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Title

Gay and Gray X: Red Ribbon Redux: The Challenges of Long-term Survival with HIV

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Call For Proposals

Submission Title: Gay and Gray X: Red Ribbon Redux: The Challenges of Long-term Survival with HIV

Reference ID: 1062-000140

Submission Type

Submission Type* Session Proposal

Primary Contact

Please enter in the name of the faculty below.

Faculty Position* Chair

First Name* Daniel

Last Name* Sewell

Degree(s)* MD

"Other" Degree(s)

Organizational or Institutional Affiliation* University of California, San Diego

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Bio* Dr. Sewell is a past president of the AAGP and a professor of clinical psychiatry in the Department of Psychiatry at UC San Diego where his roles include serving as Associate Vice Chair for Geriatric Psychiatry and Development, Co-Director of the Geriatric Psychiatry Division, Co-director of the Memory Aging and Resilience Clinic, and Course Director for the fourth-year medical student geropsychiatry elective. He is a Distinguished Fellow of both the American Psychiatric Association and the AAGP, the recipient of the 2014 American Association for Geriatric Psychiatry Educator of the Year Award and author of over four dozen peer-reviewed scientific publications.

CV* Sewell CV long version July 2019.docx

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Abstract Details

Title* Gay and Gray X: Red Ribbon Redux: The Challenges of Long-term Survival with HIV

Brief Session Description* In 2016, the CDC found that nearly half of the individuals living with HIV in the United States were 50 years-old or older. Although new infections occur in older adults, the overwhelming majority of those who are over 50 and living with HIV became infected when much younger and did not expect to survive long-term. The focus of this session will be to provide the latest scientific information available about the medical, psychiatric, psychological and social challenges experienced by older, long-term survivors of

HIV infection. Topics covered during this session will include: 1) the various ways that HIV can cause cognitive impairment; 2) the neurocognitive profiles typical of HIV Associated Neurocognitive Impairment (HAND); 3) the "triple stigma" that impacts many of the older adults living with HIV; 4) the multimorbidity that characterizes this group; 5) protective factors interventions to combat stigma; 6) the resources available to help these individuals; 7) the barriers that older adults with HIV/AIDS face in accessing resources; 8) the heterogeneity of older adults living with HIV; and 9) a case presentation of a 63-year-old gay man living with HIV since he was in his 20s which highlights many of the themes of this session.

Overall Abstract*

In 2016, the CDC found that nearly half of the individuals living with HIV in the United States were 50 years-old or older. Although new infections occur in older adults, the overwhelming majority of those who are over 50 and living with HIV became infected when much younger and did not expect to survive long-term. Although antiretroviral therapy (ART) has made a very positive impact on the course of HIV illness and promotes longevity, HIV is well known to exert deleterious effects on the nervous system. Approximately 50% of those living with HIV can be diagnosed with HIV Associated Neurocognitive Disorder (HAND) which is comprised of several syndromes that occur along a continuum of cognitive impairment severity. The growing number of older adults living with HIV mandates that both primary care providers and geriatric specialists understand the long-term consequences of HIV infection. In addition to HAND, these individuals may be impacted by the "triple stigma," resulting from having three characteristics: older, gay and HIV-infected. The fact that many older adults living with HIV have fragile social networks that may not sustain their needs as they grow older makes life for these individuals even more difficult. Older adults living with HIV identify a number of barriers when accessing support including inability to disclose HIV status, the irrational fear others may have of HIV/AIDS, not wanting to be a burden, no available family members and death of friends from AIDS. Unfortunately, older adults living with HIV can fall between the cracks of the aging and the HIV services systems. The 63-year-old gay man who became infected with HIV when in his 20s and who is the subject of a case presentation highlights many of these issues. In addition to living with HIV, he has obsessive compulsive disorder, generalized anxiety disorder and lost his partner and many of his friends to AIDS-related illnesses. Although research is limited, age-contextualized interventions may combat stigma, help this individuals overcome barriers to health care, and improve both the physical and mental health of HIV+ older adults.

Needs Assessment*

Given the increasing number of older adults living long-term with HIV, both primary care providers and geriatric specialists, including geriatric mental health providers, need up-to-date information on how to provide these individuals with optimal care. At the end of this session, attendees will know about the frequency and characteristics of HIV Associated Neurocognitive Disorder (HAND), current and potential interventions for HAND, the common psychiatric, psychological and social issues which impact these individuals, the barriers these individuals face when attempting to access resources, and the resources that currently exist to help support these individuals.

Track*

Clinical

Topic Area*

Gender & Cultural Issues

"Other" Topic**Learning Objective #1***

Appreciate the neurocognitive profile typical HIV-associated Neurocognitive Impairment (HAND), as well as strategies for diagnosis in the clinical setting.

Learning Objective #2*

Understand the occurrence of "triple stigma" and its impact on HIV+ older adults.

Learning Objective #3*

Identify at least three barriers that older adults with HIV/AIDS face in accessing resources.

Learning Objective #4*

Become familiar with the mental health co-morbidities associated with long-term survival with HIV.

Question 1*

Which of the below cognitive domains is most likely to be impaired in HAND?

Question 1: Answer A*

Gnosis

Question 1: Answer B*

Memory storage

Question 1: Answer C Memory retrieval

Question 1: Answer D Praxis

Question 1 Correct Answer* Answer C

Question 2* Regarding vulnerability to more than one form of stigma, to what does the term "triple stigma" refer when applied to older individuals living with HIV?

Question 2: Answer A* Ageism, HIV misconceptions, and antigay prejudice

Question 2: Answer B* Depression, neurocognitive impairment and medical co-morbidities

Question 2: Answer C General prejudice, discrimination and marginalization

Question 2: Answer D Shame, guilt and anger

Question 2 Correct Answer* Answer B

Question 3* Older adults living with HIV/AIDS face which of the following barriers to accessing resources?

Question 3: Answer A* Ageism

Question 3: Answer B* Desire to be self-reliant and independent

Question 3: Answer C Non-disclosure of HIV status

Question 3: Answer D All of the above

Question 3 Correct Answer* Answer D

Question 4* Of the more than half a million individuals served by the Ryan White HIV/AIDS Program, what proportion are aged 50 years and older?

Question 4: Answer A* 20%

Question 4: Answer B* 35%

Question 4: Answer C 45%

Question 4: Answer D 60%

Question 4 Correct Answer* Answer C

Question 5* Which of the following are common challenges faced by the older individuals living with HIV?

Question 5: Answer A* Depression

Question 5: Answer B* Loneliness

Question 5: Answer C Neurocognitive decline

Question 5: Answer D All of the above

Question 5 Correct Answer D
Answer*

Additional Presenters/Authors

Session Participants*

First Name	Last Name	Abstract Title	Order
Lane	Chadrick	HIV-Associated Neurocognitive Disorder: Phenomenology, Diagnosis and Management	1
Dustin	Nowaskie	Living Long Term with HIV: Psychiatric, Psychological and Social issues	2
Stephen	Smilowitz	Living Long-Term with HIV: Barriers and Access to Resources	3
Lindsay	Page	Living Long-Term with HIV: A Case Presentation	4
Erawadi	Singh	Discussant	5

Authors - 1 detail:

First Name: Lane

Last Name: Chadrick

Degree(s): MD

Organizational or Institutional Affiliation: Boston University

Phone: 434-964-7247

Bio: Chadrick Lane, MD, is a fellow in Behavioral Neurology & Neuropsychiatry at Boston VA Medical Center/Boston University School of Medicine. He previously completed a fellowship in Geriatric Psychiatry at Yale School of Medicine, where he also served as the Program-Wide Co-Chief Resident and Medical Education Chief Resident for the Yale Adult Psychiatry Residency Program. He was a 2017 AAGP Honors Scholar and now serves on the Honors Scholar Planning Committee and the Teaching and Training Committee. Dr. Lane is focused on becoming a clinician-educator working with medical students, residents, and fellows, and caring for patients with age-related neuropsychiatric illness.

CV: Lane_CV_April_2019.pdf

Abstract Title: HIV-Associated Neurocognitive Disorder: Phenomenology, Diagnosis and Management

Body/Abstract: Human immunodeficiency virus (HIV) is well known to exert deleterious effects on the nervous system, manifesting in any number of pathologies including neuropathy, meningitis, and cognitive impairment, to name a few. HIV Associated Neurocognitive Disorder (HAND) is comprised of several syndromes that capture a range of disordered cognition, including asymptomatic neurocognitive impairment, mild neurocognitive disorder, and HIV-associated dementia.¹ Despite the utilization of antiretroviral therapy (ART) as a mainstay of treatment, approximately 50% of those living with HIV can be diagnosed with HAND.² Public health efforts aimed at early diagnosis along with ART have made HIV a chronic condition with life expectancy nearing that of the general population.³ Patients with HIV will live well into their older years, requiring primary care providers and geriatric specialists to be all the more familiar with HAND. This session will explore several key points integral to understanding HAND, including epidemiology, clinical sequelae, pathoetiology, diagnosis, and management.

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Table:

Topic Area: Gender & Cultural Issues

Keyword 1: Neurocognitive disorder

Keyword 2: HIV

Keyword 3: Antiretroviral therapy

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"Other" Degree(s):

Other Topic:

Faculty Position: Speaker

Authors - 2 detail:

First Name: Dustin

Last Name: Nowaskie

Degree(s): MD

Organizational or Institutional Affiliation: Indiana University

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Bio: Dustin Nowaskie, MD, is a second year psychiatry resident at the Indiana University School of Medicine (IUSM) where he also earned his MD. His personal identification, education, research, and civic commitment inspire him to help minority populations, especially the LGBTQ community, in culturally-competent ways. He is the founder of the national nonprofit LGBTQ organization OutCare Health and the recipient of numerous honors and awards including induction into the Gold Humanism Honor Society and selection as a 2019 AAGP Honors Scholar. Dr. Nowaskie plans to focus his career as a clinician researcher in LGBTQ healthcare with a emphasis on LGBTQ aging.

CV: Dustin Nowaskie CV.pdf

Abstract Title: Living Long Term with HIV: Psychiatric, Psychological and Social issues

Body/Abstract: The "graying" of human immunodeficiency virus (HIV), or the accelerated increase that over 50% of current and newly diagnosed cases are aged 50 years or older, is a function of the advent of efficacious antiretroviral therapy (ART). While ART promotes the longevity of HIV+ older adults, there exists long-term psychosocial challenges as older adults age with HIV. For example, the "triple stigma" that HIV+ older adults experience can lead to negative impacts including feelings of shame, guilt, anger, fear, and hopelessness, social avoidance, and loss of social networks. These internalizations and stressors can then perpetuate older adults to avoid disclosing their status, engage in risky sexual behaviors, and hesitate to seek care. Compounded by age-related consequences and the immune dysfunction and inflammation from HIV, older adults can suffer accelerated aging and multimorbidity such as poorer psychological well-being, psychiatric conditions (e.g., depression, anxiety, substance abuse, neurocognitive impairments), and other medical comorbidities (e.g., cardiovascular, kidney, liver, and bone disease, cancers, frailty), which all impact activities of daily living and quality of life. Furthermore, sociocultural factors such as race/ethnicity and economic status further exacerbate these psychiatric, psychological, and social issues experienced by HIV+ older adults. Although research is limited, aged-contextualized interventions can combat this stigma and multimorbidity and subsequently improve the mental health of HIV+ older adults.

Image/Graphics Upload:

Table:

Topic Area: Gender & Cultural Issues

Keyword 1: HIV

Keyword 2: Comorbidities

Keyword 3: Mental Health

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"Other" Degree(s):

Other Topic:

Faculty Position: Speaker

Authors - 3 detail:

First Name: Stephen

Last Name: Smilowitz

Degree(s): MD

Organizational or Institutional Affiliation: Mount Sinai Hospital

Phone: 732 501 4856

Bio: Stephen Smilowitz, MD is a first-year psychiatry resident at the Mount Sinai Hospital in New York, NY. He is passionate about health disparities, LGBTQ issues, intellectual and developmental disabilities, mental health, and aging. He graduated medical school at Case Western Reserve University, where he helped implement a longitudinal, interprofessional curriculum called "Aging in Place," in which student teams visit and learn from older adults living independently in their homes. He was an AAGP 2018 General Scholar, and plans to pursue a career in geriatric and consult-liaison psychiatry.

CV: Stephen Smilowitz Resume S2019.pdf

Abstract Title: Living Long-Term with HIV: Barriers and Access to Resources

Body/Abstract: The "graying" of human immunodeficiency virus (HIV), or the accelerated increase that over 50% of current and newly diagnosed cases are aged 50 years or older, is a function of the advent of efficacious antiretroviral therapy (ART). While ART promotes the longevity of HIV+ older adults, there exists long-term psychosocial challenges as older adults age with HIV. For example, the "triple stigma" that HIV+ older adults experience can lead to negative impacts including feelings of shame, guilt, anger, fear, and hopelessness, social avoidance, and loss of social networks. These internalizations and stressors can then perpetuate older adults to avoid disclosing their status, engage in risky sexual behaviors, and hesitate to seek care. Compounded by age-related consequences and the immune dysfunction and inflammation from HIV, older adults can suffer accelerated aging and multimorbidity such as poorer psychological well-being, psychiatric conditions (e.g., depression, anxiety, substance abuse, neurocognitive impairments), and other medical comorbidities (e.g., cardiovascular, kidney, liver, and bone disease, cancers, frailty), which all impact activities of daily living and quality of life. Furthermore, sociocultural factors such as race/ethnicity and economic status further exacerbate these psychiatric, psychological, and social issues experienced by HIV+ older adults. Although research is limited, aged-contextualized interventions can combat this stigma and multimorbidity and subsequently improve the mental health of HIV+ older adults.

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Table:

Topic Area: Gender & Cultural Issues

Keyword 1: Ryan White Care Act

Keyword 2: AIDS Service Organizations

Keyword 3: Older Americans Act

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"Other" Degree(s):

Other Topic:

Faculty Position: Speaker

Authors - 4 detail:

First Name: Lindsay

Last Name: Page

Degree(s): MD

Organizational or Institutional Affiliation: UT Southwestern

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Bio: Lindsay E. Page is currently a fourth-year psychiatry resident at UT Southwestern in Dallas. She received her medical degree from Texas Tech El Paso Paul L Foster School of Medicine. She is planning to pursue a Geriatric Psychiatry Fellowship once she has completed her residency. Dr. Page was a 2019 AAGP Honors Scholars. She also serves as the Co-Chair of the UT Southwestern Department of Psychiatry LGBT Inclusion Committee where she focuses on improving sexual and gender minority health education for residents and medical students. Her interests include geriatric psychiatry, sexual and gender minority health, and medical education.

CV: AAGP G&G 2020 CV Lindsay E Page .docx

Abstract Title: Living Long-Term with HIV: A Case Presentation

Body/Abstract: At the end of 2016, the CDC found nearly half of persons living with HIV in the United States were aged 50 and older.¹ These numbers represent a need to focus on the unique challenges that arise for older adults living with HIV. There are many distinctive issues that arise for the aging HIV population that complicate the process of aging such as HIV-related stigma, loss of social networks, survivor guilt, and the adverse effects of HIV and antiretroviral treatment on physical health.² Through this portion of the Gay and Gray 10 session a particular case presentation will be discussed exhibiting these unique issues of long-term survival with HIV. The case presentation will examine a 63-year-old gay man with HIV, Obsessive Compulsive disorder, Generalized Anxiety disorder who has been HIV positive since his 20s. He was one of the first patients to try experimental AZT when he was first diagnosed with HIV. He also faced losing his partner as well as many friends to AIDS-related illnesses during the HIV epidemic. The case presentation will highlight the distinctive issues that he has faced through his experience aging with HIV and his ability to cope with these many challenges. Resources and support for the aging HIV population will also be highlighted in the presentation.

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Table:

Topic Area: Gender & Cultural Issues

Keyword 1: HIV

Keyword 2: Older Adults

Keyword 3: Stigma

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"Other" Degree(s):

Other Topic:

Faculty Position: Speaker

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First Name: Erawadi

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Bio: From living in Newark, NJ to Newcastle-Upon-Tyne, UK, growing up with a beat-up Chevy Cavalier to watching basketball games of the University of Virginia (UVA) Cavaliers, Erawadi Singh has led an eclectic life fueled by the intersection of empathy, psychiatric patient care, fine arts, and storytelling. A newly minted resident, she graduated in June 2019 from Touro College of Osteopathic Medicine and then promptly began psychiatry residency training at UVA. She is incredibly excited to be rejoining the Gay & Gray family for the second year in a row and can't wait to see what the future holds for this series.

CV: Erawadi Singh - CV - Updated 8.12.19.pdf

Abstract Title: Discussant

Body/Abstract: Discussant

Image/Graphics Upload:

Table:

Topic Area: Gender & Cultural Issues

Keyword 1: HIV

Keyword 2: Older adults

Keyword 3: Stigma

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“Other” Degree(s):

Other Topic:

Faculty Position: Discussant