

BIOPSYCHOSOCIAL OUTCOMES AMONG OLDER AND YOUNGER MEN WITH HIV INFECTION: A LONGITUDINAL ANALYSIS

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HIV, Aging, Outcomes

Purpose: As a result of advances in healthcare, HIV infection has transformed into a long-term chronic disease. Clinical outcomes used in previous research such as incidence of opportunistic infections and mortality rates are becoming less useful and are being replaced with new biopsychosocial variables. The demographics have also changed with increased numbers of older persons needing HIV-related care. Although past research has shown that older persons with HIV infection progress to AIDS faster than younger persons, less is known about age-related variations in other important clinical outcomes. Thus, the purpose of this paper was to determine whether there are differences in biological (viral loads, CD4 T-cells, memory T-cells, naïve T-cells), nutritional (body cell mass, phase angle, albumin levels), and psychosocial outcomes (stress, coping, social support, depression, health-related quality of life) between older men (≥ 50 years) and younger men (<50 years) with HIV infection at baseline and over time, after adjusting for income, education, co-morbidity, and transmission risk.

Method: Baseline and 12-month follow-up data from a prospective cohort study were collected from 226 men attending three HIV/AIDS diseases clinics (i.e., Veterans Affairs, university hospital, public health department). Twenty-three (10%) of the enrolled subjects were lost to follow-up and 6 subjects died, which resulted in a sample of 197 men who participated at both time-points. The lost subjects did not differ from the subjects who remained in the study on any of the demographic variables. Subjects were interviewed and had their blood analyzed. Bioelectrical impedance analysis measured the nutritional outcomes. The psychosocial outcomes were measured with instruments with established reliability and validity. General linear models controlling for the covariates were used to determine baseline and longitudinal differences between the older and younger men with HIV infection.

Findings: Subjects' ages ranged from 20 to 70 years (mean = 45.7). Fifty-five percent of the subjects were Caucasian. The majority of subjects had total family incomes less than \$35,000 and at least 12 years of high school education. After adjusting for the covariates, there were no age differences over time except that older men had more better stress management skills, better mental health, better emotional health, and less perceived stress than younger men. Age was negatively associated with body mass index, body cell mass, body cell mass index, and phase angle over time. There were no age group differences in immune markers and viral loads.

Discussion: Contrary to previous assumptions that age negatively affects clinical outcomes, our findings reveal that older men had better stress management skills, better mental health, and less perceived stress over time than younger men. Aging may enable men with HIV infection to develop resources and learn to positively manage their disease. However, older men did have greater declines in nutritional-related parameters, than younger men, which suggests that age-targeted assessments and interventions are needed for certain clinical variables.