



Yale

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# Uncovering a new at-risk group for HIV infection in Ukraine among adults aged 50 and older

# Background

The number of newly registered HIV infections among people older than 50 in Ukraine has been increasing over the last six years: from 1198 in 2011 to 1761 in 2016. Data demonstrates that those  $\geq 50$  years constitute the only group where HIV incidence has significantly increased (from 8% to 12% between 2014 - 2016). This study qualitatively explored HIV care providers' perspectives on what facilitates and hinders linking to care of people living with HIV who are older than 50 (PLWH50+).

# Methods

We purposively sampled and anonymously interviewed 12 HIV care providers (Infectious Disease physicians and psychologists) in 6 regions of Ukraine. Data were coded using Dedoose qualitative data management software and inductively analyzed for themes using grounded theory.



# Results

We found four main themes in providers' accounts. First, older patients newly diagnosed with HIV were perceived by providers as more socially excluded, stigmatized and vulnerable than younger patients, requiring additional efforts to engage in HIV services. Second, providers thought PLWH50+ were largely ignorant regarding HIV, although many newly diagnosed older patients were infected 5-10 years ago according to their medical history and CD4 level. Third, a challenge unique to newly HIV diagnosed individuals  $\geq 50$  years was poly-pharmacy. Fourth, providers believed that PLWH50+ got HIV infection predominantly through unprotected heterosexual intercourse (including sex with injection drug users). Providers didn't perceive their clients as MSMs, as clients didn't disclose it.

# Results

- **Provider:** You know, such patients, most likely, they will self-discriminate. That is, for them the diagnosis of HIV infection, it's like a thunder-storm out of the clear sky, to put it this way. That is, they cannot accept their HIV positive status. They cannot, most of all there are psychological problems in terms of diagnosis, in terms of status. Such patients are afraid to come to here ... at the reception, so that they won't meet anyone who may know them. They are afraid that one of their children or their grandchildren will learn that they have an HIV infection and how they will be treated. That is, they are afraid that they will start to be somehow despised. What will happen to them in this way. This is a very problematic situation for them, in terms of psychological issues, how to accept this status, how to share with your loved ones. Everyone has a family, each one has children, grandchildren, etc. **(Vinnysia)**
- **Provider.:** These are completely socialized people in adulthood ... And they already have such ... acquired life experience ... And it is difficult for them to perceive this status ... They have ... Very stigmatized, these people. Because they already have grown children, some of them and their grandchildren ... And they are very ... like ... you know ... lonely in their problem. So, there are specific difficulties, because it seems to me that these people who are drug users, in any way, have their own society ... And they support each other in their own way, it seems to me for some reason (laughs), it's easier to perceive this status. And to those people, especially in this age group, being older, it is somehow difficult to perceive, and secondly, the illness at that age, it is acquired by sexual transmission... And people who are older, they, and even ... are ashamed of what they have acquired they, and come to the doctor, and that it is - by sexual contact ... at the age of 60 there ... in the 70's ... They have a bit of an issue in that respect too. **Interviewer:** That is, can we say that they are stigmatized? **Provider:** Very stigmatized! It seems to me that the bulk of stigmatization is in society and in the family. **(Khmelnyskiy)**

Older patients newly diagnosed with HIV were perceived by providers as more socially excluded, stigmatized and vulnerable than younger patients, requiring additional efforts to engage in HIV services.

# Results

- **Provider:** ... especially now, for us, the relevant problem is the interaction of drugs when they receive ... antiviral therapy plus the treatment of hypertension, plus the treatment of some kind of diabetes, etc. When a patient receives many medications, this problem of drug interactions comes to the fore. That is, is it her question ....., To combine, for example, with some medicines, whether you can combine in this situation, or not. If there will be any interactions that will have a bad effect on the patient. **(Vinnytsia)**
- **Provider:** These people come to me when they already have a comorbid condition. Like for example hypertension. A patient is already taking hypotensive medications, atorvastatin, which is incompatible with our ART drugs. So, it is necessary to consider a treatment that would be compatible with our drugs, and everything else. If one could refer a patient e.g. to a cardiologist so they can disclose their HIV status to a cardiologist and a cardiologist could check the compatibility of these drugs. **(Novomoskovsk)**
- **Provider:** Well there are challenges regarding prescribing ART, because these are older patients, they have a whole bouquet of conditions, chronic, somatic ones. As we discussed, it is hypertension, diabetes, and all of this leaves its mark, so it is necessary to take extra care, be very attentive in this regard. **(Pavlograd)**

Challenge unique to newly HIV diagnosed individuals  $\geq 50$  years was poly-pharmacy.

# Results

- **Provider:** We diagnose them already in the late stages, according to epidemiology - this code is 113-th, well, that is, patients. According to clinical indicators. Prior to it they see various doctors in various clinics, and only afterwards they get in the line of vision. **(Lutsk)**
- **Provider:** Out of 29. And 27 people were infected by sexual transmission. Like this man comes and says: "I haven't been sexually active for over five years". So, these are people who got infected over 10 years ago, or maybe over 15 years ago. A long time ago. **(Novomoskovsk)**
- **Provider:** Those 50 or more are basically the 4th stage. Basically, this is the 4th stage. And I even had a case like this recently - a man who has absolutely no opportunistic infections ... Well, he has no complaints at all, and was clearly discovered in one of the private clinics, where he turned for prosthetics. Do you understand? Already there was a surgery scheduled and all ... and a purely routine test for HIV was done and he was already positive. But despite the fact that he felt ok, immunologically he had 120 cells. Like this. From the immunological perspective, this is already the 4th stage. **(Khmelnyskyi)**

**Providers thought PLWH50+ were largely ignorant regarding HIV, although many newly diagnosed older patients were infected 5-10 years ago according to their medical history and CD4 level.**

# Results

- **Provider:** Well, for today ..., the first place is the sexual transmission path. That is, this relationship is sexual, yes ... without the use of condoms, undoubtedly. This is number one. The first place is the sexual transmission path. Yeah... There are some cases to date when there are men who have sex with men among 50yo+. **(Vinnytsia)**
- **Provider:** ...I think this can be an old infection, and I also think there may be latent bisexuals here, but these are just my suppositions, as to accurately determining how they had become infected by talking with this kind of person is quite hard, these are mature people. Regarding men, I certainly would think it could be a bisexual transmission, possibly these could be clients of commercial sex workers, so yes, it is likely sexual transmission. **(Zhitomir)**

Providers believed that PLWH50+ got HIV infection predominantly through unprotected heterosexual intercourse (including sex with injection drug users). Providers didn't perceive their clients as MSMs, as clients didn't disclose it.



# Conclusions

Our results address the paucity of data in the literature about access to HIV care among older adults in global settings, synergy between HIV stigma and ageing, and continued exclusion of older adults from medical and policy agendas related to sexual health. While Ukrainian Ministry of Health HIV prevention programs prioritize youth, findings suggest that there is awareness among HIV care providers' about increasing role of older adults in HIV epidemic and the need for development of new clinical HIV care and HIV prevention guidelines focused on this group. These guidelines need to pay particular attention to the problem of late case detection and delayed linkage to care.

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