

An Unplanned Ageing

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Presented By

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Commonwealth Department of Health, 1987.

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Medicine

COVER STORY

AIDS: A Growing Threat

Now that the disease has come out of the closet, how far will it spread?

A hospital, any hospital, is a gross place full of the smells of sickness and sepsis, stale air, pale faces, twisted faces and old people full of old people. Recently, however, hospitals like Harbor-UCLA Medical Center near Los Angeles, a new group of hospitals has appeared. They are seen to be clean, bright and modern, short of clean and just barely clinging to life.

terrible wait. Jose, 23, a homosexual, was told by doctors that he probably does have AIDS; then he was informed that the test results were ambiguous. "My mind has been going 200 miles an hour," he says. His eyes flash like his mind, darting around the room, his hands fly in all directions. "When you get close to knowing you are going to die, even a glass of water is very

trickle of news about a disease that was threatening homosexuals and drug addicts. AIDS, the experts said, was spreading rapidly. The number of cases was increasing geometrically, doubling every ten months, and the threat to heterosexuals appeared to be growing. But it was the shocking news two weeks ago of Actor Rock Hudson's illness that finally catapulted AIDS out of the closet, transforming



AIDS family: Louise and Patrick Rock and Sam Dwight, right, are 11. Daughter Nicole is not



Deadly shape: AIDS viruses (spheres with

I'm very scared to die such a young man. I'd like a little more time," says a 28-year-old patient. He is waiting for the re-

sults. "I always want to remember how it felt. I am trying to understand why we die. I want to get back to the

overnight from someone else's problem, a "gay plague," to a cause of international



dark centers) destroying the wall of a T cell.

1985 and 19, Spanish flu killed more than 500,000 Americans and obviously 20 mil-



Compassionate physician Dr. Paul Volberding visiting AIDS patient at San Francisco General Hospital.

lions with a small aid on the west coast of what we do not know.



prob. Invents of Kaposi's sarcoma, a rare skin disease that in the countries of

case prescribed by a commercial name clinic in the Bahamas.

At a New York City television station, technicians announced that they would not work in the studio during a scheduled live interview with an AIDS patient. The interview was dropped.

Federal scientists announced they screening tests being used on blood banks around the country have been "highly successful" at eliminating the AIDS virus from the nation's blood supply.

In Kekuwa, Ind., a 13-year-old homosexual was denied permission to attend the local middle school because he had AIDS.

Emotional fear, paranoia and apocalyptic warnings have abounded. More than one normally unalarmed scientist has termed AIDS "the disease of the century." Others have, in the tradition of divine justification, viewed it as God's revenge on sodomites and pagans. There have been far more derisive polemics—certainly 10



An African green monkey: the source?

times as many. The CDC has been cautious in its stance on the origin and transmission of AIDS. In trying to understand the virus, says Dr. William Haseltine, a leading investigator at Harvard's Dana-Farber Cancer Institute, "we have moved from being explorers in a cave to explor-

ing things from this pattern. That's why they'd that immune systems were severely depressed, six-four were young and around 26 who had previously enjoyed excellent health. All were also around homosexual "kisses" (kisses with a history of many partners).

"The third case involved the military men that what I was seeing was something new," Haseltine says. "That, when men were not turned up so quickly, he says. "I knew I was witnessing medical history but I had no comprehension of what this illness would become." The national health authorities of the four countries and in June 1981, Atlanta's Centers for Disease Control published what was to be the first report on the strange new ailment.

No sooner did the report appear than the CDC began receiving frantic letters in San Francisco and New York City, who were also seeing PCP in young heterosexual men. And that was not all they were seeing. Many of the patients were the gay-

Boffin, T & Gupta, S. (eds.) "Ecstatic Antibodies: Resisting the AIDS Mythology"

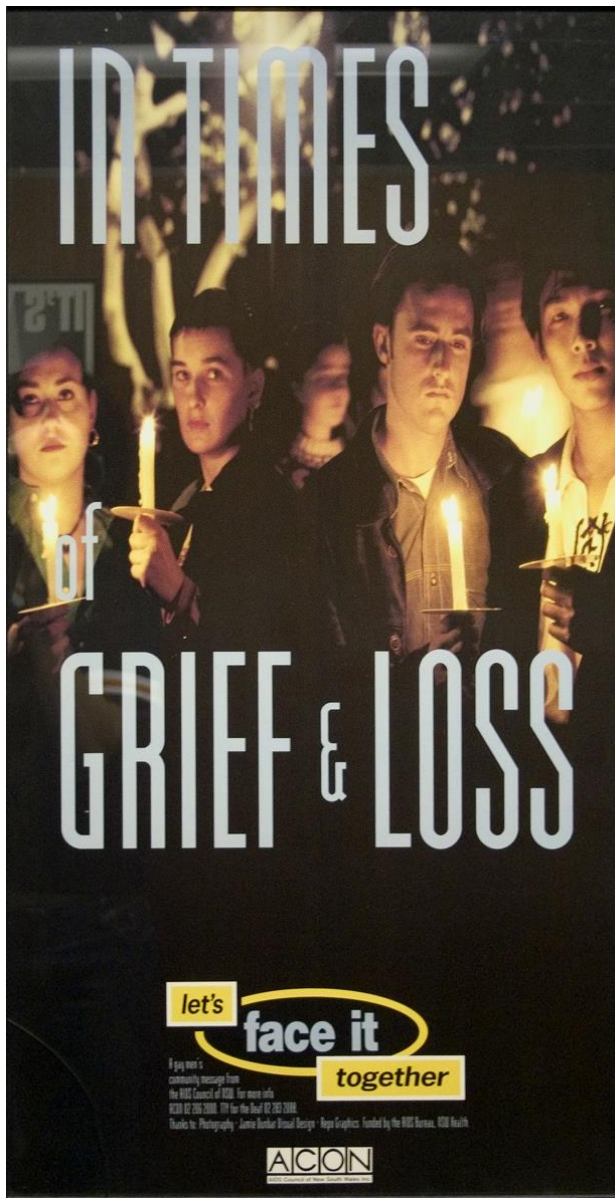
London: Rivers Oram Press, 1990.

The New York Times

**AIDS REPORTING
IS
OUT
OF
ORDER**



Sal Lopes image from Goldberg, V. "Living with AIDS: A Photographic Journal." Boston: Bulfinch Press, 1994.



ACON. Let's Face It Together campaign, 1993.

15. Life After Work

retiring with HIV & AIDS
in australia



HIV
living

D Y I N G



AT HOME

A MANUAL FOR PEOPLE WITH AIDS
WHO WISH TO DIE AT HOME

PHIL NOTT

AN ANTHOLOGY OF MOURNING RITUALS

UTILISED BY GAY MEN IN RESPONSE
TO AIDS RELATED DEATHS



AIDS

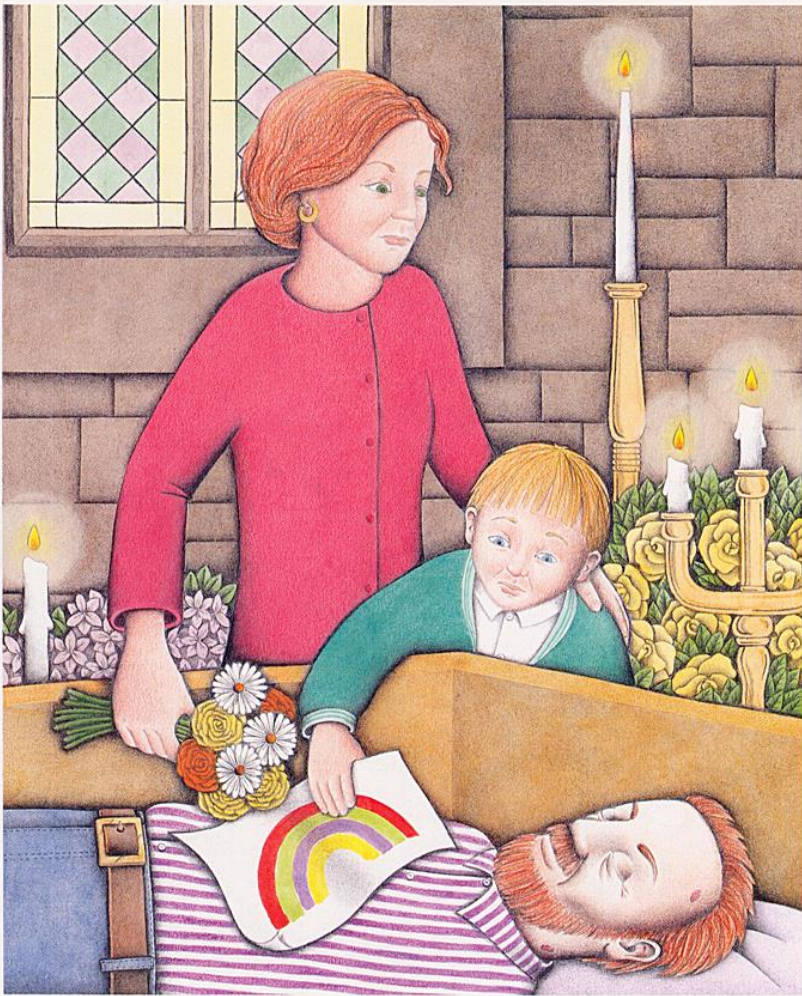
*When someone
you love is ill
or dying from
AIDS*

Beth Scott

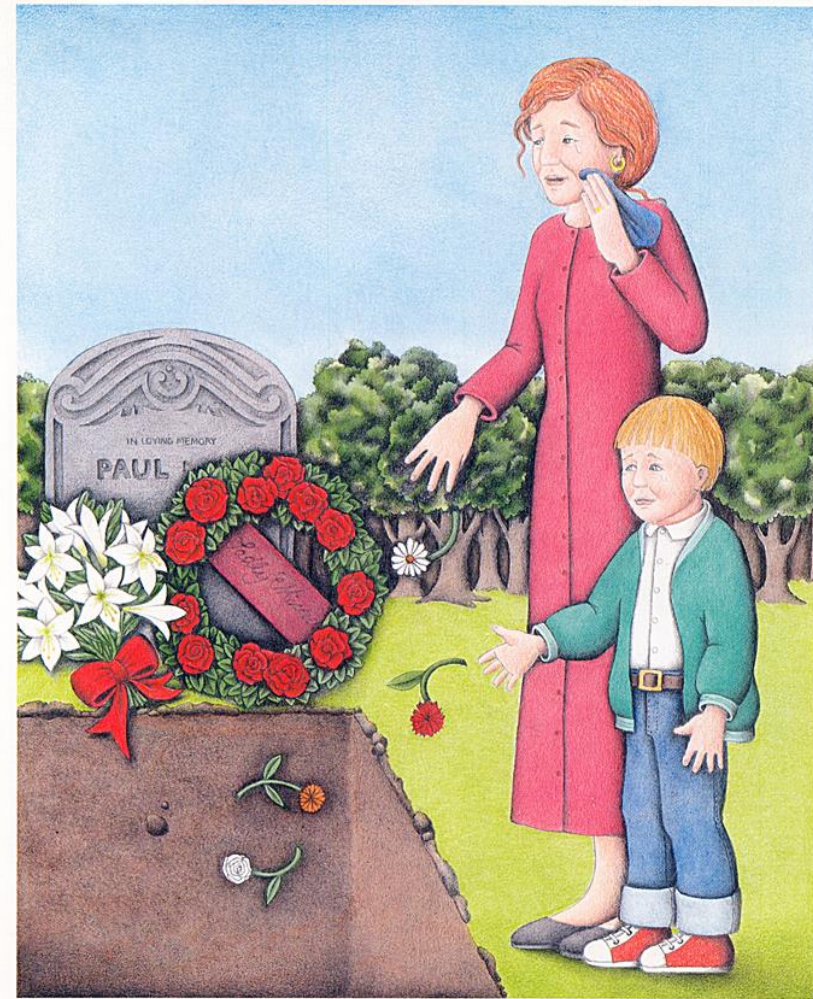
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HEALTH & WELLBEING

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During the service people came up to Uncle Paul's coffin to say good-bye. Mum and I put flowers from Uncle Paul's garden, and a picture of a rainbow we had painted together into his coffin. It was red, green, purple, and yellow.



As we sang a song Uncle Paul's coffin slowly went down into the grave. Many people were crying. When the coffin was at the bottom we threw flowers and some dirt onto it.

Nott, P. & Heinrich, S. "Uncle Paul Has AIDS." Nightcliff: Little Gem Publications, 1994.



Artwork from the IX International AIDS Conference, 1996 Vancouver Canada.

Survival of Persons with and without HIV Infection in Denmark, 1995–2005

Nicolai Lohse, MD, PhD; Ann-Brit Eg Hansen, MD; Gitte Pedersen, MD, PhD; Gitte Kronborg, MD, DMSc; Jan Gerstoft, MD; Henrik Toft Sørensen, MD, PhD, DMSc; Michael Væth, PhD; and Niels Obel, MD, DrSci, DMSc



Background: The expected survival of HIV-infected patients is of major public health interest.

Objective: To estimate survival time and age-specific mortality rates of an HIV-infected population compared with that of the general population.

Design: Population-based cohort study.

Setting: All HIV-infected persons receiving care in Denmark from 1995 to 2005.

Patients: Each member of the nationwide Danish HIV Cohort Study was matched with as many as 99 persons from the general population according to sex, date of birth, and municipality of residence.

Measurements: The authors computed Kaplan–Meier life tables with age as the time scale to estimate survival from age 25 years. Patients with HIV infection and corresponding persons from the general population were observed from the date of the patient's HIV diagnosis until death, emigration, or 1 May 2005.

Results: 3990 HIV-infected patients and 379 872 persons from the general population were included in the study, yielding 22 744 (me-

dian, 5.8 y/person) and 2 689 287 (median, 8.4 years/person) person-years of observation. Three percent of participants were lost to follow-up. From age 25 years, the median survival was 19.9 years (95% CI, 18.5 to 21.3) among patients with HIV infection and 51.1 years (CI, 50.9 to 51.5) among the general population. For HIV-infected patients, survival increased to 32.5 years (CI, 29.4 to 34.7) during the 2000 to 2005 period. In the subgroup that excluded persons with known hepatitis C coinfection (16%), median survival was 38.9 years (CI, 35.4 to 40.1) during this same period. The relative mortality rates for patients with HIV infection compared with those for the general population decreased with increasing age, whereas the excess mortality rate increased with increasing age.

Limitations: The observed mortality rates are assumed to apply beyond the current maximum observation time of 10 years.

Conclusions: The estimated median survival is more than 35 years for a young person diagnosed with HIV infection in the late highly active antiretroviral therapy era. However, an ongoing effort is still needed to further reduce mortality rates for these persons compared with the general population.

Ann Intern Med. 2007;146:87-95.

For author affiliations, see end of text.

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Ageing Fora: Demographics

- Two fora held throughout 2007
- 22 participants attended
- Ages ranged from 47 to 69
- All gay-identifying men
- All community-attached

Ageing Fora: Themes

- Rapid progression of ageing
- Mental health and anxiety
- Experiences of self-esteem
- Legal issues and mainstream services

Rapid progression of ageing

- Loss of energy – sometimes debilitating
- Noticeable changes to body shape
- Physical decline
- Mood changes
- Resiliency

Mental health and anxiety

- Growing older faster with little support
- Cashed-in and spent retirements
- Self-identified depression
- Sea-change positive for some
- Fear of cognitive impairment and dementia

Experiences of self-esteem

- Grief and loss and other challenging life events
- Impact of negative health outcomes
- Diminished self-confidence
- Resiliency; personal coping mechanisms

Legal issues and mainstream services

- Impact of same-sex law inequities on HIV+ gay men and early death of partner
- No GLBT aged-care facilities; therefore PLWHA-friendly facilities not known
- Superannuation: given previous life changes new super component will not be sustainable

Ageing
DISGRACEFULLY

acon's healthy glbt ageing strategy 2006 - 2009

ACON response to-date

- Strategy document: Ageing Disgracefully
- Community events: Afternoon Delight; Forum
- Counselling services
- Healthy Life Plus
- Community Support Network
- New web-based chapters

Positive Living Centre: social and peer support

Improved understanding of the psycho-social impacts of HIV and ageing

- Australia's HIV+ population is growing older
- Physical effects of early ageing is documented
- More data is needed to describe the psycho-social impacts of ageing with HIV

Further Information

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