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INTEGRATIVE REVIEW ARTICLE

VULNERABILITY OF THE ELDERLY TO HIV: AN INTEGRATIVE REVIEW

VULNERABILIDADE DO IDOSO AO HIV: REVISÃO INTEGRATIVA

VULNERABILIDAD DE LA TERCERA EDAD AL VIH: UNA REVISIÓN INTEGRADORA

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ABSTRACT

Objective: analyzing the scientific production about the vulnerability of the elderly to HIV / AIDS. **Method:** integrative review with searching databases Lilacs and Web of Science, guided by the question << *Which factors related to the vulnerability of the elderly to HIV / AIDS?* >> The following MeSH descriptors were used in the Web of Science: vulnerability, HIV, AIDS and aged. To the intersection of the descriptors was used the Boolean "and". To search and critical review of articles was an instrument used then identified and organized in a figure. **Results:** seven articles were selected; the vulnerability of the elderly to HIV / AIDS is mainly: the non-use of condoms; the difficulty of talking about AIDS and sexuality with these people; the exclusion of the elderly regarding the risk of acquiring the virus; and lack of knowledge about the transmission and disease prevention. **Conclusion:** There is a need for more studies focusing on the theme of AIDS in the elderly. **Descriptors:** Vulnerability Study; HIV; Elderly; Acquired Immunodeficiency Syndrome.

RESUMO

Objetivo: analisar a produção científica acerca da vulnerabilidade dos idosos ao HIV/AIDS. **Método:** revisão integrativa com busca nas bases Lilacs e Web of Science, norteada pela questão << *Quais os fatores relacionados à vulnerabilidade do idoso ao HIV/AIDS?* >> Os seguintes descritores do MeSH foram utilizados na Web of Science: vulnerability, HIV, AIDS e aged. Para o cruzamento dos descritores foi utilizado o booleano "and". Para a busca e avaliação crítica dos artigos foi utilizado um instrumento, em seguida, identificados e organizados em uma figura. **Resultados:** foram selecionados sete artigos; a vulnerabilidade do idoso ao HIV/aids deve-se principalmente: à não utilização do preservativo; à dificuldade de se falar sobre aids e sexualidade com essas pessoas; à exclusão do idoso quanto ao risco de adquirir o vírus; e à falta de conhecimento quanto às formas de transmissão e prevenção da doença. **Conclusão:** há necessidade da realização de mais estudos enfocando a temática da AIDS no idoso. **Descritores:** Estudo sobre Vulnerabilidade; HIV; Idoso; Síndrome de Imunodeficiência Adquirida.

RESUMEN

Objetivo: analizar la producción científica acerca de la vulnerabilidad de las personas mayores con el VIH / SIDA. **Método:** una revisión integradora con la búsqueda en las bases de datos LILACS y Web of Science, guiado por la pregunta << *¿Qué factores relacionados con la vulnerabilidad de las personas mayores con el VIH / SIDA?* >> Los siguientes descriptores del MeSH fueron utilizados en la Web of Science: la vulnerabilidad, el VIH, la SIDA y la edad. Para la intersección de los descriptores se utilizó el operador booleano "and". Para la búsqueda y revisión crítica de artículos fue usado instrumento utilizado luego identificados y organizados en una figura. **Resultados:** siete artículos fueron seleccionados; la vulnerabilidad de las personas mayores con el VIH / SIDA se debe principalmente: a la falta de uso de preservativos; a la dificultad de hablar sobre el SIDA y la sexualidad con estas personas; a la exclusión de los ancianos en relación con el riesgo de contraer el virus; y a la falta de conocimiento sobre la transmisión y prevención de la enfermedad. **Conclusión:** Es necesario realizar más estudios centrados en el tema del SIDA en las personas mayores. **Descriptores:** Estudio de la vulnerabilidad; VIH; Ancianos; Síndrome de Inmunodeficiencia Adquirida.

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INTRODUCTION

One of the major challenges for public health is related to the aging population, a fact that is happening not only in developing countries but worldwide. However, in these countries, the lack of strategies and subsidies, as well as socioeconomic conditions favorable to provide good quality of life to the additional years that population has brought serious law and order problems and also for society as a whole, as it does not is prepared to deal with the service against a phenomenon.¹

Brazil is one of the developing countries in which the elderly population is increasing steadily, becoming frequent source of research with an emphasis on health care for the elderly.² Following this demand, it has also increased in this age group, the number of cases of HIV infection. Between 1980 and 2000, the number of AIDS cases in people aged 60 or older was 4.761; already between 2001 and 2011, there was a steady increase, reaching 12.077 cases.³ This situation has presented itself as a public health issue to be further explored by the competent bodies.

AIDS emerged in the '80s when it was believed that HIV infection was confined to groups with risk behaviors, such as homosexuals, sex workers and drug users, generating isolating infected individuals and discrimination by society. However, over the years, the profile has changed: the disease has also reaches heterosexuals. This reveals the vulnerability of not only stigmatized but also the heterosexual population, both male and female.⁴

The increasing number of elderly people in living with HIV may be related to several factors, among them, the denial by the elderly society as a sexually active individual, the lack of campaigns bringing greater visibility to this issue, socioeconomic issues, representations existing on AIDS.⁵ Social practices such as divorce and treatment for impotence also caused an increase in frequency and diversity of sex in this population.⁶

Before this discovery, there are important actions of guidance and prevention for this population that tends to have their active sex life underestimated by health professionals. This becomes even more worrying because these seniors have insufficient knowledge about the transmission and methods of prevention of AIDS, and does not recognize that they are also vulnerable to contracting this disease. The education received by these individuals not encompassed issues such as

HIV, justifying their behavior and understanding in the disease. The media and government agencies also contribute little to the information concerning aids to reach this population.⁷⁻⁸

The failure to consider prone to HIV infection and health professionals exclude the possibility of acquisition of the virus by these individuals, makes its diagnosis is delayed, delaying the start of treatment. AIDS also accelerates the aging process as a result of the disease itself or its treatment. The most common clinical complications are cardiovascular disease, dementia and osteoporosis, influencing the choice of the most appropriate medicine to the elderly by the doctor. All health professionals have a responsibility to educate this population about the risk and prevention of HIV, through a health history that encompasses sexual practices and drug use, and includes an HIV test as part of your routine examination.⁶

Considering the high incidence and the scarcity of studies in this area, which makes this population more vulnerable to HIV / AIDS, and to realize the lack of knowledge about prevention measures, it was felt the need to conduct such a review of the literature on vulnerability of the elderly to HIV / AIDS.

OBJECTIVE

- Analyzing the scientific production of the vulnerability of the elderly to HIV / AIDS in online journals.

METHOD

This is an integrative literature review with the question << Which factors related to the vulnerability of the elderly to HIV / AIDS? >> For that the following steps were followed: elaboration of guiding question; search or sampling in the literature; data collection; critical analysis of included studies; discussion of the results; and presentation of the integrative review.⁹

The search of material was carried out between May and August 2013. Present the following descriptors present in the ratio of Descriptors in Health Sciences Headings (MeSH) to search on the basis of Latin American and Caribbean Literature in Health Sciences (Rev): study on vulnerability, AIDS, elderly, acquired immunodeficiency syndrome and HIV. The following MeSH descriptors were used for research in Web of Science: vulnerability, HIV, AIDS and aged. To the intersection of the descriptors was used the Boolean "and".

As inclusion criteria, from the prior reading the summary, it was decided that the article should: have been published between 2000 and 2012; be original; discuss the topic investigated, considering the vulnerability of the elderly or people in midlife to AIDS; submit full texts in Portuguese, English or Spanish. Theses, dissertations, book chapters and papers' review were excluded. The instrument used included the following information: name of author, year of publication, database, subject, age and type of study.

Since then, the research was conducted in the database LILACS, resulting in: eight articles after use study on vulnerability and AIDS and the elderly, six articles with study on vulnerability and acquired immunodeficiency syndrome and elderly and four publications with study on vulnerability and HIV and the elderly. Already, in the Web of Science, the intersection between vulnerability and HIV and aged was found 240 articles and aged between vulnerability and AIDS 155 publications. After refining the search by applying the inclusion criteria, was reached

five articles in LILACS and two in the Web of Science. The later phase consisted in the perusal of them. The final sample, excluding the repeated publications, was seven articles.

To the articles found was assigned identification of A1 to A7 to facilitate their identification and organized in a summary table (Figure 1), containing: title, authors, year of publication, database, subject, age, type and level of study of evidence. Four thematic groups were highlighted.

RESULTS

The seven articles were published between 2004 and 2012, demonstrating that the scientific literature about AIDS entering the elderly is recent. The study subjects were composed mainly of women (85,7%). Five articles were of quantitative nature (71,42%); one qualitative and one quantitative. Most research took place in Brazil (85,71%); only one was conducted in the United States (Figure 1).

	Title	Authors	Year	Database	Subjects	Study type	Place	Evidence level
A1	Behavior, knowledge and risk perception about sexually transmitted diseases in a group of people with 50 years old and older	Olivi et al.	2008	Lilacs	100 M 65 H	Quantitative	Mato Grosso do Sul, Brazil	Level 4
A2	Representations about AIDS in old age for senior citizens groups coordinators	Saldanha et al.	2008	Lilacs	20 M	Quantitative and qualitative	Paraíba, Brazil	Level 4
A3	AIDS in the elderly: experiences of patients	Andrade et al.	2010	Lilacs	7 M 6 H	Qualitative	Pará, Brazil	Level 4
A4	HIV/AIDS: 30 age: evaluation of the knowledge of individuals in the region of Vale do Sinos (RS), Brazil	Lazzarotto et al.	2010	Lilacs	152 - M 16 - H	Quantitative	Rio Grande do Sul, Brazil	Level 4
A5	Knowledge of HIV/AIDS on the elderly: epidemiological study in the Vale do Sinos, Rio Grande do Sul, Brazil	Lazzarotto et al.	2008	Lilacs	421 - M 89 - H	Quantitative	Rio Grande do Sul, Brazil	Level 3
A6	Vulnerability to AIDS among the elderly in an urban center in central Brazil	Driemeier et al.	2012	Web of science	233 - M 72 - H	Quantitative	Mato Grosso do Sul, Brazil	Level 4
A7	Perception of HIV/aids risk among urban, low-income senior-housing residents	Ward et al.	2004	Web of science	195 - M 203 - H	Qualitative	USA	Level 4

Figure 1. Studies about the vulnerability of the elderly to the HIV/AIDS between 2000 and 2012. Legend: M - women; H - men.

DISCUSSION

After the texts' analysis, there were highlighted four thematic groups guiding question about the vulnerability of the elderly that are: condom use, AIDS as taboo, vulnerable group and knowledge of disease.

◆ Condom use

It was evidenced in studies, a low adherence of condom use by the elderly during intercourse, which leaves them vulnerable to HIV infection. In general, they recognize that condom use prevents infection

by this virus, but do not use it for various reasons involving cultural, social and economic issues. Despite claiming that anyone, even the elderly can get HIV, they do not consider themselves at risk .^{4,10-2}

AIDS is a relatively new disease, having been discovered in the 80s. With the advancement of research on ways to prevent the use of condoms began to be disclosed by the population. However, at this time, these seniors had passed the stage of schooling, getting the margin of such information. This fact is compounded when considering that low

educational resonates even more about the information they have about this disease.¹¹

The reason for non-use of condoms by older women may be associated with the inability to get pregnant and the fact of being in a monogamous relationship. They state that confidence in the partner release the need to use it.^{4,11,13} In fact, monogamy protects people against HIV if both maintain that kind of relationship, but the question is: how to ensure that the your partner will not have extramarital sex? The trust is worth the risk of being contaminated? The reality is that the number of infected women is increasing, even those that have only one partner.¹⁴

Older people also claim that by proposing to partner or partner condom use could jeopardize the relationship, as would raise the possibility of betrayal or mistrust. Elderly, when talking about condom use, might suggest being unfaithful and that therefore need to protect your partner; or who suspects that is being betrayed. This is a negotiation that must be done mainly by women that culturally, have a weaker role in the relationship. The fact of using condoms in all sexual relations between monogamous couples theoretically does not create a relationship based on distrust. But no use puts their lives at risk, since there is no guarantee that a betrayal never occur.¹¹

◆ AIDS as taboo

Another factor of vulnerability found in Articles raised is the difficulty of talking about AIDS with the elderly.¹⁰⁻¹¹ Discuss this matter involves issues related to the prevention, diagnosis and mode of transmission, ie, important information that people should know to protect themselves. The problem is that there is no way to talk about AIDS without referring to sexuality, which configures, especially for the elderly, an invasion of privacy and embarrassment, based on taboos that exist when the subject is sex.

The difficulty of speaking about this disease is not only the elderly but also the health professionals themselves. The latter does not include older people in guidance about STDs because they think that they are no longer sexually active and thus are protected from HIV infection. Thus, information about AIDS is aimed at younger people.

Another important point worth mentioning is the fact, as they are not questioned about their sex life, their risk behaviors such as unprotected sexual intercourse, are not identified, losing the chance to direct them to perform HIV testing. Thus, the delayed

diagnosis are common, depriving them of receiving antiretroviral therapy and have a higher survival.^{11,15} Moreover, the language to address these issues with the elderly should be differentiated, respecting the education level and cultural factors related to its generation, in which talk openly about sexual issues was considered a taboo. For this, training of professionals who work with seniors, so that they learn to deal with this population and gain their trust, who know the reality experienced by these people in which sex is present and thus, all of the implications regarding the need sexual act must be clarified and their respective orientations offered. This can be done through lectures and group meetings also involving the couple, when.¹⁰⁻¹ It must also update the existing health care policies in the country in relation to AIDS. Elderly should be exclusive focus of campaigns, so that way the information can reach them by sensitizing the group and society as a whole in relation to the above problem.¹¹

◆ Vulnerable group

It was observed in the results that the perception of the elderly on the vulnerability to HIV / AIDS is still related to specific groups, previously known as risk groups, and currently as vulnerable groups. However, since the emergence of the AIDS epidemic there was a change in the concept of risk for HIV. People who belonged to the risk group were homosexuals, prostitutes and injecting drug users, who were considered disseminators of the virus. However, the disease began to spread differently and groups not previously identified as susceptible to HIV infection, such as the elderly, began to contract the virus, taking place in the group of vulnerable.^{4,11,15}

Observed an increase in the number of cases of the disease in people over 50 years of age in both sexes and the term "risk group" was replaced gradually by "risk behavior". Thus, any individual can be exposed to HIV infection. However, with respect to transmission and vulnerability to STD / AIDS, the idea of "risk group" persists in understanding and perception of people.¹¹

By observing the behavior of risk, it is important to understand that the perception of risk differs between groups of people in their various age groups, motivated by demographic and cultural aspects that influence them. Therefore, the possibility of contracting the virus goes far beyond the individual sphere, one should consider the possibility of getting sick of people collectively without particularizing the individual, understanding better how social

determinants influence the spread of the disease.¹⁴

A study in Mato Grosso do Sul / Brazil, in 2009, with 329 subjects aged 60 years and over showed that subjects had knowledge about the importance of risk behavior as the primary cause of AIDS transmission; however, awareness of the mechanisms of sexual transmission of HIV has not led to behavioral adherence to the use of condoms, which reflects the existence of a decoupling effect vulnerable to HIV, how to prevent HIV infection and to practice safe sex.¹²

Since the epidemic began in the decade of 80, the elderly are not considered a risk group, therefore prevention campaigns were not the focus of this population. Currently, it appears among the elderly risk behaviors, particularly unprotected sex and consequently an increase in the number of cases of HIV infection. Even so, this part of the population does not consider the risk of contracting STDs / AIDS.¹⁵

◆ Knowledge about the illness

Studies have shown gaps in knowledge about HIV / AIDS for the elderly, characterizing the lack of information related to transmission and questions about modes of prevention. Although studies suggest a greater knowledge of women about STDs, it appears that the production of knowledge about the practices of prevention of STD / AIDS should consider the uniqueness of the sexes in relations and in their conduct, contributing to the adoption of preventive measures.^{11,13}

Knowledge of the asymptomatic phase of AIDS is also relevant, since this fact and the misinformation about prevention methods results in individuals' susceptibility to HIV. It is noticed that the lack of knowledge about HIV / AIDS encompasses many aspects from knowledge about HIV, stage of disease, symptoms, and modes of transmission, preventive behaviors, treatments and perceived vulnerability to virus.^{4,13}

Public awareness campaigns on HIV / AIDS has provided a better understanding of the sexual transmission of HIV as well as the perception of vulnerability to transmission, which may represent an important initial step in this population learn to cope with the changing face of the epidemic AIDS.¹²

CONCLUSION

The AIDS profile has changed over time since its discovery in the 80s. Elderly appear as a population that has recently been gaining attention in the statistics on the incidence of HIV in our population. When performing a

search in the articles related to the vulnerability of the elderly to HIV / AIDS, it was found that this phenomenon is due to several factors, especially: not using condoms; the difficulty of talking about AIDS with these people, both from professionals as part of those individuals who show constrained when dealing with issues related to sexuality; the exclusion of the elderly regarding the risk of acquiring the virus; and, finally, the lack of knowledge about the transmission and prevention of disease.

The fact that the elderly is not considered by health professionals as vulnerable to HIV / AIDS and by themselves did not perceive them vulnerable, makes the information does not reach to these seniors. Thus, health professionals have a responsibility to guide the elder of the risk of acquiring HIV and advise you to carry out HIV testing. Not only the elderly should change your perception of vulnerability to AIDS, but also all health professionals, in order to contribute to a better prevention of infection as well as to detect disease at earlier stages, increasing the survival of this population.

Thus, we see the need for more studies focusing on the theme of AIDS in the elderly in order to understand better the behavior of these individuals to HIV, and so you can implement new strategies for health in order to better target this population mainly on ways of transmission and prevention of AIDS.

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