

STI and HIV Screening in Older Adults: An Integrative Literature Review

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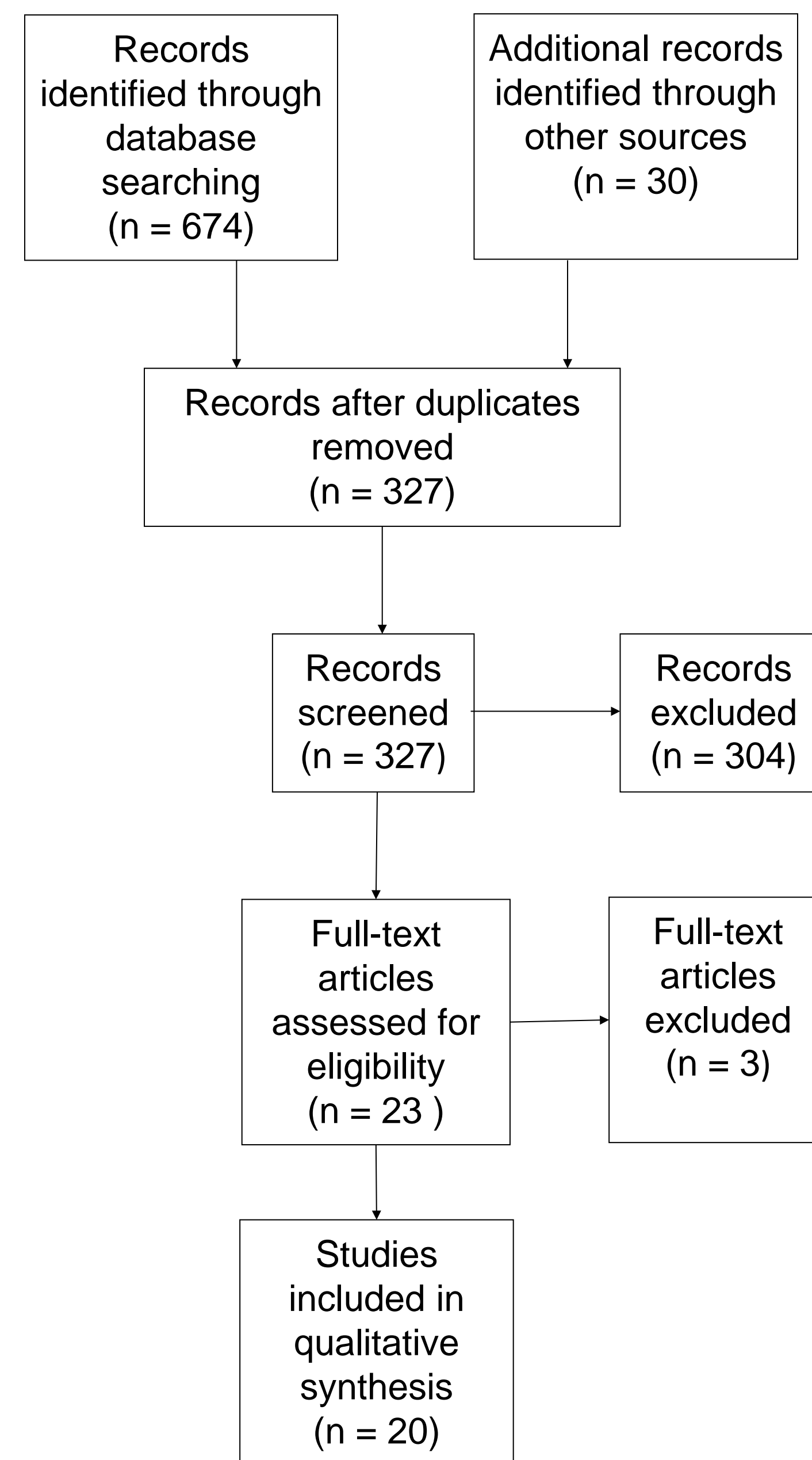
Background

- 42.9% increase in chlamydia infections and 9% increase in gonorrhea infections among Americans 55-64 years old between 2008 and 2012¹
- 5% of new HIV infections in 2010 were among Americans 55+ years old²
- Approximately 10% of adults 57-85 years old reported at least one new sexual partnership within the previous five years³

Methods

- Database searches
 - PubMed
 - EMBASE
 - CINAHL
 - Web of Science
- Manual reference list searches
- Inclusion criteria
 - Published 1990 – 2013
 - English language
 - Frequency or history of HIV and/or STI testing at 50 years of age and older
 - Health care providers' practices regarding sexual history taking, STI testing, and HIV testing of older adults
 - Perceived barriers and cues to HIV and/or STI testing among older adults
 - Health care providers' beliefs regarding discussing sexual health with older adults
 - Older adults' perspectives on discussing STI-related issues with health care providers

Literature Search



Findings

- 64.4% and 68.9% of sexually active men and women 57-85 years old reported not being tested for STIs within the past year⁴
- Approximately 70% of higher risk sexually active men 57-85 years old were not tested for HIV within the past year, including 39% who had never been tested in their lifetime⁴
- Over 70% of higher risk sexually active women 57-85 years old were not tested for HIV within the past year, including 33% who had never been tested in their lifetime⁴
- Less than 6% of adults 50 years and older were offered an HIV or STI test at their last routine medical visit or advised by a health care provider to be tested³



- Low perception of risk is a barrier to HIV testing for older adults; ⁵⁻⁷ encouragement from health care providers positively influences HIV testing⁵
- Barriers to collecting routine sexual histories from older adults include health care provider assumptions that sexuality is an insignificant topic, personal discomfort with discussing sexual issues, and fear of offending patients⁸⁻¹⁰
- Older adults are receptive to sexual history-taking; many would prefer the provider initiating the discussion^{8,11-13}

Conclusions

- There are missed opportunities to identify STIs and HIV in older adults
- Health care providers must overcome assumptions and stereotypes about older adult sexuality and utilize their influence to encourage STI and HIV testing among their older adult patients



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References

- Available online at <https://cdc.confex.com/cdc/std2014/webprogram/Session14205.html>