

HIV at Door Step of Geriatrics

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Abstract

AIDS has afflicted persons of all ages leading to increase in mortality and morbidity. This retrospective study attempts to determine incidence of HIV in middle aged (50-59 years) and geriatric population (>60 years) of western Rajasthan, India. Incidence of HIV in middle aged was compared with geriatric patients. Highest positivity was seen in males of age group 50-59 years. There has been gradual increase in the incidence of HIV in geriatric patients over the time.

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Introduction

The impact of acquired immunodeficiency syndrome (AIDS) epidemic on people aged 60 years or older has received little consideration except in the US. The older individuals deserve special attention in this HIV pandemic, as their lives are being significantly affected in a variety of ways.¹ Indian data regarding human immunodeficiency virus (HIV) infection in elderly are lacking. Hence, a retrospective study was performed in persons more than 50 years with reference to their age distribution, gender, and mode of transmission.

Material and Methods

This study was conducted at Voluntary Counseling & Testing Centre (VCTC), Department of Microbiology, Dr. Sampurnanand Medical College, Jodhpur (Rajasthan). All elderly patients who underwent HIV testing since January 2002 to July 2005 were included in the study. Blood samples were received from admitted patients and from individuals who volunteered for HIV testing. Samples were tested by Tridot / Combiad and EIA-ELISA test for detection of HIV antibodies.

Observations

From January 2002 to July 2005, a total of 7,000 samples were tested for HIV. Majority of patients were from rural area and were referred by treating doctors (97.5%). Only 2.5% came voluntarily to attend VCTC. Common problems at the time of testing were weight loss, chronic diarrhea, lymphadenopathy, pulmonary tuberculosis, encephalopathy, and skin manifestations.

Out of the 7000 persons tested, 773 patients were above 50 years of age (11.04%). There was a gradual rise in number of people tested for HIV over the time. This increase was also observed in people more than 50 years. Out of 773 patients over the age of 50 years, 46 patients (5.95%) were positive for HIV-1 antibodies (Table 1).

Table 1: Year wise HIV positivity in study groups

Year	No. of Samples received	No. > 50 years	No. HIV positive
2002	1236	92	11
2003	1662	160	12
2004	2437	246	10
2005 (upto July)	1665	275	13
Total	7000	773	46

The yearly distribution of persons tested and their positivity according to age and sex is summarized in Tables 2 & 3. A prevalence of 2.46% was observed in elderly tested for HIV (10 out of 406) in comparison to 9.8% in age group 50-59 years (36 out of 367). The seropositivity for HIV in the middle aged (50-59 years) was 3.6 times higher than that in the persons > 60 years (Table 3). No female over the age of 60 years was found to have HIV infection while 10 females were seen to have HIV infection between 50-59 years age group. There was neither any history of transfusion of blood or blood products, nor history of intravenous drug abuse. The mode of transmission was heterosexual in all seropositive persons in our study.

Discussion

HIV has afflicted persons of all ages, yet only recently attention has been devoted to AIDS in older

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Table 2: Age and gender distribution of persons tested in each year

Age Group (years)	2002		2003		2004		2005		Total
	Male	Female	Male	Female	Male	Female	Male	Female	
50-59	33	10	60	19	94	20	100	31	367
60-69	18	2	32	11	45	13	58	14	193
70-79	25	4	26	10	52	13	44	16	190
>80	-	-	2	-	6	3	6	6	23
Total	76	16	120	40	197	49	208	67	773

Table 3: Yearly distribution of HIV seropositivity according to age and gender

Age Group	2002		2003		2004		2005		Total
	Male	Female	Male	Female	Male	Female	Male	Female	
50-59	8	2	9	1	6	1	7	2	36
60-69	1	-	1	-	2	-	1	-	5
70-79	-	-	1	-	-	-	3	-	4
> 80	-	-	-	-	1	-	-	-	1
Total	9	2	11	1	9	1	11	2	46

persons.¹ Our findings of 2.46% HIV positivity in age group of >60years of age is higher than 0.49% reported by Gordon and Thompson (1995).² In age group 50-59, there was 9.80% positivity while study by Moss (1987) showed 10% positivity.³

Male preponderance in our study can be attributed to underutilization of health care services by females. Most of the positive patients belonged to rural part of western Rajasthan as was observed by Redkar et al.⁴ From rural part of western Rajasthan, a large number of workers migrate in search of livelihood to other states e.g. Maharashtra, Gujarat, Karnataka, Tamil Nadu and Andhra Pradesh, leaving their families in countryside.

The HIV infected patients in our study acquired their infection through heterosexual contact in contrast to west, where homosexual contact route is common.⁵⁻⁷ In spite of high prevalence of sexually transmitted diseases (STD), diagnosis of HIV infection is often not considered in elderly by clinicians.² Clinicians who take care of elderly patients should take a complete sexual history and offer safe sex practice education. Irrespective of age, HIV testing and counseling should be considered for all individuals with a history of STD or high risk behavior.

We have passed nearly 20 years since discovery of HIV. Now an increasing number of positive cases are found in age group 50-59 years which shows that HIV is at the door step of geriatrics. Increasing

incidence of HIV infection in rural elderly may jeopardize primary health care system. Age can play a synergistic role in altering the immune response. Poor prognosis in this age group is compounded by delay in diagnosis of AIDS during first hospitalization and associated opportunistic infections. Thus clinicians caring for elderly should be more familiar with the wide spectrum of HIV infection in them.

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A Profile of Elderly Patients Seeking Emergency Care

Sir,

I read with great interest the article of A Ganesh¹ published in your esteemed journal. I have following queries and comments:

1. Presenting symptoms and diagnosis were not correlated in the study. Breathlessness was the commonest presenting symptom but the diagnosis of those patients is not clear. It must be there in the study. In absence of this, the study seems an incomplete one.

2. According to the author, poor utilisation of the emergency care in her study is because majority of the elderly in our country are in young-old category as compared to old-old category in the western countries. Why most of our elderly are in young-old category? answer is very simple, because they die 10-15 years earlier than their western counterparts. In fact, young-old elderly of our country are comparable with old-old elderly of western world. In my view this difference may be because the study was done in a tertiary care hospital which is not in reach of the general population. For collecting real demographic data, a general civil hospital or district hospital or other peripheral hospitals are more suitable than the tertiary care hospitals.

3. I also differ with the author's statement given in introduction, "The ageing process causes a variable decline in function in a variety of organ systems, thus making elderly persons of the same chronological age different from each other". In clinical geriatrics, the major causes of morbidity and mortality are pathological changes rather than the decaying physiology.² In my view, this difference is mainly because of the presence of different co-morbidities, lifestyles and resulting problems in elderly. In fact, how they have lived their younger years is very important in deciding the quality of their life in their older years.

References

- 1 Ganesh A. A profile of Elderly Patients Seeking Emergency Care. *Journal of the Indian Academy of Geriatrics* 2005, 1: 7-9.
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This programme is a Diploma Programme of one year duration. It is aimed at MBBS doctors. This programme will equip the in-service doctors with knowledge and skills in the field of Geriatric Medicine and further enable them to deal with the special problems faced by the elderly.

The broad Objectives of the Programme are to:

- Upgrade the knowledge and skills for providing comprehensive health care to elderly
- Inculcate the inter-disciplinary approach for diagnosing and management of geriatric health problems
- Improve the clinical, social and communication skills by providing hands on training in medical colleges and district hospitals