71 - EPIDEMIOLOGICAL PROFILE OF HIV / AIDS IN THIRD AGE

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INTRODUCTION

The spread of Acquired Immune Deficiency Syndrome (Aids) in Brazil shows an epidemic of multiple dimensions that, over time, has made profound changes in its development and distribution, in order to identify different times. The first is characterized by major infection among homosexual and bisexual men. The second marked by significant increase in the category of drug addicted young population and heterosexual, then the sharp advance of transmission among low-income groups and among women, and also the present time that the epidemic is the increase in cases of the disease in people over 50 years of age (GIOVANI, 2002).

Attach itself to two factors responsible for the increase of cases of AIDS in older age. The first is due to those elderly who have, among other factors, greater resources, which contributes to the pleasures and access to available services, allowing more sexually active life. The second factor is due mainly to the existence of taboo on sexuality in old age (BRASILEIRO and FATIMA, 2006).

It is misleading, however, think that the elderly do not sex and not use drugs, in spite of a few of prevention campaigns directed at this population. Therefore, in general, these people are less informed about HIV and little awareness of how to protect. Thus, they take themselves vulnerable to infection by HIV. Old age without sexuality is a myth (RIBEIRO, 2006).

The interest of this study comes from living with HIV with professional and observation of rapid and significant changes epidemiological that this epidemic is experiencing the passing of time. Besides the important aspects in learning the behavior of those elderly who live with the disease, indirectly contributing to the monitoring of measures and strategies for the prevention of Aids in this population.

It is in this context that this work was developed with the objective of shaping the epidemiological profile of elderly people living with HIV / Aids attended the service of reference for the treatment of Aids in Natal-RN.

METHODOLOGY

This is a descriptive and analytical epidemiological study of a quantitative nature, developed at the clinic of Giselda Trigueiro Hospital (HGT), a reference to treat Aids situated in the city of Natal - RN / Brazil.

The sample consisted of 19 elderly people with HIV, registered and assisted in the center of reference.

It obeyed the following inclusion criteria: a) accept participate in the study as volunteers b) signing of a term of free and informed consent on the part of participants c) have confirmed the medical diagnosis of HIV positive d) be higher than 18 years; and) be in consultation at the clinic of the Hospital on the day of the interview. Were factors for exclusion: the non-signing of a consent form, and those who, voluntarily, wanted to depart during the gathering.

After approval of HGT Board and project approval next to the Ethics Committee in Research human beings with the Federal University of Rio Grande do Norte, under paragraph 142/04, started up the process of data collection, which occurred in the period between August and October 2007.

As collect tool an interview with structured questions was used, validated through a pilot study. It also appealed to medical records and to the database SINAN (National System of Aggravation of Notification), available in the commission of Hospital Epidemiology. For the statistical analysis the EPI INFO software version 6.04 was used.

RESULTS AND DISCUSSION

We interviewed 19 older people with HIV aged between 60 and 71 years, with an average age of 65 years. It was through that study, a progressive increase in the number of cases of AIDS reported in elderly at the center of reference, which rose from 5.3% in 1999 to 26.2% in 2006.

The Ministry of Health is reporting an increase in the number of Aids cases in the population aged 40 and over age. Of the total cases reported in 1992, 15.6% were composed by men from 40 to 49 years, rising to 24.4% in 2003. For the range of 50 to 59 years, increased by 4.5% to 8.7% and 60 years and over increased by 1.8% to 2.7% in the same period (BRASIL, 2003).

With regard to schooling, it was observed that the greatest concentration of those interviewed had completed primary school (16), representing 84.2% of respondents, and only 3 (15.8%) had the high school.

The level of education expressed differences between people in terms of access to information and perspectives and opportunities to take advantage of new knowledge. It is undeniable that some parameters to achieve a higher quality of prevention and care, such as access to education and preventive methods, are directly related to socioeconomic status of the population.

Among the most important indicators to measure the socioeconomic level associated with health, cites is the level of education, income and occupation. These variables have in common the fact they highlight the social stratification, because the individuals occupying a position of social hierarchy according to their occupation, income and educational level. It appears that, even with restrictions, the level of literacy has been used as a variable assist in an attempt to express the socioeconomic profile of cases of Aids (BRITO et al, 2001).

As for education, data from the Ministry of Health confirm that the lower the level of schooling, the higher the probability of incidence of Aids, which corroborates these findings (VIEIRA et al, 2001).

About their religion, 17 (89.5%) are catholics and 2 (10.5%) evangelicals. Another issue discussed is related to marital status. It was noted that 3 (15.8%) were single (as), 2 (10.5%) separated, and the largest contingent, 10 (52.6%), were married (as). There were, among the participants, 4 (21.1%) widows.

Giselda Trigueiro Hospital is a reference state for caring for patients with infectious and contagious diseases, thus, it was observed that among the interviewees, 11 (57.9%) lived in Natal, while 8 (42.1%) came from the interior of the state. One may conclude that, as in Brazil, the AIDS increasingly is internalizing to the smaller cities (BRAZIL, 2003).

The predominant family income in the sample studied was a minimum wage, 13 (68.4%) participants, 4 (21.1%) received up to two minimum wages and 2 (10.5%) had no fixed income. The data of family income corroborate the theory of impoverishment of the epidemic, according to Parker and Camargo Jr (2000). Some authors, such as Bastos and Szwarcwald (2000), have linked the issue of social vulnerability and consequent impoverishment of the AIDS epidemic in terms of economic and political. It is common that in poorer areas are brought together numerous adverse factors with regard to the lack of infrastructure, low availability of service and employment opportunities.

The prevalent form of contamination of the participants, according to respondents, was the transmission via heterosexual, 17 (89.5%). It appears that 2 (10.5%) acquired HIV by injecting drug use. It is emphasized that this study, the largest concentration of diagnoses occurred in 2006.

Following the progression of the Aids epidemic in Brazil and in other regions of the world, it is increasingly an increase of cases due to sexual transmission, but also register an upward trend among IDUs (BRITO et al, 2001). According to Prilip (2007), until the mid-80, the lack of methods for selection of donors and control of blood formed with the blood transmission is the main risk factor for the transmission of HIV in people over 60 years. This same author also places that, currently, most cases of AIDS patients in this age group is attributable to sexual contact or injecting drug use.

In this study, it is the predominance of elderly women (57.9%) with Aids. In Brazil the route of heterosexual transmission is the most important feature of the dynamics of the epidemic. This attribute has contributed decisively to the increase in cases among women. According emphasized the inclusion of women in the Aids epidemic is not restricted to younger age groups, as has been observed increase in notifications in elderly from 50 years. The trend of increase in the number of women in the epidemic, especially in sub-heterosexual since 1992, is the smallest and most vulnerable women access to reproductive health services, in addition to the difficulty in negotiating the use of condoms with their partner in most cases (CASTILHO and RODRIGUES-JUNIOR, 2004).

The changes of the natural process of aging among women as vaginal narrowing, decreased elasticity and vaginal secretions and drain on the vaginal walls, are situations that favor the risk of HIV infection during sex. This situation, combined with a lack of perception of risk, may lead a greater number of older women to the HIV epidemic (CECCATO et al, 2004).

Heterosexual women, married and monogamic have no idea of their risk through ignorance of sexual practices of their husbands and partners stable and is thus very doubtful as to when and how to negotiate safe sex, remain exposed and vulnerable (MUNHOS and SEABRA, 1996).

It is too difficult for most women accept the sexual behavior of their partners, who often have other sexual partners male or female. This negotiation of reality may be contributing to the fact that their women to resist change in their sexual lives. The limited change in women's sexual practices, even with the obvious threats of HIV infection, points to the fact that most women need to evolve with regard to prevention, being able to create strategies for processing and changes in their sexual behavior to protect themselves from Aids.

Regarding the use of condoms, only 4 (21.1%) said always make use of condoms during sexual intercourse. Studies show that, despite the knowledge on ways of transmission of STD / Aids are few in mature adults who claim to use condoms in all sexual relations (CARRET et al, 2004). As the Aids disease is recent of the 80s, it is possible to have difficulty in understanding the need in the use of condoms by older, because this practice is not part of the culture of them, hence the importance of developing specific guidance to that portion of the population.

The negative attitudes about the use of condoms in sex, contrary to what is most commonly thought, is not an attitude predominantly male, many women say that this practice interferes with sexual pleasure. This behavior may also be contributing to greater exposure of women to the risks of infection, especially if people take into account the fact that a large number of women who think this way may never have used a condom.

The increase in cases among heterosexuals characterized what has been called a "process of feminization" of Aids. In 1983, the number of cases reported in Brazil corresponded to the proportion of 40 men to 1 woman; from 1998, the proportion is 2:1, with strong tendencies to become 1:1 (BRAZIL, 2002). Some factors are suggested for the greater female vulnerability to HIV infection in an unprotected sexual encounter: viral load in the sperm; greater area of contact (vaginal canal), sexual intercourse during menstruation, often being the bearer of STD's, undiagnosed, asymptomatic, which increases the known risk of infection (BORGES, 2000).

As for social vulnerability, especially in poor countries, still requires the woman experiencing unequal relations of power, economic dependence and sexual submission. These issues hamper the adoption of preventive practices to HIV and other STDs, because it involves negotiation with the male and requires a reflection on the very female sexuality that, in most cases, was living under the aegis of silence and censorship (BORGES, 2000).

While it is observed increase in the number of cases of HIV infection and Aids among people aged 60 and older, is not common that people consider the risk to contract STD / Aids and, although they may engage in risk behavior as unprotected sex, still does not realize vulnerable to sexually transmitted diseases (WARD et al, 2004).

Also according to these authors, topics on sexuality, knowledge and behavior in relation to STD / Aids and the perception of risk are generally treated only for some specific population groups such as adolescents and adults of reproductive age. The issues regarding sexuality in the elderly population, which has no concern about contraception, are treated in literature emphasizing aspects relating to the performance or sexual dysfunctions and their relationship to quality of life, giving less emphasis to the promotion of sexual health and prevention of STDs / Aids.

The data are best viewed in table 1.

Table 1. Elderly profile, Giselda Trigueiro Hospital – Natal/RN- 2008

Considered variable	F	%
Age		
-| 60 to 65 years -|	11	57,9
-| 65 to 70 years -|	7	36,8
-| 70 years or more	1	5,3
Sex		
Male	8	42,1
Fem	11	57,9
Procedência		
Capital (Natal)	11	57,9
Interior of the state	8	42,1
Family income		
- 1 minimum wage	13	68,4
- 2 minimum wage	4	21,1
- No income	2	10,5
Religion		
- Catholic	17	89,5
- Gospel	2	10,5
Schooling		
- Primary school	16	84,2
- High school	3	15,8

Way of contamination		
- Injectable drug use	2	10,5
- Heterosexual relation	17	89,5
Marital status		
- Single	3	15,8
- Separated	2	10,5
- Married	10	52,6
- Widow	4	21,1
Diagnosis year		
- 1999	1	5,3
- 2000	1	5,3
- 2001	2	10,5
- 2002	1	5,3
- 2003	2	10,5
- 2004	3	15,8
- 2005	4	21,1
- 2006	5	26,2
Total	19	100,00

Source: Data collected by resourcer.

CONCLUSION

In this research, elderly people interviewed were primarily low-income, with little schooling and contaminated by unprotected heterosexual relationship, which somehow confirms the current trend of the epidemic of Aids in Brazil.

Although, in a short space of time, it was very advanced in the polls in search of new knowledge about Aids, still constitutes major public health problems we have today.

Aging with HIV is simply a challenge to be faced by the more elderly, but also by professionals in all fields, to which it is required to change established paradigms, ranging from care more responsive to the needs of the elderly, allocation of resources of various orders to investments in education to transform the ideas that marginalize all beyond the standards deemed "normal" and are included in the category "excluded".

As we conclude, the various events identified by this study should be deepened considerably by encouraging research to address Aids in the elderly, because they are sexually active and that most of the time had some risk attitude in adulthood. It is essential that they are developed and implemented prevention programs against HIV, which include a combination of speech and conduct directed at minimizing the risk of sexual practices in the age group under study.

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EPIDEMIOLOGICAL PROFILE OF HIV / AIDS IN THIRD AGE
ABSTRACT

The epidemic of AIDS undermines individuals of all ages. In Brazil, especially in recent years, it has noticed the increase in cases of the disease in people over 60 years of age, resulting in more new feature of the epidemic. The prevention of AIDS among the older population is very complex and represents a challenge to the current public health policies, which concentrate their attention to young people. Charting the epidemiological profile of elderly people living with HIV / AIDS attended the service of reference for the treatment of AIDS in Natal-RN. This is an epidemiological study, descriptive and analytical, quantitative in nature, developed at the clinic of the Giselda Trigueiro Hospital (HGT) reference in the treatment of AIDS, located in Natal - RN / Brazil. The sample consisted of 19 elderly people with HIV, registered and attended in the center of reference. We found that elderly people living with HIV were in the range between 60 and 71 years, with an average age of 65 years. The same came from Natal, 11 (57.9%) of mostly. As to family income, 13 (68.4%) had a minimum wage, 4 (21.5%) of two salaries and 2 (10.5%) had no income. The group had as prevalent form of contamination, the route of heterosexual transmission 17 (89.5%). In this study, it is the predominance of elderly women (57.9%) with AIDS. It is noteworthy that the largest concentration of diagnoses occurred in 2006. Regarding education, we observed that the majority had completed primary school (16), representing 84.2% of respondents. In this research, elderly people interviewed were primarily low-income, with little schooling, and contaminated by unprotected heterosexual relationship, which somehow confirms the current trend of the epidemic of AIDS in Brazil. It is important, so, the full implementation of public policies geared to promote health in the elderly population, especially regarding sexuality and vulnerability to STD / AIDS.

Keywords: Aids / HIV, Epidemiology, Elderly people living with HIV / Aids.

PROFIL EPIDEMIOLOGIQUE DES PERSONNES AVEC LE VIH/SIDA DANS LE TROISIEME AGE

RÉSUMÉ

L'épidémie de sida sape les individus de tous âges. Au Brésil, en particulier au cours des dernières années, a remarqué l'augmentation des cas de la maladie chez les personnes de plus de 60 ans, résultant en plus de nouvelle fonctionnalité de l'épidémie. La prévention du SIDA parmi la population âgée est très complexe et constitue un défi pour la politique de santé publique. Par conséquent, l'objectif de cette étude était de tracer le profil épidémiologique des personnes âgées vivant avec le VIH / SIDA ont participé le service de référence pour le traitement du sida dans le Natal-RN. Il s'agit d'une étude épidémiologique, descriptive et analytique, de nature quantitative, développée à la clinique de l'Hôpital Giselda Trigueiro (HGT), une référence pour le traitement du sida, situé dans la ville de Natal - RN / Brésil. L'échantillon se composait de 19 personnes âgées avec le VIH, enregistrés et pris en compte (s) dans le center de référence. Les principaux résultats, il a été observé que les personnes âgées vivant avec le VIH ont été dans la fourchette comprise entre 60 et 71 ans, avec une moyenne d'âge de 65 ans. La preuve même de la ville de Natal, 11 (57,9%) de la plupart du temps. Quant au revenu familial, 13 (68,4%) avait un salaire minimum, 4 (21,5%) de deux salaires et 2 (10,5%) n'avait aucun revenu. Le groupe a plus fréquente forme de contamination, la voie de transmission hétérosexuelle 17 (89,5%). Dans cette étude, il est la prédominance des femmes âgées (57,9%) avec le sida. Nous insistons sur le fait que la plus grande concentration de diagnostics a eu lieu en 2006. En ce qui concerne l'éducation, nous avons observé que la majorité a terminé l'école primaire (16), représentant 84,2% des personnes interrogées. Il est de la pleine mise en œuvre de politiques publiques visant à promouvoir la santé de la population âgée, notamment en ce qui concerne la sexualité et de la vulnérabilité aux MST/SIDA.

Mots-clés: VIH / sida, l'épidémiologie, les personnes âgées vivant avec le VIH / sida.

PERFIL EPIDEMIOLÓGICO DE LAS PERSONAS CON VIH/SIDA EN LA TERCERA EDAD

RESUMEN

La epidemia del SIDA socava los individuos de todas las edades. En el Brasil, especialmente en los últimos años, ha observado el aumento de los casos de la enfermedad en las personas de más de 60 años de edad, resultando en más nueva característica de la epidemia. La prevención del SIDA entre la población de edad avanzada es muy complejo y representa un desafío para las actuales políticas de salud pública. Por lo tanto, el objetivo de este estudio fue Trazar el perfil epidemiológico de las personas de edad que viven con el VIH/SIDA que asistieron al servicio de referencia para el tratamiento del SIDA en Natal-RN. Se trata de un estudio epidemiológico, descriptivo y analítico, cuantitativo en la naturaleza, desarrollado en la clínica del Hospital Giselda Trigueiro (HGT), una referencia para tratar el SIDA, que se encuentra en la ciudad de Natal - RN / Brasil. La muestra consistió de 19 de las personas de edad avanzada con el VIH, registrados y actuar en consecuencia (s) en el centro de referencia. Los principales resultados, se observó que las personas de edad avanzada que viven con el VIH se encontraban en el rango entre 60 y 71 años, con una media de edad de 65 años. Los mismos datos de la ciudad de Natal, 11 (57,9%) de la mayoría. En cuanto a los ingresos de la familia, 13 (68,4%) tenían un salario mínimo, 4 (21,5%), de dos sueldos y 2 (10,5%) no tenían ingresos. El grupo tenía como forma predominante de la contaminación, la vía de transmisión heterosexual 17 (89,5%). En este estudio, es el predominio de las mujeres de edad (57,9%) con el SIDA. Hacemos hincapié en que la mayor concentración de los diagnósticos se produjo en 2006. En cuanto a la educación, hemos observado que la mayoría había completado la escuela primaria (16), lo que representa el 84,2% de los entrevistados. Es de la plena aplicación de las políticas públicas orientadas a promover la salud en la población de edad avanzada, especialmente en relación con la sexualidad y la vulnerabilidad a las enfermedades de transmisión sexual / SIDA.

Palabras clave: VIH/SIDA, Epidemiología, las personas de edad que viven con el VIH / SIDA.

PERFIL EPIDEMIOLÓGICO DE PORTADORES DE HIV/AIDS NA TERCEIRA IDADE

RESUMO

A epidemia da Aids compromete indivíduos de todas as faixas etárias. No Brasil, especialmente nos últimos anos, tem se observado o aumento de casos da doença em pessoas acima de 60 anos de idade, resultando na mais nova característica da epidemia. A prevenção à Aids entre a população idosa é algo muito complexo e representa um desafio para as atuais políticas de saúde pública. Portanto, o objetivo deste estudo foi Traçar o perfil epidemiológico de idosos portadores de HIV/Aids atendidos no serviço de referência para o tratamento da Aids em Natal-RN. É um estudo epidemiológico, descritivo e analítico, de natureza quantitativa, desenvolvido no ambulatório do Hospital Giselda Trigueiro (HGT), referência no tratamento da AIDS, situado no município de Natal RN/Brasil. A amostra foi composta por 19 idosos portadores de HIV, cadastrados e atendido (s) no centro de referência. Como principais resultados, observou-se, que os idosos portadores de HIV encontravam-se no intervalo entre 60 e 71 anos, com idade média de 65 anos. Os mesmos proviam do município de Natal, 11 (57,9%) em sua grande maioria. Quanto à renda familiar, 13 (68,4%) possuíam um salário mínimo, 4 (21,5%) de dois salários e 2 (10,5%) não tinham rendimento. O grupo teve como forma de contaminação prevalente, a via de transmissão heterossexual 17 (89,5%). No presente estudo, evidenciou-se o predomínio de mulheres idosas (57,9%) com Aids. Ressaltamos que a maior concentração de diagnósticos ocorreu no ano de 2006. Em relação à escolaridade, observou-se que a maioria possuía o ensino fundamental completo (16), correspondendo a 84,2% das entrevistadas. Faz-se importante a implantação de políticas públicas integrais de promoção à saúde voltada para a população idosa, principalmente quanto à sexualidade e vulnerabilidade às DST/Aids.

Palavras-Chaves: Aids/HIV, Epidemiologia, idosos portadoras de HIV/Aids.