2018

Challenges of Aging with the HIV Virus and Comorbidities

Abele R. Navylia
Walden University

Recommended Citation

Navylia, Abele R., "Challenges of Aging with the HIV Virus and Comorbidities" (2018). *2018 Program & Posters*. 32.
https://scholarworks.waldenu.edu/symposium2018/32

Challenges of Aging with the HIV Virus and Comorbidities

R. Navylia. Abele, PhD

Problem

The introduction of antiretroviral therapy led to an increased life expectancy of HIV infected individuals. However, this has been linked to early onset of chronic diseases either from old age, aging with antiretroviral therapy, or a combination of both. The literature failed to address the challenges affecting the quality of life of people 50+ living and aging with HIV.

Purpose

The purpose of this qualitative phenomenological study was to explore the lived experiences of participants with HIV who were 50 years old or older.

Significance

This type of study uncovers lived experiences of a particular group under a particular phenomenon so as to address a particular need. In my study specifically, challenges this group face as well as their experiences living with the virus and comorbidities that develop were uncovered.

This insight could provide a better understanding of those lived challenges and true needs so as to address them appropriately; thus, promoting tailored care to improve their quality of life.

Social Change Implications

The findings could help improve their overall quality of life by improving their social burden (tailored community programs) and their health burden (health challenges).

Theory or Framework

Social constructivism (Berger & Luekmann, 1966) seeks to understand the phenomenon at hand.

The **advocacy worldview** (Heron & Reason, 1997) seeks to listen to the subjects' shared experiences and current needs.

Relevant Scholarship

Since the introduction of antiretroviral therapy, the survival rate of infected HIV patients has been on the rise with a predicted increase to 9 million by 2040.

The longer a person lives with the virus, the more prone to challenges in the form of HIV-associated chronic diseases he or she becomes; however, it is not clear whether these diseases are solely from aging with the virus or from long-term use of antiretroviral therapy.

The challenges outlined ranged from onset of multi-morbidity and decreased physical functioning, to psychosocial issues, to limited access to appropriate care addressing the true needs of this group.

The lack of adequately tailored policies which could address the issues that this group face is due to the lack of basic knowledge of their lived experiences and challenges as well as a clear understanding surrounding their true needs.

Research Questions

RQ1: What are the experiences of people 50^{+} living with HIV?

RQ2: How do people 50^{+} describe those experiences?

RQ3: How do 50^{+} HIV^{+} patients describe the challenges of living with HIV and diagnosed comorbidities?

Participants

The respondents were 50+ living with HIV for at least 20 years, on at least one ART, and with at least one comorbidity since diagnosis.

I used a purposeful sampling, intentionally recruiting participants who carry specific predefined characteristic essential to understanding the phenomenon at hand.

Procedures

Primary data were collected via recorded telephone interviews lasting roughly an hour. Each participant had to answer 23 open ended questions that would address the three main research questions. They provided as much or as little details to their comfort level.

To ensure accuracy of collected data and appropriate representation of their own experiences, a follow up interview was conducted to present patients with core themes.

Analysis

The analysis process included:

- Writing post interview notes
- Comparing the notes with the transcription to capture themes
- Organizing data by category
- Assigning a code and a name for each category
- Alphabetizing each code and organizing the data

Findings

The findings indicated that these participants live in daily survivorship filled with constant struggle between a series of comorbidities that develop overtime.

Additionally, their journey is not only coupled with unmet needs of today but also with uncertainties of tomorrow.

Interpretation

Based on the Social Constructivism which aim is to understand the phenomenon at hand, the participants' reality was a great need to fill the shortage of specialized HIV providers, address the causes of their isolation and forced disability.

Based on the advocacy worldview, which aim is to listen to their shared experiences and current needs, the participants' reality was also a need for specialized HIV clinicians, tailored newer policies, and tailored activities.

Limitations

Findings cannot be generalized to a population that does not share this study's phenomenon. Other limits include:

- Small sample size
- 20% female participants

Recommendations

These results can improve the current social conditions of this group by providing information to healthcare professionals who can improve or maintain the health of this population, as well as stakeholders who can outline policies.

For clinicians, stakeholders, and scientists:

- Healthcare associates-patients' partnership
- Specialized HIV education via conferences/ CMEs
- Guidelines for clinicians
- Out-of-network providers
- Clinicians/insurers Q&A

Acknowledgements

Dr. Peter Anderson, Chair
Dr. Frederick Schulze, Methodologist
Dr. Frazier Beatty, URR