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## The Impact of COVID-19 on Older Adults Living with HIV: HIV Care and Psychosocial Effects

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### Abstract

COVID-19 continues to have a detrimental impact worldwide. Older adults living with HIV are a vulnerable group. COVID-19 may have an effect on HIV treatment outcomes and psychosocial health among older adults living with HIV. Social workers and health care providers should be aware of the potential longitudinal impact of COVID-19 on this vulnerable population.

### Dear Editor

The COVID-19 pandemic continues to have a detrimental impact worldwide, and in the US. As of July 8, 2020, there were 11,892,382 cases worldwide with 545,485 deaths, and 3,016,515 cases in the US with 131,666 deaths (Johns Hopkins University, 2020). Groups that are at a higher risk to experience severe morbidity from COVID-19 include older adults and adults with underlying health conditions (diabetes, heart disease, lung disease, cancer, high blood pressure), and compromised immune systems. Indeed, COVID-19 and HIV have been considered a syndemic health challenge (Shiau, Krause, Valera, Swaminathan, & Halkitis, 2020). One group of people who are also among the vulnerable are older adults living with HIV. The effect of the COVID-19 and HIV syndemic may be more pronounced for this population (Shiau et al., 2020). Some older adults living with HIV undergo numerous challenges and facing another epidemic brings with it a host of additional challenges that are discussed below.

### HIV Treatment Outcomes

COVID-19 may have an impact on HIV treatment cascade outcomes. Visits with healthcare professionals may be put on hold due to social distancing measures. Therefore, diagnosis of

HIV may be delayed due to health care providers and patients putting HIV testing on hold. Linkage to HIV care may also be delayed due to COVID-19 patients being prioritized (Jiang, Zhou, & Tang, 2020). These delays will undoubtedly affect patients' engagement in care. Algarin et al. found that 10 out of 12 older adults living with HIV who had appointments had kept their appointments and the same proportion who knew they had a case manager had contacted their case manager. However, this estimate does not capture older adults who have not made appointments and are who are not aware of their case manager.

Patients' engagement in care may also impact antiretroviral therapy (ART) adherence. Higher adherence has been linked to greater viral suppression (Shiau et al., 2020) and lower ART adherence can cause adverse physical and mental health outcomes (Jiang et al., 2020). Viral suppression rates among older adults living with HIV may also be attenuated due to lower ART adherence and routine schedules being disrupted. Changes to viral suppression rates might not be seen immediately but may be a delayed effect that health care providers should be on the lookout for.

Author SBW is Chief of Infectious Diseases at an immunology clinic located in Columbia, South Carolina. Telehealth was quickly adapted in this clinic with respect to continuation of HIV care. This may improve access to care for some older adults, especially those with limited mobility. However, some older populations may struggle with the technology and prefer in-person visits. As telehealth is implemented, special attention needs to be paid to the specific needs of the older population.

## Psychosocial Challenges

Loneliness (Greene et al., 2018) and social isolation are key factors that affect older adults living with HIV. Depression is also a common mental health challenge among this population with approximately four in ten older adults having symptoms of major depression (Groves, Golub, Parsons, Brennan, & Karpiak, 2010). Lonely older adults living with HIV have a higher likelihood of reporting depression and report fewer social connections (Greene et al., 2018). Stigma is also another factor that some older adults living with HIV face. They may undergo HIV-related stigma and ageism, which may limit access to social support from a variety of avenues including family and social structures (Cahill & Valadez, 2013). Now these factors may be exacerbated by the COVID-19 pandemic. There is a growing interest in how COVID-19 may impact the mental health of individuals (Joska et al., 2020). Indeed, COVID-19, its potential impact on health, social isolation and the subsequent economic hardship has had a negative effect on stress (Algarin et al., 2020) and mental health. In addition, new barriers have been created for populations who have mental health and substance use challenges (Kaiser Family Foundation, 2020). Stigma has also been associated with COVID-19, which can increase the risk of exclusion, depression, and access to health care (Mayo Clinic, 2020).

## Long-Term HIV Survivors

“Long-term HIV survivors” refer to people who have lived with HIV for several years. Some long-term HIV survivors have faced a myriad of challenges such as posttraumatic stress disorder (PTSD), housing and financial security, comorbidities and premature aging (Birstengel, 2020). They have a higher likelihood of mortality and morbidity (Gebo, 2006). In addition, prolonged exposure to ART may lead to increased risk of adverse health outcomes, including heart disease (Deeks & Phillips, 2009). Nevertheless, the impact of COVID-19 can add significantly to the concerns of long-term survivors of HIV through exacerbating mental health effects, financial uncertainty, and additional comorbidity.

## Vulnerable Populations

HIV and COVID-19 rates are higher among specific groups. For example, Black populations are disproportionately affected by HIV and mortality due to COVID-19. In South Carolina, where our clinic is located, Black populations comprise 27% of the state’s total population but account for 68% of people living with HIV (South Carolina Department of Health and Environmental Control, 2020a) and 45% of reported COVID-19 cases (South Carolina Department of Health and Environmental Control, 2020b). Research has shown that LGBTQ populations are also at increased risk for complications due to COVID-19 (Human Rights Campaign, 2020). Specifically, they are less likely to have access to medical care and live in poverty. Therefore, LGBTQ populations of older adults will also be at an even higher risk of morbidity and mortality as a result of COVID-19. Recent research has called for studies on COVID-19 in HIV patients especially among older men who have sex with men (MSM) populations (Blanco et al., 2020).

## Conclusions

Some older adults living with HIV face many challenges, which have been exacerbated by the COVID-19 pandemic. These include staying engaged with HIV care, mental health and physical health challenges. At present, long term outcome data does not exist to know how COVID impacts HIV prevention efforts, diagnosis, treatment outcomes and viral loads. Therefore, this is an area that needs to be studied and monitored continuously. The needs of long-term HIV survivors and additionally vulnerable groups (for example, Black populations, older MSM) should also be considered. In spite of the challenges faced, older adults living with HIV are a resilient group. Social workers and healthcare providers should not forget about this vulnerable population as older adults living with HIV navigate uncertainty with regards to HIV treatment and care, and their overall well-being in the midst of the COVID-19 pandemic.

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