

Is the Healthcare Service of Older People Prepared for a Growing Cohort of HIV Positive Men Who Have Sex With Men?

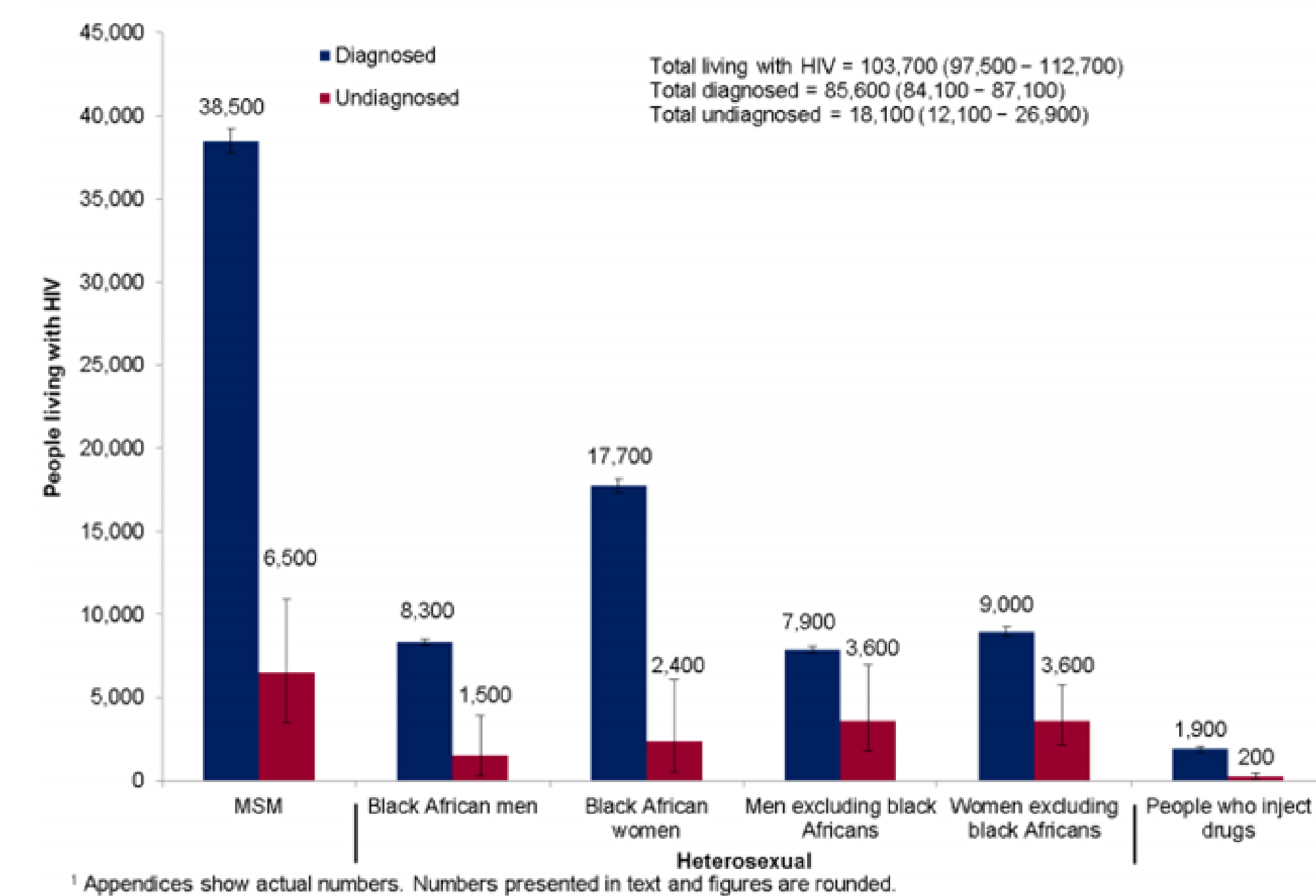
Timothy Merrey, John McLuskey. School of Health Sciences.

Background

The health service faces challenges in providing care to older people in the future. Men born in 2013 are expected to live until they are 90 years of age. In 2018, there is expected to be an astounding 2.9 million patients with multiple morbidities. In the older population, common chronic diseases such as COPD, CKD and heart failure have had a great amount of emphasis in older age care. This growing cohort of older people will put great strain on the health service.

In HIV, the life expectancy has risen dramatically since the 1980s with proper care and adherence to treatment programmes. There has been a shift in the prognosis of the disease which is now recognised as a longer term or chronic condition rather than an acute one. Men who have sex with men (MSM) are a high risk group for contracting HIV with more people living with the condition than ever before.

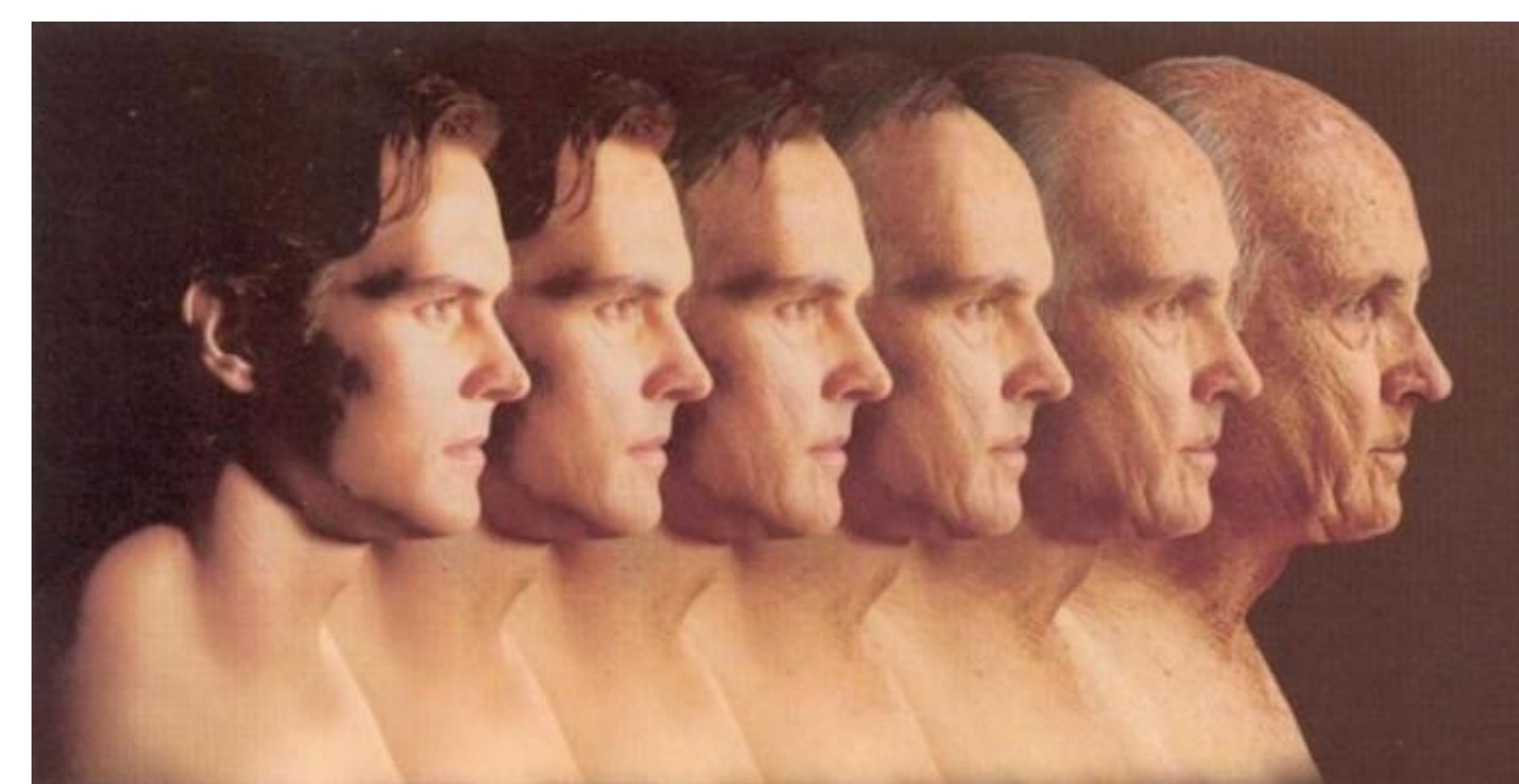
With an growing older population, chronic nature of HIV and a large amount of MSM living with the disease, there needs to be an exploration of the effect this will have on the healthcare service's ability to care for these complex individuals.



Methods

A critical review was undertaken to examine this phenomenon. A critical review allow for a wider range of resources to be utilised such as academic papers, journal articles, websites and other organisations. The aim is more so to explore the issues surrounding HIV in older MSM rather than to define what the issues are. A theoretical framework of social construction is used exploring how society has constructed beliefs on HIV, MSM and age. Through critically researching and exploring this topic, three main concepts were found.

- The effect of HIV on older person associated comorbidities.
- Quality of life.
- Who should provide the care.



The effect of HIV on older person associated comorbidities

- Increased risk of osteoporosis due either to the HIV itself or antiretroviral therapy.
- Higher chance of fracture due to osteoporosis.
- Increased risk of cerebrovascular disease due to hypercholesterolemia caused by protease inhibitors.

Practice recommendations –

- Cause or effect research, are the increased likelihoods of these diseases due to ART or HIV and how can this be managed?
- Timely diagnosis and treatment of these older person associated comorbidities.

Quality of life

- 40% of MSM likely to be single over the age of 55 and more likely to be unsupported by family members.
- Stigma and discrimination of their sexuality and their HIV status
- Freedom of sexual expression in a care environment may be challenging.
- Increased risk of mental health issues associated with MSM, HIV and the older person.

Practice recommendations –

- Mental health assessments with prompt treatment and ongoing support.
- Inclusive care home environments possibly just for LGBT/MSM older people.

Who should provide the care

- Continued education of care staff on HIV in the older person.
- Should care be provided by a care of the older person nurse or by a HIV specialist nurse?
- What skill sets do each of these nursing roles have that can be beneficial to HIV positive MSM?
- How can skill sets be merged in order to provide high quality care.

Practice recommendations –

- Developing the roles of both HIV specialist nurses and care of the elderly specialist nurses so that there is a collaborative approach to care.

