Do HIV services meet the needs of adults diagnosed with HIV at an older age? A UK based, multi-centre qualitative study

UNIVERSITY of York

S Bell^{1*}, F Martin^{1,2}, J Adamson¹, T Doran¹
¹ University of York; ² Hull and York Medical School

Background: New HIV diagnoses are increasing in adults aged 50+ years (Smith et al., 2010). Between 2004 and 2013 the number of new cases in this age group in the UK increased from 587 (8% of the total HIV diagnoses in 2004) to 970 (16% of the total HIV diagnoses in 2013) (Yin et al., 2014). Adults aged 50+ years experience a high proportion of late HIV diagnoses (Yin et al., 2014, see figure 1). In response to an increase in new HIV diagnoses and the high proportion of late HIV diagnoses, the effectiveness of HIV services in meeting the needs of this age group warrants exploration.

Aim: To explore HIV service provision for adults diagnosed with HIV at age 50+ years, from the perspectives of service users and healthcare professionals (HCP) working in sexual/health services.

Methods: In depth semi-structured interviews were performed with eleven adults (age range 50-67 years) diagnosed with HIV at age 50+ years and 12 sexual health/HIV HCP (from medical, nursing and psychology backgrounds). Recruitment took place at 4 NHS sites.

Results: Service users reported a generally outstanding level of care delivery, and considered themselves to have a greater control of their health following diagnosis, primarily due to an increased level of support and general health monitoring (e.g. frequent blood pressure checks, blood tests, and regular follow-ups). Some service users believed their life-expectancy may have improved after diagnosis. Perceived advantages were identified by healthcare professionals for older service users with HIV compared with the general older population, including earlier detection of general health problems.

'...it would not surprise me at some stage, you know, a guy in my position whose life-expectancy would probably be even better because I'm now going for the regular health checks that I'd never have gone for before' [Service user #7 – white MSM diagnosed with HIV at age 50 years, high HIV prevalence area]

'.....you're being monitored. I mean I....one of my boys just got diagnosed with prostate cancer at the age of fifty-five now he, I was doing PSAs on him more regularly because his father had died of prostate cancer so the fact that he was HIV positive with a family history of something which was then monitored perhaps a little bit more frequently than it would have been, ...there's almost secondary benefits, you know' [HCP#2, high HIV prevalence area]

However, services in low HIV prevalence areas were commonly considered to be youth-orientated by healthcare professionals. The targeting of sexual health/HIV resources towards younger people was identified as a key contributor to the high proportion of older adults diagnosed at a late stage of disease.

'often in our experience it's the...the unusual people that don't get offered a HIV test because nobody kind of thinks that could be what it is. So they tend to focus on the people traditionally that they would think has HIV....' [HCP#4, high HIV prevalence area]

'....making ourselves kind of accessible to young people is like the priority umm and it's probably to the detriment of remaining sort of umm welcoming to the kind of over fifties I think because there tends to be a bit of a contrast there in terms of what is, what'd be appealing to a young person and what would be appealing to an older person..' [HCP#7, low HIV prevalence area]

Figure 1: Proportion of new HIV diagnoses classified as late (CD4 count <350 within 91 days of diagnosis) in adults younger than 50 and adults aged 50+ years, UK - 2013 (Produced using data from Yin et al., 2014)

Late HIV diagnosis was associated with a lack of HIV knowledge or acknowledgement of personal risk:

'...it never occurred to me that it could be HIV because I'd never had any symptoms or anything before' [Service user #8 – white MSM, high HIV prevalence area]

Conclusion: Once diagnosed, older adults report receiving exceptional HIV care and support. However, to promote early HIV detection, HIV awareness needs to increase across all age groups.

Acknowledgements: We thank all participants for their time and contribution to this research. We thank the Principal Investigators and research team at participating sites who were crucial to study recruitment. List of Principal Investigators: Professor Margaret Johnson (Royal Free Hospital, London); Dr Fabiola Martin (Yorclinic, York; Harrogate District Hospital, Harrogate); Dr Ashley Price (Royal Victoria Infirmary, Newcastle). We thank the Department of Health Sciences at the University of York for funding this research.

Refs: Public Health England. (2015). United Kingdom. National HIV surveillance data tables. No.1: 2015; Smith, R., et al. (2010). HIV transmission and high rates of late diagnoses among adults aged 50 years and over. *AIDS*. 24 (13) 2109-2115; Yin, Z., et al. (2014). HIV in the United Kingdom: 2014 Report. London: Public Health England. *Contact: Sadie Bell – slb521@york.ac.uk