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HUMAN IMMUNODEFICIENCY VIRUS: STUDY ON ITS INCIDENCE IN ELDERLY INDIVIDUALS IN THE FEDERAL DISTRICT

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ABSTRACT

Introduction: The Human Immunodeficiency Virus (HIV) has progressively affected the elderly population in Brazil, revealing a worrying trend in the increase of HIV/AIDS cases in people over 50 years of age. Objective: to quantitatively analyze the number of HIV/AIDS cases in people over 50 years of age in Brazil, with the aim of understanding the spread of the disease among the elderly and promoting a critical reflection on public health policies aimed at this group. Methodology: An integrative literature review with a qualitative approach was carried out. The research used Health Descriptors (DeCS)/Medical Subject Headings (MeSH) combined with the Boolean operators AND and OR, including the keywords "Elderly", "HIV", "AIDS", "Pre-Exposure Prophylaxis", and "Post-Exposure Prophylaxis". The databases consulted were SciELO, PubMed and CAPES journals, covering the period from 2019 to 2023. Results: the impact of HIV/AIDS on the elderly population in Brazil highlights gaps in prevention and treatment programs. Conclusion: The lack of adequate guidance in medical consultations, combined with the difficulty of elderly people in discussing their sexuality with health professionals, hinders early diagnosis and immediate treatment. In addition, antiretroviral therapy, although essential for the quality of

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life of HIV carriers, can lead to the development of comorbidities, reinforcing the need for multidisciplinary interventions.

Keywords: HIV. Elderly. PrEP. PeP.

INTRODUCTION

In recent decades, HIV infection has been largely associated with younger populations, while the elderly often remain on the sidelines of prevention strategies and debates about the impact of the disease. However, the epidemiological reality points to a significant increase in HIV/AIDS cases among people over 50 years of age, which raises questions about the effectiveness of preventive measures and the need to adapt public health policies for this age group (Assunção, 2024).

During the 1980s and 1990s, AIDS emerged as one of the most serious public health crises, marked by stigmas and prejudices that initially linked the disease to specific groups, such as the homosexual community. This mistaken association delayed the diagnosis and treatment of many people, contributing to the spread of the virus and high mortality (Simões, 2018).

Over the years, Brazil has taken a proactive role in combating the epidemic, implementing public policies and guidelines for managing HIV infection, including the introduction of prophylaxis such as PrEP (pre-exposure prophylaxis) and PEP (post-exposure prophylaxis). These strategies have been fundamental in preventing and treating the disease, but their acceptance and implementation among the elderly population are still limited, requiring greater attention and intervention by health teams (Zucchi, 2018). Living with HIV is marked by ongoing challenges, requiring patients not only to strictly adhere to treatment, but also to have a resilient and positive mental attitude. Maintaining psychological balance is crucial, especially in the elderly population, where emotional vulnerability can negatively influence the progression of the disease. The ability to face the challenges inherent to the infection without allowing them to compromise mental health is essential to prevent the worsening of the clinical condition. Such care is essential to ensure humanized care and promote the quality of life of elderly people living with HIV (Araújo, 2019). This topic is justified since the quantitative analysis of the number of HIV/AIDS cases among the elderly, as well as the understanding of the gaps in prevention and treatment practices, are fundamental for the development of more effective intervention strategies.

Thus, due to the significant increase in HIV/AIDS cases among people over 50 years of age, the research problem that will guide this study was: what are the main gaps in prevention and treatment practices for this age group, and how do these gaps impact the dynamics of the disease and the effectiveness of control strategies in Brazil?

In view of this scenario, this study has the general objective of analyzing, in a quantitative manner, the number of cases of people over 50 years of age with HIV/AIDS, seeking to understand the dynamics of the disease in this age group and identify the gaps

in prevention and treatment practices. Specifically, the study aims to obtain detailed information about the virus and the disease, analyze data on the epidemic in Brazil, learn about existing prevention and treatment programs, and explore how the elderly population has been affected by HIV.

By investigating these aspects, we hope to contribute to a critical reflection on public health strategies aimed at the elderly, promoting the development of more inclusive and effective approaches in the fight against HIV/AIDS among the elderly.

METHODOLOGY

This is exploratory research using secondary data. According to Gil (2008), in order to classify something, it is necessary to have some classification criteria. Thus, research can then be classified based on its general objective, which can be exploratory, explanatory and descriptive. Exploratory research therefore aims to familiarize oneself with the problem in order to broaden its view or create hypotheses. Having great flexibility in its planning, it allows considering several aspects regarding the object of study. This type of research involves: bibliographical survey, interviews with people, and analysis. For this research, the "interview with people" part was replaced by data already collected by the Health Department of the Federal District (SES-DF).

The review will have a quantitative approach, in which a time frame of fifteen years was used, from 2008 to 2023. For the theoretical basis, the following guiding question was established for the research: Has the number of cases of elderly people with HIV and AIDS in the DF increased?

How has the country acted in relation to HIV and AIDS cases? Prevention measures, treatments and target audience.

The research will be carried out using Health Descriptors (DeCS)/Medical Subject Headings (MeSH): combined with the Boolean operator AND and OR: of the keywords that were defined using "ELDERLY", "HIV", "AIDS", "Pre-Exposure Prophylaxis", "Post-Exposure Prophylaxis". In the databases: Scientific Electronic Library Online (SciELO), PubMed and CAPES journals.

For inclusion, the following criteria were used: articles published between 2008 and 2023, articles written in Portuguese, English and Spanish, articles published in journals, original articles. The exclusion criteria were: review articles, articles published outside the established timeframe, doctoral theses, master's dissertations, course completion papers, articles written in languages other than Portuguese, Spanish and English, articles that were not original, articles that did not address the research topic. The analysis of the articles will

be done by reading the abstracts and titles. It was important to exclude studies that do not meet the study objective, taking into account the inclusion and exclusion criteria of the work.

For the quantitative survey, epidemiological data available on the SES-DF portal were used, where the filter was selected: all, for AIDS and HIV, and in types, adult AIDS was selected. Finally, the data of all patients aged 60 and over were selected to obtain epidemiological data and graphs of AIDS and HIV from 2019 onwards, as well as epidemiological report booklets from 2019 onwards..

METHODOLOGY

The following paragraphs will address HIV rates in the elderly, pre- and post-exposure measures to HIV, the experience of the elderly having to live with HIV, incidence rates, lack of seeking out health services for routine consultations, deficiencies in health services in relation to these cases, among others. The research focused mainly on cases arising from the Federal District, making a comparison between the pre- and post-COVID-19 pandemic period.

Aids/Hiv

During the 1980s and 1990s, AIDS ravaged the world, causing fear, creating stigmas, and wrongly and prejudicedly associating the disease with homosexuals, which hindered diagnosis, treatments, and assistance to people carrying the virus. (MUNIZ CG, BRITO C, 2022) According to UNAIDS data from 1982 to 2022, more than 85 million people were infected with HIV, and from 1977 to 2022, more than 40 million people died (UNAIDS, 2022)

HIV is a retrovirus, that is, its material consists of RNA, but when it infects a cell, it transforms it into DNA and inserts it into the host's genetic material. In this way, the virus infects cells, specifically CD4+ T lymphocytes, which are part of the body's defense system. By binding to specific proteins in the cell membrane, the virus inserts its genetic material and begins to multiply inside the host, leading to cell death and compromising the body's defense system. When the organism can no longer deal with infections from external agents, the diagnosis of AIDS is made (MS-Brasil, 2022).

Epidemic and stigmas

In the early 1980s, France and the USA issued the first notification of the disease, which caused panic in society. Little was known about AIDS; the general picture of the disease was distressing and painful, given the cachectic state in which individuals found

themselves at the end of their lives. This notification also gave rise to the expression risk group, which indicated which group of people was most susceptible to contracting the virus, which led to the association of the disease with homosexuals, with the homosexual group being considered prone to infection. People linked them to the disease, giving rise to the Gay Plague (Fernando, 2020). When the first cases of AIDS were identified in Brazil, they quickly caught the attention of the media. Little was known about the disease, but this did not stop the media from reporting alarming news that generated speculation, stigma, prejudice and aversion in society towards this group of people, who until then were the main infected (Ioc-fiocruz, 2017).

With the growth of the disease in the world, the United Nations (UN) created, in 1996, the Joint United Nations Programme on HIV/AIDS (UNAIDS), whose mission is to globally fight the spread of the virus and the disease, ensure treatment, advances in research and reduce the socioeconomic impacts caused by the epidemic (Unaids, 1996).

UNAIDS has set the goal of ending the epidemic by 2030. It counts on world leaders to commit to having 90% of people diagnosed with HIV in their countries, 90% of those diagnosed receive adequate treatment and 90% of people treated have the virus suppressed (undetectable) (Francisco, et al)

Significant advances in the fight against the epidemic have been made, such as tests to detect the virus, production of retroviral drugs that prevent the multiplication and development of the virus, thus preventing the progression to AIDS, as well as pre- and post-exposure prophylaxis. So that seropositive patients (HIV carriers) have a longer life expectancy and a better quality of life than in the early 1980s (Santos LA et al., 2022)

Currently, even with advances in research on the virus and the disease, stigmas and prejudices are still present, not only on the part of society but also among health professionals, as cited by Massa (2021):

> “[...]Health professionals understand the search for PEPSexual as an individual's failure in health care, transforming this search and its motive into wrong and undesirable acts from the point of view of “health”[...]” (Massa, et al., 2021)

Therefore, when judging and blaming the patient, the healthcare professional compromises the holistic view of this patient, compromising their adherence to treatment, as well as the search for health services (Massa, et al., 2021)

Brazil against HIV/AIDS

Since the 1990s, Brazil has been creating guidelines and public policies to address

the spread of the epidemic, such as testing campaigns offered by the Unified Health System (SUS). In compliance with UNAIDS, in 2013 the Clinical Protocol and Therapeutic Guidelines for the Management of HIV Infection in Adults was launched, which implemented funding, recommendations, standards and clinical management for the prevention, diagnosis and treatment of the population (Monteiro, et al., 2019). Treatment as Prevention (TasP) was then adopted as the central strategy to achieve the established goal. Based on scientific evidence, antiretrovirals were used to reduce the viral load in the patient so that it became undetectable and thus also untransmittable. Through the SUS, the country managed to increase the number of early diagnoses, that is, before the development of AIDS, using biotechnological interventions, such as oral fluid testing, which enabled an increase in testing and diagnoses (Monteiro, et al., 2019). However, testing and diagnosis alone were not enough to achieve the goal. A combined prevention strategy was then developed, where the individual takes the lead in caring for their health, and the country provides what is necessary for this to happen through counseling and testing not only for HIV but also for other STIs at Testing and Reception Centers (CTA), the use of condoms provided at health centers, the creation of protocols that increase the number of professionals who can diagnose and prescribe medication for the treatment of STIs, immunization against HPV and Hepatitis B, as well as post-exposure prophylaxis (PEP) and pre-exposure prophylaxis (PrEP) (Francisco, et al.)

Prep

Combating sexually transmitted diseases such as HIV/AIDS is a topic with a long history in the context of public health that has always sought strategies, mainly campaigning with posters, advertisements and dissemination of information related to the prevention and treatment of the disease, known by the acronyms PrEP and PEP. These health promotion strategies produced by the Ministry of Health aim to guide and raise awareness among the population about HIV (Mora et al., 2022).

Pre-exposure prophylaxis (PrEP) represents one of the greatest advances in the relationship between biomedical technology and the public health promotion strategy, offering the population prophylaxis in the form of a medication known as oral emtricitabine/tenofovir disoproxil fumarate (FTC/TDF), which consists of a combined pill with a high adherence rate among men and women in Brazil (Antonini et al., 2023).

According to Antonini, despite the large number of adherence to prophylaxis, there is still a high rate of discontinuation of preventive treatment, indicating that there are barriers to keeping users within health services, demonstrating that the success of the strategy

depends greatly on the knowledge and guidance of health professionals to overcome the challenges that may be encountered in the implementation of pre-exposure prophylaxis (PrEP).

> Since the implementation of PrEP in the country, there are 473 dispensing services and 64,066 thousand people have benefited from the use of prophylaxis, 24,843 thousand have discontinued its use and, currently, there are approximately 39,223 thousand active users of PrEP. Thus, it is observed that 39% of people who started PrEP discontinued the use of prophylaxis at some point (Antonini et al., 2023).

An important factor to be highlighted is in relation to the groups that have a higher indication and have a history of vulnerability related to the disease. These groups are represented by transgender people, sex workers and gays. There are also groups with social vulnerabilities such as black people, adolescents and drug users. Of course, the fact of belonging to vulnerable groups does not necessarily mean a higher risk of infection. Exposure depends on factors such as individual, social and programmatic aspects, but these groups have a higher incidence of cases (Zucchi et al., 2018).

Contextualizing situations of different vulnerable groups, it can be said that people with the habit of drinking alcohol and drugs concomitantly with sexual practice facilitate exposure to HIV, multiple partners, victims of sexual violence, and even people in situations where the option for prevention is limited, such as in sex work. For this reason, when creating this strategy, groups that need greater attention, care, and guidance on prevention are listed. It is also interesting to talk about the groups that choose to use this form of prevention because they do not want to use traditional methods (Zucchi et al., 2018).

It is recommended to evaluate the patient 4 weeks after starting PrEP therapy, followed by reviews every 3 to 6 months. During the consultation, check compliance and side effects of the medication, considering repeating the HIV test. During regular reviews, assess adherence to therapy and possible adverse events; it is essential to reinforce the importance of continuing therapy to maintain preventive efficacy (Lee, 2023).

In the SUS, the regimen currently available for PrEP is to take one tablet per day that combines tenofovir disoproxil fumarate (TDF) 300 mg and emtricitabine (FTC) 200 mg in a dosage of one tablet per day. They have shown to be effective and safe, with few side effects, in addition to contributing to the reduction of HIV transmission, becoming a crucial tool in the prevention and spread of the virus (MS, 2022).

Nursing and PrEP users

According to (Eakle, 2018), the acceptability of this prophylaxis is not yet as well

known as other classic prevention methods that society is more familiar with, demonstrating that the health team has a fundamental role in relation to the guidance and implementation of PrEP since it is through the creation of a bond that there will be adherence and continuity of this prevention method.

PrEP adherence does not depend only on the pharmacological regimen with retrovirals, the guidance and reception that are not pharmacological establish a relationship between the professional and the user, bringing confidence to the patient. It is of great importance that, especially the nurse who acts integrally as a protagonist of health promotion actions in primary care and has a greater bond with the population, knows the problems that involve assistance to people who seek care and seek to reduce possible barriers such as discrimination of groups such as LGBTQ+ that can hinder the adherence of those interested in prophylaxis (Silva, 2022). The nursing professional acts directly in counseling the user who is in the process of starting prophylaxis, so after the patient goes through the entire laboratory testing process, he/she will be referred to the nurse to provide guidance, explain how the antiretroviral regimen works, self-care, what the disease is, the importance of prevention and encourage the patient to adhere to prophylaxis and not evade it. For this, the professional must have extensive knowledge of HIV/AIDS (Fernandes, 2015). Adherence to PrEP is not an easy decision because it is a prevention method that requires a series of precautions from the interested party for its effectiveness. If this information is not well clarified, there is a high chance of discontinuing prophylaxis due to lack of guidance and also due to socioeconomic conditions, since changing lifestyle, adopting healthy eating habits, not using alcohol and drugs, and practicing physical activities are determining factors for the effectiveness of prevention. For this reason, the patient needs to be well-guided regarding their responsibility with lifestyle changes (Fernandes, 2015). Nurses must be prepared to deal with different situations and patient profiles. Psychological and social aspects must be considered so that the best antiretroviral regimen can be chosen based on the situation and particularities of each patient. Therefore, welcoming and forming a bond between the client and the professional is essential, because it is through this relationship of trust that the maximum amount of information about the patient's lifestyle will be collected so that professionals can offer care. Humanized and holistic (Fernandes, 2015)

Monitoring process for PrEP users

After adherence to prophylaxis, counseling, laboratory tests, and guidance, the nurse has the role of monitoring the patient throughout the therapy process. Therefore, according

to the recommendations of the Ministry of Health, monitoring of the patient using PrEP will be carried out every 30 days to check adherence and any side effects presented, thus ensuring the effectiveness of the treatment (Moura, 2015).

> The PrEP strategy for combating HIV among vulnerable populations has proven to be effective and safe. According to the iPrEx study, which evaluated daily oral PrEP in cisgender men who have sex with men (MSM) and trans women, there was a 44% reduction in the risk of HIV infection. The effectiveness of prophylaxis was strongly associated with adherence: in participants with detectable blood levels of the drug, the reduction in HIV incidence was 95% (Brazil, 2022).

Another reason for discontinuation of therapy is the fact that PrEP users are often mistaken for HIV carriers because they are taking preventive medications, and this disease carries a stigma that generates prejudice and discrimination. In addition, the method is seen by a society that is not enlightened as an “essentially gay” method, which can lead to a lack of adherence by other groups such as sex workers and drug users. Another reason for the lack of adherence or discontinuation is that the PrEP method is associated with promiscuity and irresponsibility, generating prejudice against PrEP users (Zucchi et al., 2018).

Pep

Post-exposure prophylaxis (PEP) is a crucial measure to prevent the spread of HIV after exposure. Although evidence on its effectiveness is limited, it is recommended to start treatment as soon as possible after exposure, usually using a combination of antiretroviral drugs, as exemplified by (EXAMPLE OF ANTIRETROVIRAL DRUGS). Health professionals must be aware of the possible adverse effects and know how to manage them, in addition to understanding that PEP does not guarantee complete protection against HIV infection (Young, 2007). Considering that the earlier prevention is started, the greater its effectiveness, the use of rapid tests (RT) to detect HIV infection in assessing the need for PEP is crucial. RT is a disposable device that does not require laboratory infrastructure, can be performed in the presence of the individual, and provides results in up to 30 minutes. Therefore, any institution that offers PEP must also organize itself to make rapid tests available, including training, supply logistics, and storage conditions (MS, 2021). People have the right to refuse post-exposure prophylaxis (PEP) or other procedures indicated after exposure, such as laboratory test collection. It is suggested that the refusal be documented in the medical record, with an explanation that information was provided on the risks of exposure and the relationship between the risk and benefit of the interventions, thus ensuring that the decision-making process is based on clear and detailed information (MS,

2021). After exposure, HIV infection can be prevented with the rapid administration of antiretroviral drugs (ARV) such as PEP. The first dose of PEP should be administered within 2 hours after an exposure (ideally) and, at most, 72 hours after an exposure; the sooner PEP is started, the greater the chance of preventing the HIV from establishing itself in the body (Dehaan, 2022). During follow-up, the exposed person should be advised to maintain preventive measures against HIV infection, such as using condoms in all sexual relations and avoiding sharing syringes and needles in cases of injectable drug use, in addition to being discouraged from donating blood, organs, tissues or sperm, and emphasizing the importance of preventing pregnancy (MS, 2021).

Nursing care in post-exposure prophylactic measures (PEP)

When it is confirmed through laboratory tests or by the patient's statement that there has been exposure to HIV, the nurse in the primary care context will begin the post-exposure therapeutic protocol for the virus, which consists of offering a cocktail composed of zidovudine with lamivudine, which is effective in preventing infection by the virus after exposure (Souza, 2021).

The correct use of antiretroviral drugs is essential for effective prevention against HIV, especially considering that many individuals do not follow the 28-day post-exposure prophylaxis protocol, in addition to the use of condoms. In this context, the assistance provided by the nursing team is essential to welcome the patient, provide clear information about the treatment, carry out monitoring, prevent and manage side effects and seroconversion, maintain confidentiality, and collaborate with the multidisciplinary team (Souza, 2021). The emergency care unit (24-hour UPA) is a gateway for patients who seek the place claiming to have been exposed to the virus seeking guidance. It turns out that many do not know PEP in depth, and it is up to the nurse to provide reception, guidance, and offer humanized care because many patients are ashamed, and feel embarrassed, especially men due to the discrimination and prejudice that still exists regarding sexuality. Therefore, the nurse must provide security, maintain confidentiality, identify whether the patient belongs to a priority group, and provide guidance on monitoring the immunological window, and vertical transmission in case of pregnancy and adverse effects (Souza, 2021).

> Studies indicate that full adherence to the 28-day course of antiretroviral (ARV) treatment is essential to maximize the effectiveness of post-exposure prophylaxis (PEP). However, scientific evidence indicates that rates of completion of the therapeutic regimen remain low, as demonstrated in recent research in the Brazilian literature (Brazil, 2021).

When PEP is recommended, the antiretroviral regimen preferably works as follows:

1 tenofovir/lamivudine co-formulated tablet (TDF/3TC) 300mg/300mg + 1 dolutegravir (DTG) 50mg tablet daily. In case of potential pregnancy, an alternative protocol is used that works as follows: Inability to use TDF: AZT/3TC + DTG; inability to use DTG: TDF/3TC + ATV + RTV; inability to use ATV + RTV: TDF/3TC + DRV + RTV. For pregnant women, regardless of the form of exposure, the preferred regimen should be composed of DTG from the 12th week of gestation. The preferred PEP regimen in pregnant women with a gestational age less than or equal to 12 weeks should be composed of a combination of TDF/3TC and ATV + RTV. In case of contraindication or intolerance to ATV + RTV, the combination of DRV + RTV can be prescribed, reinforcing the need for the dose of DRV 600mg with RTV 100mg every 12 hours. (Brazil, 2021)

The exercise of sexuality is free, health promotion and prevention strategies are for everyone and the person has the right to choose which method is best suited to them within the context of the reality in which each person lives. For this reason, health professionals must be careful with the approach and with potential judgments of the patient's choices since this adherence defines the success or failure of a public health strategy that can generate a major change in the country's health indicators (Filgueiras, 2023).

Elderly people and HIV

Aging is a right guaranteed by Brazilian legislation, and its safety is a social right. According to federal law No. 10,741. October 1, 2003, must ensure the rights of the elderly, and the State must preserve the physical and mental health of the elderly, due to freedom and dignity. It is a population that grows every day due to the aging of the population in Brazil (Neto et al., 2015)

Sexuality is a basic pleasure and must be experienced in its entirety. It is present in all cycles of life. Thus, it should not be forgotten. Sexuality among the elderly has become increasingly rejected, and this ended up proving necessary to discuss elderly people living with the Human Immunodeficiency Virus. As a result, sexual health in old age is little understood in the health area, and little understood in society, among the elderly, and among health professionals (Aguiar et al., 2020). Concern about HIV cases in the elderly is linked to the aging of the Brazilian population, the increased survival of people living with HIV, and the use of medications that encourage continued sexual activity. The pharmaceutical industry tends to encourage this practice, making this group vulnerable to infection. Another factor is the late diagnosis of the infection, with an average delay of at least 10 months before starting treatment (Santos, Assis, 2012).

Vulnerability of the Elderly

There is individual vulnerability, considering the elderly as unique beings who must be treated according to their cognitions and behaviors. Then there is collective vulnerability, divided into social and cultural levels. Social vulnerability is based on living in groups and socialization, also taking into account economic, social, and cultural aspects. Even if they live in the same place, there are different types of vulnerability, and the needs of each individual are analyzed (Cerqueira, Rodrigues, 2016). Sexuality in old age should be discussed more frequently to assess the level of risk of older adults for HIV. Lack of information encourages prejudiced attitudes and discourages sexual interest in old age. Hence the importance of talking about the risk of older adults, improving their knowledge about sexuality and disease, encouraging the development of public policies related to sexual health and HIV prevention, and ensuring greater care for older adults (Aguiar, Leal, Marques, 2020).

It is an emerging disease, of great relevance, serious, and pandemic. From 1980 to June 2015, 798,366 cases were recorded in the epidemic in Brazil, 65% of which were men and 35% women. Although most cases are between 25 and 39 years old, cases have been common in older adults, who are the population that does not receive attention to this disease, making it necessary to pay greater attention to these rarely seen cases (Bastos et al., 2016).).

Health services and their care

Health professionals working in primary care report that when caring for the elderly, requesting HIV serology was not a routine practice in the unit. This highlights the fact that the elderly seek health services with complaints associated with the infection and even so, other pathologies that are more common in this age group are considered, precisely because this type of approach is not common (Alencar, Ciosak, 2016).

Health workers must prepare themselves to provide specific care for the elderly, where they are treated as a whole, not focusing only on the most common pathologies and without judgment. Looking at it this way, professionals have an effective method, which is health education, capable of transmitting all the knowledge they have to society and changing certain lifestyle habits that lead to a good quality of life and an improvement in the number of cases of the disease (Nardelli et al., 2016).

Living with HIV

Living with HIV in old age is not easy, in addition dealing with other situations, such

as finances, relationship with the partner, culture, and sexual function, among others, is a difficult task to deal, and this directly interferes with the quality of life of the elderly, which is an essential condition for those who have been through so much throughout their lives and now should only enjoy the things they have and have an adequate and comfortable quality of life for their age (Araújo et al., 2020).

Elderly patients present progression to immunosuppression more quickly, as they are already more fragile and sometimes debilitated, and in the face of infection, they are more prone to the emergence of opportunistic diseases and other comorbidities, with attention being paid to diseases related to the elderly's psychological state, which can be one of the areas affected first, and these factors end up worsening the health conditions of the elderly (Toledo et al., 2010).

International studies highlight that living with HIV has its ups and downs, but it is necessary to stay focused and positive about the treatment and consequently your recovery, and also know how to deal with the problems that will need to be faced, preparing the psychological aspect and not allowing it to be affected, avoiding worsening of the elderly person's mental health. This care ensures humanized care and quality of life (Nierotka, Ferrett, 2023).

Prevention and care

Speaking a little about preventive practices, we can highlight the use of condoms, although it is reported that condoms are used, the data show that this is not put into practice, and because the elderly use condoms six times less than young people, the number of cases is increasing every day. And from this, they put forward sexual abstinence as a solution, to avoiding infection (Bezerra et al., 2015). Antiretroviral therapy is of utmost importance for improving the quality of life of HIV carriers, but its use is associated with the development of other pathologies, such as dyslipidemia, diabetes, and insulin resistance, which aggravates the possibility of cardiovascular disease. Therefore, pharmacological management for HIV is based on initiating non-pharmacological measures, such as diet and physical exercise, and initiating pharmacotherapy, if necessary (Kramer et al., 2010).

The idea is shared care between primary care and SAE, with direct and effective interventions, made up of multidisciplinary teams with work that involves originality and comprehensiveness, to which everyone can have access. The current situation is that the SAE takes care of everything that involves HIV, giving rise to referrals from the UBS and a subdivided service with its due classifications and priorities (Nicaretta et al., 2023).

Elderly people seek information about their sexuality through television, magazines,

brochures, and conversations with people they know. Furthermore, it is reported that they are not given guidance on this subject during consultations with health professionals, and this is a practice that must change to try to reduce the number of cases in this population and improve care for the elderly (La Roche et al., 2012).

A small proportion of elderly people have the freedom and courage to talk about their sexual life with their doctor during a consultation, to try to assess whether or not they are at risk of HIV infection. And doctors also do not usually address this type of subject, making early diagnosis and immediate treatment more difficult and this also means that elderly people do not talk about any problems that could lead to diagnosis (Melo et al., 2012).

In this scenario, nursing consultation focuses on listening, where a relationship of trust is built between patient and nurse, gaining the patient's trust and attention, so that the patient will feel safe to report everything and it will be possible to build an effective treatment according to the personal complaint and ensure emotional support at that moment. In this way, the patient can actively participate in the care process (Macêdo, Sena, Miranda, 2013).

The multidisciplinary team has the nurse has a fundamental role in promoting palliative care for the HIV patient, which includes minimizing suffering and offering a better quality of life for the patient and those close to him, ethically and respectfully. This encourages the patient's autonomy during his treatment, even preventing him from falling into depression. Bringing the principle of human dignity, which is a right of everyone (Vasconcelos et al., 2013).

HIV and AIDS in the Federal District *(Distrito Federal- BRASIL)*

AIDS is defined as the combination of symptoms and infections caused by HIV, and this virus mainly attacks T-cells, making the person more vulnerable to developing other diseases and infections. Transmission occurs through sexual intercourse, contact with the blood of someone with the virus, and also from mother to baby during pregnancy, childbirth, and breastfeeding. With the advancement of studies on the disease, it is now possible to intervene in the chain of transmission, preventing new cases (SES-DF, 2021).

Between 2016 and 2020, 3,536 cases of HIV infection were reported, and 1,532 cases of AIDS were reported. During this period, a reduction in the AIDS rate was observed from 12.2 in 2016 to 8.2 in 2020. HIV remained stable during the same period. Regarding the administrative regions, Candangolândia was the region that had a significant increase in the AIDS coefficient of 103.3% and Paranoá had an increase of 47.2%. About HIV, the

areas that saw an increase were Varjão and Santa Maria, with increases of 33.9% and 14.6%, respectively (SES-DF, 2021).

Both HIV and AIDS are still a public health problem, however, cases in the Federal District still face difficulties in reducing transmission and consequently the number of cases increases, which ends up being a challenge for the government, health professionals, and the population, and it becomes necessary to assign strategies to reduce cases and epidemiological data (SES-DF, 2022).

HIV and AIDS in the face of the Covid-19 pandemic

From 2017 to 2021, there was a lack of information regarding the virus, which could be related to difficulties in accessing treatment, and control measures during the COVID-19 pandemic, and the shortage of health professionals who had to travel to emergency areas or who became infected during the pandemic. During this period, the main causes of mortality were due to Covid-19 (SES-DF, 2022).

In 2020 and 2021, 99 deaths from other causes were reported in people with HIV, and the COVID-19 pandemic may be related to these deaths, as it was the period when the pandemic worsened and several deaths were occurring simultaneously. Epidemiological control measures were set aside because laboratory, outpatient, and diagnostic services were overwhelmed with COVID-19 cases, and this may have interfered with the deaths of people with HIV and AIDS (SES-DF, 2023).

The clinical and epidemiological characteristics of people with HIV and AIDS who were infected with COVID-19 were similar to cases in general. Given this scenario, COVID-19 control measures are of utmost importance, and with them, the implementation of prevention actions, rapid diagnosis, and appropriate treatment for HIV and AIDS, such as the use of condoms, seeking health services, rapid testing, use of ART, carrying out post-exposure and pre-exposure prophylaxis measures, among others. As a consequence of these measures, the trend is for cases to decrease and reinforces the importance of expanding the population's access to health services and improving primary health care services through basic health units (SES-DF, 2023).

RESULTS AND DISCUSSION

In the context of sexuality in old age, the increase in sexually transmitted infections (STIs), especially HIV, has become a growing concern, as observed by Nardeli (2016). Between the ages of 50 and 70, the population has shown greater vulnerability, which may be related to the introduction of medications for erectile dysfunction and hormone therapies.

Historical data demonstrate this trend: between 1980 and 2000, the number of AIDS cases in the elderly was 4,761, but in July 2011, this number more than doubled, reaching 12,077. This significant increase points to a gap in knowledge about prevention among the elderly, who culturally have lower adherence to condom use, making them more susceptible to STIs, according to studies from 2012.

In addition, Melo (2012) reinforces the seriousness of this issue by showing that, in Brazil, the incidence rate of AIDS among men aged 50 to 59 rose from 21.5 to 27.0 cases per 100,000 inhabitants between 2000 and 2007. Among those aged 60 or over, the incidence rose from 6.8 to 9.3 cases per 100,000 inhabitants in the same period. This increase reveals the exclusionary approach to the sexuality of the elderly since this age group was only included in the strategies of the National AIDS Education and Prevention Program in 2008. Although some older adults discuss the risk of infection with their doctors, the data suggests that this conversation is insufficient, raising the urgent need for more inclusive and comprehensive preventive strategies to reverse this trend of increasing STIs in old age. Between 2014 and 2019, 4,102 cases of HIV infection and 2,150 cases of AIDS were recorded, according to data from the Undersecretariat of Health Surveillance (2020). During this period, there was a reduction in the AIDS detection rate per 100,000 inhabitants, contrasting with the increase in the HIV detection rate. This trend may indicate that, although infection by the virus is increasing, greater adherence to treatment contributed to the decrease in advanced cases of AIDS. However, from 2018 to 2019, there was a 2.8% increase in AIDS cases, while HIV notifications continued to rise, with an increase of 5.0%. This panorama is part of a broader context in Brazil, where the incidence of AIDS has been on a downward trajectory in recent years. Since 2012, the detection rate has decreased from 21.9 per 100,000 inhabitants to 17.8 per 100,000 in 2019, a reduction of 18.7%. At the same time, the mortality rate has also fallen by 17.1% in the last five years, with the number of deaths decreasing from 12,667 in 2015 to 10,565 in 2019 (Brazil, 2020). These advances are attributed to strategic actions, such as the expansion of testing and the early initiation of treatment for those diagnosed with the virus, which are essential to contain the spread of the epidemic and improve the quality of life of those with the virus. Therefore, while the data indicate an improvement in the control of AIDS, the increase in HIV infections highlights the continued need for effective prevention and treatment policies to prevent new cases from progressing to the disease.

Between 2017 and 2021, the Federal District recorded 3,633 cases of HIV infection and 1,443 cases of AIDS, according to the Epidemiological Report of the Undersecretariat of Health Surveillance (2022). During this period, the AIDS detection rate per 100,000

inhabitants showed a significant drop, falling from 12.4 in 2017 to 7.9 in 2021, which suggests an improvement in the response to the spread of the disease. In contrast, cases of HIV infection remained relatively stable, with a slight increase in 2021.

In a subsequent report, the Undersecretariat of Health Surveillance (2023) indicated that, between 2018 and 2022, 3,684 cases of HIV and 1,333 cases of AIDS were reported. During this period, the AIDS detection rate continued to decline, falling from 9.8 in 2018 to 7.3 in 2022. Regarding HIV, the trend of stability continued, although a slight reduction was observed in 2022.

These data reveal a panorama in which AIDS detection shows a more pronounced downward trend, possibly reflecting the positive impact of health policies aimed at early diagnosis and immediate treatment. On the other hand, the stability in the number of HIV cases suggests that, although control of progression to AIDS has improved, prevention and awareness about HIV continue to be areas that require constant attention to prevent new cases and reverse any growth trend.

Between 2018 and 2022, 5,669 HIV diagnoses were identified in the Federal District, according to Ferreira (2022). The majority of these cases, 4,097, were classified by the HIV-positive criterion, corresponding to new diagnoses in patients who did not meet the adapted criteria of the CDC or RJ/Caracas. Another 1,216 cases were diagnosed using the CDC criteria, 198 using the RJ/Caracas criteria, and 109 were discarded. In addition, 46 diagnoses were related to deaths, and 3 cases were not classified, which highlights possible errors in the recording of the diagnostic criteria used. In this context, it is essential that in the initial care after risk exposure to HIV, health professionals carry out a careful assessment of the circumstances of the exposure — how, when, and with whom it occurred. This analysis is guided by four essential questions, which help determine whether post-exposure prophylaxis (PEP) is indicated. Knowledge of the serological status of the source person is an important factor in this assessment (BRASIL, 2021). According to Fernandes (2015), reception is a dynamic and transformative practice, constructed by health professionals as a work tool capable of promoting significant changes. From the first contact with the Unified Health System (SUS), the reception seeks to create a welcoming environment, strengthening the relationship between the service provider and the patient, which facilitates the identification of users' problems and needs. This process involves investigating, elaborating, and negotiating the patient's demands, although the challenges faced by them are rarely completely resolved. In this way, reception not only improves the care experience but also becomes essential for the effectiveness of interventions, especially in cases of exposure to HIV.

CONCLUSION

Based on a quantitative analysis of HIV/AIDS cases in individuals over 50 years of age, the study showed a significant increase in the incidence of the virus in this age group, highlighting the vulnerability of the elderly to the disease. The review of epidemiological data in Brazil, combined with the evaluation of existing prevention and treatment programs, reveals important gaps in public health strategies aimed at this population.

Consequently, understanding the dynamics of HIV/AIDS among the elderly reveals that this population faces unique challenges, such as late diagnosis and lack of knowledge about the risks of infection, factors that contribute to underreporting and worsening of the disease.

Thus, the findings identified that prevention and treatment practices still do not adequately meet the specific needs of the elderly, highlighting significant gaps, such as the lack of targeted educational campaigns and the low inclusion of this age group in prevention programs. These deficiencies in public health strategies reinforce the urgency of adapting policies and interventions that take into account the particularities of aging, promoting more effective and comprehensive care for this population.

It is concluded that there is an urgent need for more inclusive preventive approaches that consider the biological and social particularities of old age, aiming to improve the effectiveness of interventions and clinical management of HIV among the elderly. These findings reinforce the importance of increasing awareness and training of health professionals to deal with the specific challenges of this group, promoting a more appropriate and effective response to the HIV/AIDS epidemic in old age.

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