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AIDS in old age: factors associated with late diagnosis and coping measures

SIDA en la vejez: factores asociados al diagnóstico tardío y medidas de afrontamiento

AIDS na terceira idade: fatores associados ao diagnóstico tardio e medidas de enfrentamento

ABSTRACT

Objective: The study intends to discuss AIDS in the elderly population, as a reality that has been growing and focus on coping with it. **Methods:** This is a literature review, where a database search was performed using the Health Sciences Descriptors (DeCS). It is hoped that it will help elderly people diagnosed with HIV to understand the vulnerabilities surrounding their behavior and the challenges to be overcome by recognizing themselves as a group vulnerable to AIDS. **Results:** the studies point out as the main causes the absence of public policies, the taboo that involves the sexual life of people over 60 years old and the commerce of drugs for erectile dysfunction. **Conclusion:** The importance of the health professional's humanized look towards the elderly is emphasized. In addition, other studies need to be carried out, in order to avoid future contamination, and to provide quality survival to seropositive elderly people undergoing treatment.

ESCRITORES: Aged, HIV, Health Vulnerability.

RESUMEN

Objetivo: El estudio pretende discutir el SIDA en la población anciana, como una realidad que ha ido creciendo y enfocarse en afrontarlo. **Métodos:** Se trata de una revisión de la literatura, donde se realizó una búsqueda en la base de datos utilizando los Descriptores de Ciencias de la Salud (DeCS). Se espera que ayude a las personas mayores diagnosticadas con el VIH a comprender las vulnerabilidades que rodean su comportamiento y los desafíos que deben superar al reconocerse a sí mismos como un grupo vulnerable al SIDA. **Resultados:** los estudios señalan como principales causas la ausencia de políticas públicas, el tabú que involucra la vida sexual de las personas mayores de 60 años y el comercio de drogas para la disfunción eréctil. **Conclusión:** Se enfatiza la importancia de la mirada humanizada del profesional de la salud hacia las personas mayores. Además, es necesario realizar otros estudios para evitar futuras contaminaciones y brindar una supervivencia de calidad a los ancianos seropositivos en tratamiento.

DESCRITORES: Anciano, VIH, Vulnerabilidad en Salud.

RESUMO

Objetivo: O estudo pretende discutir a AIDS na população idosa, como uma realidade que vem crescendo e estratégias para o seu enfrentamento. **Métodos:** Trata-se de uma revisão de literatura, onde realizou-se uma busca em base de dados utilizando-se dos Descritores em Ciências da Saúde (DeCS). Espera-se, contribuir para que as pessoas idosas com diagnóstico de HIV, possam compreender as vulnerabilidades em volta de seu comportamento e os desafios a serem vencidos se reconhecendo como grupo vulnerável à AIDS. **Resultados:** os estudos apontam como principais causas a ausência de políticas públicas, o tabu que envolve a vida sexual de pessoas acima de 60 anos e o comércio de medicamentos para disfunção erétil. **Conclusão:** Ressalta-se a importância do olhar humanizado do profissional de saúde voltado para aos idosos. Ademais, outros estudos precisam ser realizados, a fim de evitar a contaminação futura, e proporcionar sobrevida com qualidade aos idosos soropositivos vivendo em tratamento.

DESCRITORES: Idoso; HIV; Vulnerabilidade em Saúde.

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Ana Karina da Cruz Machado

Social Worker. Gerontologist. Teacher. Specialist in Gerontology and Mental Health. Master student in Organizational and Work Psychology - Universidade Potiguar (UNP).

ORCID: 0000-0001-5898-1807

Roberta Machado Alves

Psychologist. Specialist in Collective Health and Mental Health. Specialist in Hospital and Health Psychology. Master's student in Public Health - Federal University of Rio Grande do Norte (UFRN).

ORCID: 0000-0003-1697-1015

Hilderline Câmara de Oliveira

Social Worker. Specialist in Cultural Anthropology. Master in Social Work - Federal University of Rio Grande do Norte (UFRN). Phd in Social Sciences - Federal University of Rio Grande do Norte (UFRN).

ORCID: 0000-0003-4810-117X

INTRODUCTION

It is considered seropositive when it carries the Human Immunodeficiency Virus (HIV), it mainly attacks the immune system, responsible for defending the organism from diseases, breaking the cell in search of others to continue the infection. In acquired immunodeficiency syndrome (AIDS) the disease is already developed and attacks by knocking down the function of immune cells, making people immunodeficient and, thus, susceptible to various infections and diseases.¹

Elderly people, diagnosed late, have a higher risk of developing AIDS, with an average of 14 times more likely to die in the first year after diagnosis.² Studies under the application of the HIV test, show that among the elderly, this test is not frequently available, a condition that increases the probability of being diagnosed late and incidentally during hospitalization. These events are risks, with more unfavorable outcomes in the HIV / AIDS epidemiological course, which reproduce a major problem in combating the epidemic.³⁻⁴

One of the reasons for the increase in elderly people with HIV is the deficiency in the sexual education of the elderly, as sex is still considered taboo at this stage of life. Another reason would be the non-use of condoms, in addition to the new drugs for sexual impotence that stimulated sexuality in this phase, but without due protection.⁵

The number of elderly people infected with HIV has been noted worldwide, if this rate continues to accelerate, and there are no coping policies, in 2030, 70% of the world population over 60 years of age,

will have the Acquired Immunodeficiency Syndrome (AIDS) virus.⁶

The approach on sexuality and HIV/AIDS among the elderly and health professionals reflects on the assistance offered, since these professionals do not identify the vulnerability of the elderly person in relation to HIV/AIDS⁴, which may be related to the lack of research on the sexual activity of the elderly and the request for serological tests, possibly referring the rich to a late diagnosis. It is believed that this lack of identification on the part of professionals is also due to the lack of research on sexuality, the elderly population and sexually transmitted infections (STIs), generating, in the elderly, a knowledge of diseases of specific groups of the population.

The relevance of this study is evidenced by the need for debate and awareness of the topic, since there is an invisibility about such a population to see them as sexually active individuals and because it was in this age group where the highest proportion of late diagnosis has been concentrated HIV-positive people.

Furthermore, the objective is to discuss AIDS in the elderly population, as a growing reality and strategies for coping with it, in order to fill one of these gaps in the literature, bringing together associated and risk factors for the late diagnosis of HIV/AIDS in the elderly, answering the following questions: What are the factors associated with the late diagnosis of HIV/AIDS in the elderly? What coping measures can be taken?

METHOD

It is a qualitative descriptive study of literature review, which aims to synthesize

studies already published, allowing the generation of new knowledge, based on the results presented by previous research.

The search for articles was carried out between September and October 2020, in the following databases: LILACS (Latin American and Caribbean Literature in Health Sciences), SciELO (Scientific Electronic Library Online) and PubMed (National Library of Medicine). The bases were chosen because they cover a large and diversified volume of scientific publications representative of the different fields of knowledge, given the low number of publications with the elderly population and aspects of sexuality.

To search for the articles, the descriptors in health sciences (DeCS/MESH) were used: "Aged", "HIV", "Health Vulnerability" in the English language, aiming to encompass national and international literature. The databases were configured to search for the words in the fields "título", "resumo" and "palavras-chave". The Boolean operator "and" was used to induce the selected words to appear in the referred fields. The year of publication was not an established criterion, considering the restriction of the theme.

The titles and abstracts of the works found were read, excluding those that did not correspond to the general objective of this study, as well as theses, dissertations, books and editorials. Subsequently, during the process of reading these articles more accurately, 17 works were read in full, selecting at the end 13, which were included in this study.

RESULTS AND DISCUSSION

The number of AIDS cases among the elderly in Brazil has grown alarmingly in

recent years, between 1980-2001, the number of people over 60 with a diagnosis of AIDS was 5,410 and between 2002-2014 it was 17,861. These data show that in the 21-year period there was an average variation of 257,61 cases per year, while in the subsequent 12-year period this variation rose to 1,488,41 cases per year, which corresponds to a variation of 577,77%.⁶

The increase in the number of cases may be associated with the lack of a detailed and sensitive view on the part of health professionals and of actions directed at public policies regarding the inclusion of the elderly in the risk groups for these infections.⁴

The concern of health authorities has been evident, however, it is necessary to face the situation in a more urgent way, and in this sense, campaigns to guide and combat the disease, qualifying health professionals for this open dialogue with the elderly, inclusion of this social category in lectures, guidance on rapid tests and distribution of condoms, as well as care, reception and guidance for those who already live with the virus, to prevent opportunistic infections and the spread of the disease.

Among the main factors of exposure to cases among the elderly, the low level of education stands out, which can make it difficult to adhere to treatment and understand the chain of HIV transmission.⁷ This finding corroborates a study carried out in the Federal District.⁸ about the knowledge about sexuality in aging, elderly people with higher education and who practiced physical exercise.

While risk factors stand out the lack of public and prevention policies aimed at this age group, lack of information, asexual and stigmatized view regarding the sexuality of the elderly by the State and society, technology and the arrival of erectile dysfunction drugs in favor that demand.

Most infections occur before the age of 60, demonstrating the need to maintain and expand preventive measures aimed at the age group most vulnerable to infection, the non-correlation between the elderly and active sex life impacts

Socially constructed stigmas and prejudices in relation to the disease and the sexuality of the elderly, make the elderly themselves feel in a condition of exclusion with themselves and with their new health condition, hiding and decreasing their sexual life or even canceling themselves after contracting the virus.

the diagnosis of HIV, which usually be done late due to broad symptoms that are camouflaged in characteristics of other pathologies.⁴

Health professionals have a fundamental role, since it is necessary to look at the elderly beyond the social stigma, since, when there is a stereotype, even the elderly themselves tend to accept it.⁹

The obstacles related to early diagnosis range from non-adherence to HIV testing in the elderly, the lack of attention and support from health teams in relation to the demands of this group.¹⁰ The increase in life expectancy, coupled with the increase in quality of life in the elderly and the lack of habit regarding the use of condoms are the main responsible for these indicators.¹¹

Socially constructed stigmas and prejudices in relation to the disease and the sexuality of the elderly, make the elderly themselves feel in a condition of exclusion with themselves and with their new health condition, hiding and decreasing their sexual life or even canceling themselves after contracting the virus.¹² Diagnosed people experience depression, guilt, shame, anger, fear, rejection, isolation and decreased or absent sex life after the diagnosis is revealed.¹³

The categories aging and HIV/AIDS have stigmatizing potential in two associated ways, the first being the discredits attributed to people living with HIV, and the second in relation to the stereotype that the elderly person is asexual.¹⁴ Studies carried out with health professionals¹²⁻¹⁵ who deal with HIV-positive elderly people, report that the impacts that the elderly suffer most when they learn of their condition are linked to sadness, non-acceptance of the diagnosis, social isolation and withdrawal from people and daily activities, surprise, shame and embarrassment for having acquired the virus in this age group.¹⁵

Regarding coping measures, talking about sex in old age is important to deconstruct taboos about the sexual life of the elderly, after all, "it is our limited cognitive resources (...) that make us

choose these shortcuts (...) in other lead to the undesirable alleys of prejudice and discrimination".⁹

Only by treating sexuality naturally, will it be easier to promote the health of the elderly to avoid contracting the virus and a more open dialogue about the risk of worsening the disease, and the challenges facing those who are already living with HIV/AIDS.

CONCLUSION

The elderly population has grown with each new statistic, along with it, the number of HIV/AIDS infections, being the target audience that has received the most attention from the Ministry of Health.

The importance of the health profes-

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nal's humanized gaze towards the elderly population is emphasized through impartiality in professional performance and overcoming a common sense view during their professional practice. This sensitized look at the signs and symptoms of the disease contributes so that the treatment can be practiced in the initial phase of the infection.

Because it is a topic of relevance in view of the high rates found in recent years and all the stigmatization and prejudice surrounding the problem, many other studies need to be carried out and contributory, in order to spread the promotion and protection of the health of the elderly population in order to avoid future contamination, and to provide quality survival to seropositive elderly people undergoing treatment. ■

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