an estimated 10–25% of MSM reporting use of crystal meth in the context of sexual behavior in the past six months...”



Depression and Loneliness are Major Issues for OPWH

- OPWH experience higher rates of **loneliness**,¹ **social isolation**,² and **lack of social support**.³
- **Depression** is now a leading cause of morbidity and mortality among OPWH, exceeding even that caused by HIV.⁴ **Untreated depression** correlates with **poorer health outcomes** among OPWH.⁵



Screening and Managing Comorbidities

The Infectious Disease Society of America (IDSA) and the HIV Medicine Association (HIVMA) have published extensive guidelines for screening and managing comorbidities among people with HIV (PWH). They include specific recommendations for OPWH to screen for lipid levels, diabetes, osteoporosis, and hypogonadism in men.



Screening and Managing Comorbidities

The American Academy of HIV Medicine (AAHIVM) has extensive recommended treatment strategies for clinicians managing older patients with HIV that address a number of issues including frailty, chronic obstructive pulmonary disease (COPD), kidney disease, hypertension, cancer, viral hepatitis, diabetes mellitus, polypharmacy, osteoporosis, depression, anxiety, peripheral neuropathy, and HIV-associated neurocognitive disorder (HAND).



Cardiovascular and Pulmonary Screenings



- American College of Cardiology/American Heart Association guidelines emphasize lifestyle optimization (exercise, diet, smoking cessation) and medical therapy (statins) if warranted. AAHIVM provides guidelines for reducing the risk of interactions of statins with ART and side effects.
- Spirometry can diagnose COPD in symptomatic individuals (chronic cough, sputum production), and complete pulmonary function testing may also be indicated. Management approaches include pneumococcal and influenza vaccination, pharmacotherapy, and pulmonary rehabilitation programs.

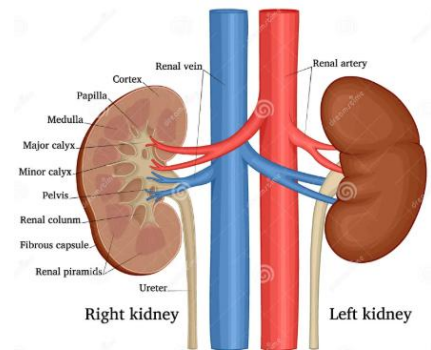


Kidney Screenings

PWH are at elevated risk for kidney disease related to higher rates of diabetes and hypertension, as well as higher rates of hepatitis C virus and hepatitis B virus coinfection, ART nephrotoxicity, and HIV-related kidney disease.

AAHIVM recommends the creatinine-based chronic kidney disease epidemiology collaboration (CKD-EPI) equation for screening, which is more accurate than the Modification of Diet Renal Disease equation for glomerular filtration rate (GFR) estimation in PWH.

IDSA recommends monitoring kidney function of PWH twice a year through a creatinine based GFR estimate, and an annual assessment of proteinuria through urinalysis or quantitative measurement of albuminuria.



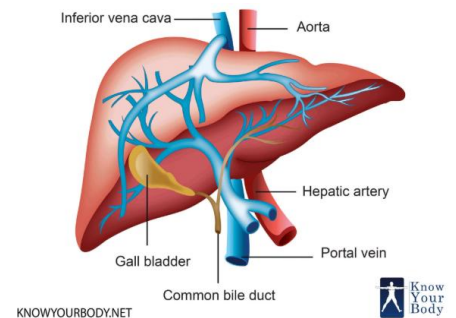
Cancer Screenings

Cancer screening guidelines are the same for PWH as for the general population, except for **cervical and anal cancer**.

People with HIV are at higher risk of anal cancer, especially MSM. IDSA guidelines suggest providers consider anal cancer screening for MSM, for women with HIV who have abnormal cervical cytology, and for PWH with genital warts.

Liver cancer screenings are recommended for PWH with Hepatitis B and Hepatitis C coinfection.

Lung cancer screenings with low-dose CT for former and current heavy smokers (30 pack years) age 55 to 80.



Screening and Managing Geriatric Conditions

The Veterans Aging Cohort Study (VACS) Index is a validated measure of frailty and function in older PWH. VACS defines frailty as “decreased ability to recover from additional injury.”

Clegg et al. define it as “an increased vulnerability to stressors due to a lack of reserve and reduced ability to compensate for disruptions to homeostasis.” Pre-frailty is also common in older PWH.



Screening and Managing Geriatric Conditions

- Broader geriatric syndromes include falls, urinary incontinence, and sensory impairment.
- The VACS Index helps care providers identify organ systems at risk by using laboratory test data gathered in routine HIV care.
- Physical functioning can be assessed by the Short Physician Performance Battery, which assesses balance and gait speed, and uses chair-stand tests. Crane et al. demonstrated feasibility in HIV clinics.

“Geriatric Syndromes in Older HIV-Infected Adults.” *J Acquir Immune Defic Syndr.* 2015;69(2):161-167.; Recommended Treatment Strategies for Clinicians Managing Older Patients with HIV. Assessing Frailty and Functional Capacity: Managing the Care of Older Adults with HIV. 2017.; *Open Forum Infect Dis.* 2019;6(3):ofz038. Published 2019 Mar 11.



Screening and Managing Geriatric Conditions

Management strategies that can prevent and reverse frailty and functional limitations include behavioral interventions to improve ART adherence, prevention and cessation of tobacco use and at-risk alcohol use, and promoting healthy weight and exercise. HIV-positive post-menopausal women and men aged 50 and older should be offered baseline bone DXA scans, according to IDSA and HIVMA. For patients with osteopenia or a history of bone fragility or fracture, intervention with vitamin D, calcium, and a bisphosphonate or other medical therapy is indicated.



Screening and Managing Behavioral Health and Cognition

AAHIVM recommends the use of the Geriatric Depression Scale and several cognitive impairment measures, including the HIV Dementia Scale, the International Dementia Scale, or the Montreal Cognitive Assessment (MoCA) test. It also recommends an assessment of daily function, cognition, and social factors, such as social isolation, social support, family estrangement, stigma, and economic vulnerability. Treatment of depression generally involves cognitive behavioral therapy and medication, with due attention to potential drug interactions.



Screening and Managing Behavioral Health and Cognition

For the many OPWH who experience social isolation, “interventions that offer emotional or informational support, including people with whom to express and share feelings and to obtain advice, information and guidance” can be beneficial and improve quality of life.



Screening and Managing Behavioral Health and Cognition

People with HIV smoke cigarettes at 2 to 3 times the rate of the general population. Smoking interferes with virologic suppression, and contributes to cardiovascular disease, frailty, and other conditions.

The US Preventive Services Task Force and IDSA recommend screening for smoking, utilizing the 5As (ask, advise, assess, assist, and arrange), advising that patients quit at each visit and offering non-pharmacologic and FDA-approved pharmacologic medications to assist with cessation.



Screening and Managing Behavioral Health and Cognition

Participation in a live, group therapy tobacco treatment program for PWH reduces loneliness in PWH smokers; loneliness is itself a risk factor for smoking.



Screening and Managing Psychosocial Conditions



Innovative approaches to providing social support for isolated OPWH are critically needed.

GMHC resurrected its flagship Buddy Program from the 1980s and '90s to provide social support to isolated older PWH, LTS, and newly diagnosed individuals of any age. “Buddies” meet older GMHC clients for coffee or a walk in the park or accompany them to a medical appointment. They help them connect to services at GMHC and other service providers. Volunteers must make a year’s commitment, visit a client at home for one to four hours per week, and report regularly to the agency.



Screening and Managing Psychosocial Conditions



Other successful models of social support include Thrive SS's Silver Lining Project, which creates safe spaces, both physical and virtual, in which "Mature African American men living with HIV can share [and] issues impacting our community." Services include informational sessions, community outreach, and social events. Workshops focus on HIV and aging, psychological impact, PTSD, loss, and stigma.



Screening and Managing Psychosocial Conditions

The Golden Compass program at the University of California – San Francisco is a holistic approach that addresses heart and brain health, bone health and physical fitness, dental care and sensory impairment, and psychosocial needs of OPWH.



Thank You

Sean Cahill, PhD

Director, Health Policy Research

The Fenway Institute

scahill@fenwayhealth.org



Thank You!

Questions/Comments?

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