

## A Column for Women: Among Ourselves AIDS Seen More Frequently Among Older Women

By Rebecca Solomon

**J**anet is an intelligent, aware woman who educated herself on Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS), and the modes of HIV transmission. After months of recurrent yeast infections and debilitating fatigue, her doctor ordered an HIV test when she showed symptoms of pneumonia. Her HIV diagnosis came as a surprise to her doctor, and was a shock to Janet. She had never considered herself in any way at risk for HIV. Janet is 68 years old.

Janet, who recently registered as a client of AIDS Project Los Angeles (APLA), is one of a growing number of midlife and older women who are being diagnosed with sexually transmitted diseases (STDs), including HIV. Because of their age, many older women do not see themselves as being at risk for STDs, and the medical establishment often does not consider them with the same clinical suspicion when taking histories or diagnosing symptoms.

Yet the number of sexually transmitted infections among women classified as "midlife or older" (over 44 years) is increasing. Little medical or behavioural research has looked at this group, and virtually no prevention education is targeted to older women. In 1993 there were 2,400 cases of AIDS in women over age 45 reported to the Centers for Disease Control and Prevention (CDC) located in Atlanta, Georgia. Half of them were women of colour. By the end of 1994, a cumulative total of 8,895 women over 44 had been diagnosed with

AIDS. At the time of diagnosis, about 14 per cent of them were over 65.

### Transmission in Older Women

Older unmarried women have a variety of sexual options available to them. Post-menopausal women often see themselves as free from the responsibility of birth control and, therefore, disease protection is no longer necessary. Many women, like Janet, simply downplay the risk in their age range.

Drug use, thought of primarily as a behaviour of younger people, occurs in unrecorded numbers among older women and men. Little data is available to date on drug and alcohol use in this age group, but in the growing field of gerontology—the study of ageing—research studies on drug and alcohol use have shown the following: Many users are continuing a pattern started earlier in life, and many older women remain closeted about their drug use.

Researchers visiting "shooting galleries," where needles are commonly shared, regularly found women over 50 among the users. Some who were injection drug users in their 30s and 40s are finding they are HIV-positive, years after they stopped using.

Early in the epidemic, roughly 50 per cent of AIDS diagnoses in older women were the result of transfusions. With the development of the ELISA test, that has changed but the danger remains from partners who may be unaware that they are HIV-positive.

## Diagnosis and Treatment

While the medical standard of care for women with HIV has improved greatly, older women pose certain diagnostic dilemmas. Many younger women are diagnosed with HIV while receiving either gynecological or pregnancy care; these are services that older women do not use as often or at all. In general diagnosis is more difficult in older persons because the symptoms of age-related illnesses due to the natural decline in cell-mediated immunity can mimic the non-specific symptoms of HIV, such as enlarged lymph nodes or change in bowel habits, or they may be more likely to experience a false positive test result due to the presence of other antibodies.

Once diagnosed, the progression of HIV in older people is not clearly understood. Research studies of women focus on women through the childbearing years, usually capping at age 45 or 49. There is some question as to whether the CD4\* count is as accurate a marker in older people, and little is known about opportunistic infections in older people.

## Psychological Impact

Learning that she was HIV-positive, Janet experienced the same reaction as many others: shock at an unanticipated diagnosis, isolation, the feeling that she could tell no one and, at first, no idea of where she could go for help.

Some women are infected after the death or divorce from a spouse and are in other relationships when they find out they are HIV-positive. With others, long-term relationships are strained with news of a diagnosis.

A 1993 study by Judith Cohen of AWARE in San Francisco (USA) concluded: "Almost without exception, women say they

have far more to lose than to gain by discovering or revealing their HIV status, at least until they are too sick to have any choice."

The Center for Women Policy Studies, through its National Resource Center on Women and AIDS, developed recommendations targeting biomedical research, behavioural and social science research, prevention, and care and treatment issues. Among them:

- Natural history studies on the development of AIDS among women across the life span, with specific focus on midlife and older women of different racial and ethnic groups, sexual orientations and socioeconomic status
- Research on alternative HIV/AIDS treatments, therapies and care used by midlife and older women
- The development of national HIV/AIDS awareness campaigns targeted to midlife and older women
- Communication and knowledge-sharing among gerontologists, gynecologists, and medical and infectious-disease specialists.

As America ages, this attention paid to people in older age groups will be a crucial part of the HIV/AIDS spectrum of prevention and care.

\* CD4 count measures the number of CD4 cells in a unit of blood. CD4 cells are also known as T-cells, which are an important part of an individual's immune system. People with AIDS have fewer CD4 cells than healthy people.

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*Among Ourselves is a monthly column by members of APLA's Women and HIV Advocacy Committee. Send questions, suggestions for column topics and comments to: Women and HIV Advocacy Committee, APLA, 1313 N. Vine St., L.A. 90028 USA.*