

Position Statement on Position Statement on Sexually Transmitted Infections including HIV Infection Among Older Adults

Approved by the Board of Trustees, July 2019

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“Policy documents are approved by the APA Assembly and Board of Trustees. . . These are . . . position statements that define APA official policy on specific subjects. . .” – *APA Operations Manual*

Issue:

It is a common misconception that older adults are not sexually active, but as evidenced by the increased number of prescriptions for erectile dysfunction, this is not the case. Because of this misconception, health care providers may not routinely ask their older patients about sexual activity. Psychiatrists may be the first health care providers to discuss a patient’s sexual history, in the course of screening for sexual side effects of psychiatric medications.

According to the National Survey of Sexual Health and Behavior (NSSHB), published in 2010, over 50 percent of seniors aged 65 and older, and 25 percent of those 75 and older, reported being sexually active. Unfortunately, older adults have much lower rates of condom use than the general population; according to the NSSHB, sexually active older adults have the lowest rate of condom usage among all age groups. This combined with other factors leads to higher than expected rates of sexually transmitted infections (STIs) among older adults. Between 2010 and 2014, the CDC estimates that, among those 65 and older, chlamydia infections increased by 52 percent, syphilis infections increased by 65 percent, and gonorrhea cases increased by more than 90 percent. The CDC also reports that 75 percent of people with Hepatitis C were born between 1945 and 1965, and are now facing significant Hepatitis C-associated morbidity and mortality. While younger adults far and away had the highest rates of STIs, this trend among older adults is alarming. Many STIs are highly treatable, but some can become chronic or can lead to chronic disability due to pain or other conditions if not treated.

HIV infection is of special concern. A fact sheet released by the CDC in September of 2017 reported that persons over 50 years of age account for 45% of people living with HIV in the United States. Not only are people living longer with HIV thanks to improved treatments, but people are also at risk for acquiring HIV later in life. Furthermore, the CDC reported that older adults in the United States are more likely to receive a diagnosis later in the course of the disease, with 40% of people aged 55 and older having late stage infection (AIDS) at the time of HIV diagnosis in 2014. This can have devastating consequences, with

greater morbidity, more serious co-morbid sequelae, and more difficulty finding effective anti-retroviral treatment.

Older adults have the same risk factors for HIV infection as younger people. As noted above, many older adults are sexually active. Divorced or widowed older adults may find themselves dating again. Older women no longer fearing pregnancy may be less likely to use barrier methods of contraception, and vaginal dryness and fragility may increase the risk of HIV transmission. Although they may visit their physicians more frequently, older adults are less likely to talk about their sexual activity with their physicians, and physicians are less likely to ask older adults about their sexual activity. All these factors combine with stigma to create a cultural problem that leads to later diagnosis for older adults with HIV and other STIs.

APA Position:

It is the position of the American Psychiatric Association that all healthcare providers should include sexual health history, and appropriate screening and testing for sexually transmitted infections (STI), as part of a comprehensive evaluation of older adults. All healthcare providers should offer counseling and preventative services, including counseling regarding condom use, to prevent the transmission of HIV and other STI among older adults.

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