

# The Health & Social Care Concerns Of HIV-positive Gay Men Aged 65 And Over

Louise Kerr – RN MRes

Brighton and Sussex University Hospitals NHS Trust

&

University of Southampton

Faculty of Health Sciences

**Unique focus of Inquiry -**  
HIV-positive gay men aged  
**65 and over**

**Aim - *explore*** their health  
and social care concerns

**Objective –** facilitate a ***better  
understanding*** of this  
currently under researched  
group

**Rationale –** to produce  
evidence with the ***potential***  
to inform service responses

HIV and Ageing Study



Generic qualitative approach <sup>1</sup>

6 x HIV-positive gay men aged 65 over  
recruited from community venues

Photo elicitation <sup>2</sup> in 1:1 semi-structured  
interviews

Framework Analysis <sup>3</sup> to summarize  
data & identify themes:

- references made to images
- content analysis of interview transcripts

Generation of an explanatory account

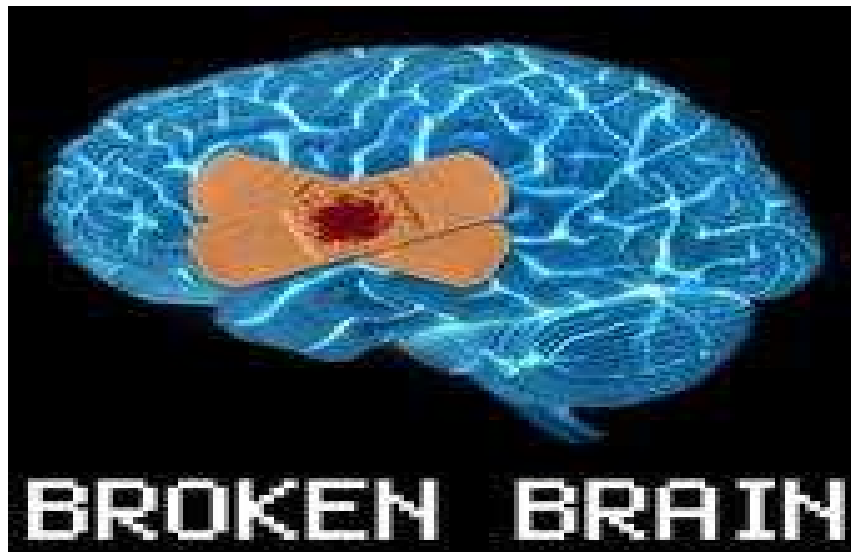
Ethics and peer review - University of  
Southampton

Participants have been anonymized

## Methodology



## Cognitive Impairment



## Financial Health



## Psychological (ill) Health



## Care in the Home



## Confidentiality



## G.P.s and Primary Care



## HIV and Gay Identity



## Medications



## Physical Activity



## Social Engagement



## Sexual Health





## Residential Care



### Study Sample

6 white British Men

Aged: 65 – 76 years

HIV-positive: 11 – 30 years

On HAART: 3-17 years

V/L: < 40

Co-morbidities: 2 - 5





### Analysis Of The Men's Engagement With The Images

Image	Participant					
	Alan	Peter	Tom	Matt	Mike	Graham
Psychological health						
Cognitive impairment						
Social Engagement						
Financial Health						
Physical Activity						
Sexual Health						
G.P.s & Primary Care						
Medications						
Care in the home						
Residential care						
HIV and Gay Identity						
Confidentiality						

### Four Distinct Typologies of Concern: Sub-ordinate master themes shown

CONCERNS RELATED TO PERSONAL HEALTH	CONCERNS RELATED TO SERVICE PROVISION	CONCERNS RELATED TO PERSONAL IDENTITY	CONCERNS RELATED TO SOCIAL WELL- BEING
<i>Unpredictability of Ageing with HIV</i>	<i>Increasing Engagement With Generic Services</i>	<i>Establishing an Age Appropriate Gay Identity</i>	<i>Will Become More Dependent</i>
<i>Paradox of HAART</i>	<i>Older Peoples Services Will Not Be Appropriate</i>	<i>Identity as an HIV-positive Individual</i>	<i>Social Isolation Will Increase</i>
<i>Perceived Cognitive Decline</i>		<i>Enjoying Life</i>	<i>Financial Difficulties Incurred due to HIV Infection</i>
<i>Optimising Health – Older Age &amp; HIV</i>			

## Key Findings: Thematic Content Analysis

Health and social care concerns were:

**Similar** to the concerns of:

- HIV positive adults aged 50 plus <sup>4</sup>
- Older HIV negative men <sup>5</sup>
- Older LGBT people <sup>6</sup>

Simultaneously **distinct** & **uniquely linked** to **men's identities** as:

- The **first generation** ageing with HIV
- Being **Older** gay men

*'I think all elderly people, particularly if they are living on their own, could become depressed and do, from time to time'*

Alan (76)

*'I feel at times I'm under a big microscope, because we are the live experiment from which the medics are learning'*

Peter (66)

*'Well you know, why not: a nursing home for gay men. It may not be an issue for all older gay men, but it is for me'*

Graham (65)

*'I still do enjoy sex and I'm grateful for that 'coz I know people years younger than me who can't, and I still can: with a little aid [Viagra]'* Matt (73)

*'It isn't only sex. It's also, sort of close contact with someone: with another man. Erm, that is extremely important'* Graham (65)

*'There are younger men who like older men and this sort of contact is extremely valuable'* Alan (76)

*'I'm still working through ill health in order to be able to achieve a degree of intimacy and companionship, let alone the physical aspect of sex, that I would like'* Tom (66)

### CONCERNS RELATED TO PERSONAL IDENTITY

#### Enjoying Life

*importance of sex in affirming life and gay identity*



## Practice implications

*importance of sex in affirming life and gay identity*

Among older people:

- Sex is valued and contributes to well being <sup>7</sup>
- Sexuality is often overlooked <sup>8</sup>
- Disadvantaged by relative invisibility <sup>9, 10</sup>

Among HIV positive gay men aged 50 plus:

- Sex is integral to social identity and engagement opportunities <sup>11</sup>
- High levels of sexual activity <sup>12, 13, 14</sup>
- Sex with HIV/STI transmission risk is common place <sup>14</sup>
- Newly acquired HIV is increasing <sup>15</sup>

- *HIV-positive gay men aged 65 plus have specific & complex sexual health needs*
- *Service providers need to recognize the importance of sexual intimacy for the well-being of older HIV-positive gay men*
- *Access to appropriate sexual health care for older HIV-positive gay men is essential for individual and public health*

*'I suppose now with HIV, illness and old age, health becomes much more important'* Matt (73)

*'As long as I can be independent, I will be. And it does make me realize that keeping fit and healthy, well, it is vital'* Graham (65)

*'Owning and working at [health] problems'* Tom (66)

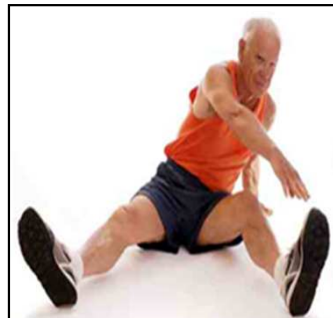
*'Done off my own back [exercising]'* Matt (73)

*'Health wise, food I think, is very important and I know some older people do not look after themselves, but I do try to'* Peter (69)

### CONCERNS RELATED TO PERSONAL HEALTH

Optimising Health – Older Age & HIV

*Agency and motivation in safeguarding health*



## Implications for Practice

*agency and motivation in safeguarding health*

Among older LGBT groups:

- Poor health & well being outcomes <sup>6, 16</sup>
- Diminished agency – associated with detrimental outcomes <sup>16</sup>

Among HIV positive gay men aged 50 plus:

- No consensus re ageing & increase in co-morbidities <sup>17, 18, 19, 20</sup>
- High rates of modifiable risk factors <sup>21</sup>
- Evidence of “beneficial adaptive responses” to ageing with HIV <sup>11, 22</sup>
- “Quest” for good life/mood – adoption of specific behaviors <sup>23</sup>

- *Agency and motivation are evidence of beneficial adaptive responses – to be recognized and encouraged*
- *Support HIV-positive gay men aged over 65 to optimize health & achieve beneficial health outcomes.*
- *Capitalize upon their motivation with targeted screening & intervention for modifiable risk behaviors*

## Study Strengths and Limitations

### Strengths

*Transparent & systematic approach*

*RQ “fits” Framework Analysis approach <sup>24</sup>*

*Concordance between 2 strands of data <sup>2</sup>*

*Original narrative supports findings <sup>25</sup>*

*Scrutiny of disconfirming cases <sup>26</sup>*

*Final interpretation - credible & rationale*

### Limitations

*Findings co-constructed & subjective <sup>25, 27</sup>*

*Researcher and participant biases <sup>26</sup>*

*Images facilitated & constrained findings*

*Small & homogenous sample*

*Framework Analysis – do not see what is not there <sup>28</sup>*

*Broad RQ - numerous & diverse theme; limits to depth of analysis*

## Conclusion - The Health and social care concerns of HIV-positive gay men aged over 65

Concerns are diverse and uniquely linked to personal identity

Socially constituted factors differentiate HIV-positive gay men aged over 65:

- Determining their specific needs
- Adaptation to ageing with HIV.

HIV and generic older peoples services – unlikely to be adequate or appropriate

Further research to inform service responses to the growing HIV and ageing cohort required

## References

1. Caelli K, Ray L and Mill J (2008) "Clear as mud": toward greater clarity in generic qualitative research. *International Journal of Qualitative Methods* 2(1)
2. Harper D (2002) Talking about pictures: A case for photo elicitation. *Visual Studies* 17(1): 13-26
3. Ritchie J and Spencer L (1994) Qualitative data analysis for applied policy research. IN: Bryman A and Burgess R (eds) *Analysing Qualitative Data*. London: Routledge
4. Powers L, Bell M and Freemantle I (2010) A national study of ageing and HIV (50 Plus). Terrence Higgins Trust
5. Arber S, Davidson K, Daly T and Perren K (2003) Older Men: Their Social Worlds and Healthy Lifestyles. Economic and Social Research Council Growing Older Programme
6. Fish J (2007) Older lesbian, gay and bisexual (LGB) people. London: Department of Health
7. Duffin, C. (2015). Coming out on top of the places to work for gay and bisexual people: Stonewall has unveiled its index of the healthcare organisations that are doing most to be all-inclusive workplaces, as Christian Duffin reports. *Nursing Standard*, 29(37), 12-13.
8. Ageconcern (2002) Issues facing Older Lesbians, Gay Men and Bisexuals.
9. Girardi E, Sabin C and Monforte A (2007) Late Diagnosis of HIV Infection: Epidemiological Features, Consequences and Strategies to Encourage Earlier Testing. *Journal of Acquired Immunodeficiency Syndrome* 46: s3-s8
10. Pratt G, Gascoyne K, Cunningham K and Tunbridge A (2010) Human immunodeficiency virus (HIV) in older people. *Age and Ageing* (39): 289-294
11. Owen G and Catalan J (2012) "We never expected this to happen": narratives of ageing with HIV among gay men living in London, UK. *Culture, Health and Sexuality* 2012 14(1):59-72 Available from: <http://dx.doi.org/10.1080/13691058.2011.621449> [Accessed 29/08/2012]
12. Elford J, Ibrahim F, Bukutu C and Anderson J (2008b) Over fifty and living with HIV in London. *Sexually Transmitted Infections* 84(6): 468-472
13. Lovejoy TI, Heckman TG, Sikkema KJ, Hansen NB, Kochman A, Suhr JA, Garske JP and Johnson CJ (2008) Patterns and correlates of sexual activity and condom use behaviour in persons 50-plus years of age living with HIV/AIDS. *AIDS & Behaviour* 12(6): 943-56

15. Pratt G, Gascoyne K, Cunningham K and Tunbridge A (2010) Human immunodeficiency virus (HIV) in older people. *Age and Ageing* (39): 289-294
16. HPA (2012) HIV in the United Kingdom: 2011 Report. Colindale: Health Protection Agency
17. Fenge L-A and Hicks C (2011) Hidden lives: the importance of recognising the needs and experiences of older lesbians and gay men within healthcare practice. *Diversity in Health and Care* 8(11): 147-154
18. Manfredi R (2004) HIV infection and advanced age: emerging epidemiological, clinical and management issues. *Ageing Research Reviews* 3(1): 31-54
19. Nogueras M, Navarro G, Anton E, Sala M, Cervantes M, Amengual M and Segura F (2006) Epidemiological and clinical features, response to HAART, and survival in HIV-infected patients diagnosed at the age of 50 or more. *BMC Infectious Diseases* 6
20. Deeks SG and Phillips AN (2009) HIV infection, antiretroviral treatment, ageing, and non-AIDS related morbidity. *BMJ* 26: 338
21. Guaraldi G, Orlando G, Zona S, Menozzi M, Carli F, Garlassi E, Berti A, Rossi E, Roverato A and Palella F (2011) Premature Age-Related Comorbidities Among HIV-Infected Persons Compared With the General Population. *Clinical Infectious Diseases*
22. Fisher M and Cooper V (2012) HIV and ageing: premature ageing or premature conclusions? *Co-infectious diseases* 25(00): 1-3
23. Rosenfeld D (2013) How HIV stakeholders and people living with HIV aged 50+ understand and experience the interplay between HIV and ageing: HIV and Later Life (HALL) study. Paper presented at 2nd International
24. NAT (2010) Psychological support for people living with HIV. London: National AIDS Trust
25. Green J and Thorogood N (2004) *Qualitative Methods for Health Research*. (2nd Edition Edition) London: Sage Publications
26. Pope C and Mays N (2007) *Qualitative Research in Health Care*.: Blackwell Publishing
27. Ryan G and Bernard H (2003) Techniques to Identify Themes. *Field Methods* 15(1): 85-109
28. Creswell J (2013) *Qualitative inquiry and research design*. (Third edition Edition) California: Sage Publications Inc
29. Charmaz K (1990) "Discovering" chronic illness: Using grounded theory. *Social Science and Medicine* 30: 1161-72