

FACTORS THAT INFLUENCE THE QUALITY OF LIFE OF OLDER ADULTS WITH HIV/AIDS: AN INTEGRATIVE REVIEW

Pedro Paulo Corrêa Santana¹, Marilda Andrade², Viviane Saraiva de Almeida³, Harlon França de Menezes³, Phelipe Austriaco Teixeira⁴

ABSTRACT: Objectives: To identify the factors that influence the quality of life of older adults with the Human Immunodeficiency Virus and to discuss ways of coping with these factors that affect the quality of life. Method: an integrative review of the literature was carried out in the Latin American and Caribbean Literature on Health Sciences, US National Library of Medicine and Cumulative Index to Nursing & Allied Health Literature databases, on November 21 and 22, 2017. Results: 24,122 articles were found, of which 13 were selected for analysis, with two categories emerging: Factors that influence the quality of life of older adults with the Human Immunodeficiency Virus; Ways of coping with factors that affect the quality of life of these older adults. Conclusion: the factors that stood out were age, comorbidities and depression, and the coping occurred through the use of Antiretroviral Therapy, taking care regarding opportunistic diseases and improving the professional care.

DESCRIPTORS: Older adult; Quality of life; HIV; Acquired Immunodeficiency Syndrome; Psychological Adaptation.

FATORES QUE INTERFEREM NA QUALIDADE DE VIDA DE IDOSOS COM HIV/AIDS: UMA REVISÃO INTEGRATIVA

RESUMO: Objetivos: identificar os fatores que influenciam a qualidade de vida de idosos com o Vírus da Imunodeficiência Humana e discutir as formas de enfrentamento dos fatores que afetam a qualidade de vida. Método: revisão integrativa de literatura cuja busca, realizada na Literatura Latino-americana e do Caribe em Ciências da Saúde, *US National Library of Medicine* e *Cumulative Index to Nursing & Allied Health Literature*, ocorreu nos dias 21 e 22 de novembro de 2017. Resultados: foram encontrados 24.122 artigos, dos quais 13 foram selecionados para análise, emergindo duas categorias: Fatores que influenciam a qualidade de vida de idosos com o Vírus da Imunodeficiência Humana; Formas de enfrentamento dos fatores que afetam a qualidade de vida desses idosos. Conclusão: os fatores que se destacaram foram a idade, as comorbidades e a depressão, e o enfrentamento se deu através do uso da Terapia Antirretroviral, abordagem das doenças oportunistas e aperfeiçoamento da assistência profissional.

DESCRIPTORES: Idoso; Qualidade de Vida; HIV; Síndrome de Imunodeficiência Adquirida; Adaptação Psicológica.

FACTORES QUE INFLUYEN EN LA CALIDAD DE VIDA DE ANCIANOS CON HIV/SIDA: UNA REVISIÓN INTEGRATIVA

RESUMEN: Objetivos: identificar los factores que influyen en la calidad de vida de ancianos con el Virus de la Inmunodeficiencia Humana y discutir formas de afrontar los factores que interfieren en la calidad de vida. Método: revisión integrativa de literatura cuya búsqueda, que se realizó en Literatura Latinoamericana y de Caribe en Ciencias de la Salud, *US National Library of Medicine* y *Cumulative Index to Nursing & Allied Health Literature*, ocurrió en los días 21 y 22 de noviembre de 2017. Resultados: se encontraron 24.122 artículos, de los cuales 13 se seleccionaron para análisis, resultando en dos categorías: Factores que influyen en la calidad de vida de ancianos con el Virus de la Inmunodeficiencia Humana; Formas de afrontar los factores que influyen en la calidad de vida de esos ancianos. Conclusión: se destacaron los factores: edad, comorbilidades y depresión; y acerca del afrontamiento ocurrió por medio del uso de la Terapia Antirretroviral, abordaje de las enfermedades oportunistas y perfeccionamiento de la asistencia profesional.

DESCRIPTORES: Anciano; Calidad de Vida; HIV; Síndrome de Inmunodeficiencia Adquirida; Adaptación Psicológica.

¹Registered Nurse. PhD candidate in Healthcare Sciences. Professor of Nursing of the Anhanguera University Center of Niterói. Niterói, RJ, Brazil.

²Registered Nurse PhD in Nursing. Professor of Nursing of Fluminense Federal University. Niterói, RJ, Brazil.

³Registered Nurse. PhD candidate in Healthcare Sciences. Fluminense Federal University. Niterói, RJ, Brazil.

⁴Registered Nurse. PhD candidate in Tropical Medicine. Oswaldo Cruz Foundation. Rio de Janeiro, RJ, Brazil.

Corresponding author:

Harlon França de Menezes
Universidade Federal Fluminense
R. Dr. Celestino, 74 – 24020-091 - Niterói, RJ, Brasil
E-mail: harlonmenezes@hotmail.com

Received: 25/04/2018

Finalized: 29/10/2018

● INTRODUCTION

The emergence of Acquired Immunodeficiency Syndrome (AIDS) in the 1980s brought with it a historical background of suffering and fatality associated with sexual contagion and the use of illicit drugs, causing a great impact on the lives of patients with the disease⁽¹⁻²⁾.

From 1980 to June 2016, 842,710 AIDS cases were reported in Brazil, of which 548,850 (65.1%) were men and 293,685 (34.9%) women⁽³⁾. This number of notifications has continued to grow, configuring a public health problem. With Antiretroviral Therapy (ART), there was a decline in mortality rates and diseases related to the HIV/AIDS Immunodeficiency Virus, providing longevity (modifying the epidemiological profile by expanding the population affected) and quality of life⁽⁴⁻⁵⁾.

It is hoped that this scientific investigation will encourage nurses and other healthcare providers to reflect on how older adults have experienced the greater prolongation of their lives due to the use of antiretroviral drugs and their effects, exploring biopsychosocial aspects that are involved in the evaluation of life and the satisfaction with it⁽⁶⁾.

From this context, the aims of this study were to identify the factors that influence the quality of life of older adults with HIV/AIDS and to discuss ways of coping with the factors that affect the quality of life of these older adults.

● METHOD

This was an integrative literature review, following the six steps inherent to the method⁽⁷⁾. The PICO strategy was used to define the research question, which is composed of three elements, so that the research question supports the bibliographic search: the patient, population or problem (P), which in this study was older adults; the interest (I), which was the factors that influence the quality of life; and the context (CO), which was HIV/AIDS. Thus, the guiding question was: what factors influence the quality of life of older adults living with HIV/AIDS?

On November 21 and 22, 2017 the search was performed in the following databases: Latin American and Caribbean Health Sciences Literature (LILACS), US National Library of Medicine (PUBMED) and Cumulative Index to Nursing & Allied Health Literature (CINAHL).

The inclusion criteria of the study were complete and fully available articles in Portuguese, English or Spanish that addressed the factors that influence the quality of life of older adults and were published in the period from January 2007 to November 2017. This period was chosen due to the increasing number of notification from the year 2007 of individuals with HIV/AIDS aged 50 years or more⁽³⁾. The study used the Joint United Nations Program on HIV/AIDS (UNAIDS), which refers, in its reports, to adult individuals aged up to 49 years and those aged 50 and over⁽⁸⁾.

Regarding the exclusion criteria, articles that did not deal with the factors that influence the quality of life of older adults with HIV/AIDS were excluded and those that were repeated in the databases, were counted as only one.

The articles were retrieved using the Health Sciences Descriptors (DeCS), Medical Subject Headings Terms (Mesh terms) and CINAHL titles, respectively, "Idoso" or "Saúde do Idoso", "Qualidade de Vida" and "HIV" or "Acquired Immunodeficiency Syndrome" for the LILACS database; "Elderly" or "Aged", "Quality of Life" and "HIV" or "Acquired Immunodeficiency Syndrome" for PUBMED and "Aged", "Quality of Life" or "Health and Life Quality", "HIV Infections" or "HIV" or "HIV-Infected Patients" for CINAHL with the use of Boolean operators AND and OR.

Table 1 - Table with the search strategies in the databases used in this study. Niterói, RJ, Brazil, 2017

Database	Search strategy
PUBMED	("aged"[MeSH Terms] OR "aged"[All Fields] OR "elderly"[All Fields]) OR (("aged"[MeSH Terms] OR "aged"[All Fields]) AND ("quality of life"[MeSH Terms] OR ("quality"[All Fields] AND "life"[All Fields]) OR "quality of life"[All Fields])) AND ("HIV"[MeSH Terms] OR "HIV"[All Fields]) OR ("acquired immunodeficiency syndrome"[MeSH Terms] OR ("acquired"[All Fields] AND "immunodeficiency"[All Fields] AND "syndrome"[All Fields]) OR "acquired immunodeficiency syndrome"[All Fields]) AND ("loattrfree full text"[sb] AND "2007/11/25"[PDat]: "2017/11/21"[PDat])
CINAHL	(MH "Aged+") AND (MM "Quality of Life") OR "Quality of Life" OR (MM "Health and Life Quality (Iowa NOC)") AND (MM "HIV Infections") OR "HIV" OR (MM "HIV-Infected Patients")
LILACS	(tw:(HIV OR Síndrome de Imunodeficiência Adquirida)) AND (tw:(Qualidade de vida)) AND (tw:(Idoso OR saúde do idoso))

After applying the eligibility criteria, the articles were analyzed by reading the title and abstract, with the relevant studies being retrieved in full for a more analytical analysis of the content of the articles (Figure 1).

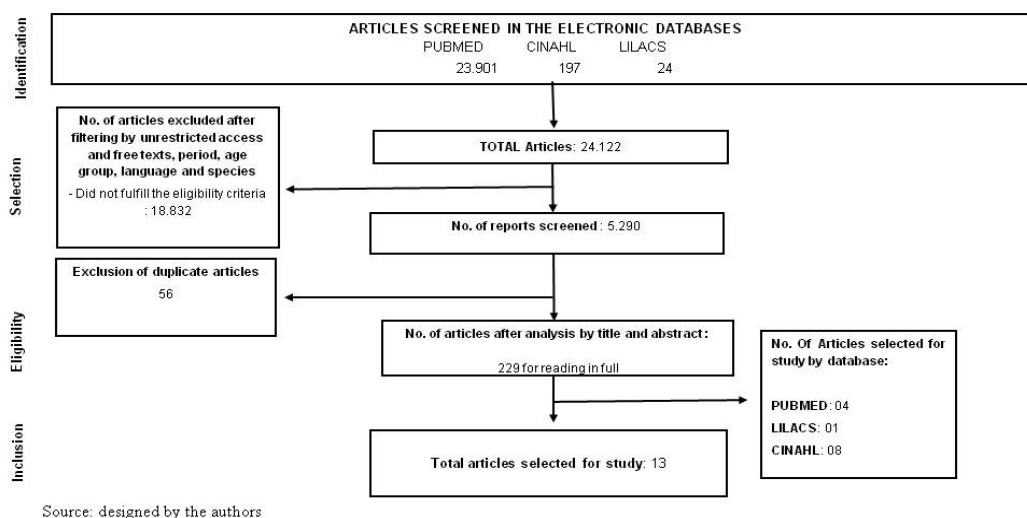


Figure 1- Search and selection flowchart. Rio de Janeiro, RJ, Brazil, 2017

In relation to the level of evidence, the University of Oxford’s Center for Evidence-Based Medicine, in its last update of 2009(9), was adopted. This classification has different levels, ranging from 1 (articles with greater power of evidence) to 5 (articles with less power of evidence). In it, there are sub-levels that assign a concept to each study, in order to express its power of evidence according to the type of study and method adopted, and can vary from 1a to 3b, from highest to lowest.

In this stage, the synthesis and communication of the results were carried out, aiming to organize, in a general way, all the material from the thorough reading of the studies and creation of categories. The presentation of the results and discussion of the data obtained was performed in a descriptive way.

● RESULTS

With the associations of the descriptors made in the databases, Table 1 and Figure 1 show that 24,122 articles were encountered (E) and 13 were selected (S), with 24 (E) and 01 (S) in LILACS, 23,901 (E) and 04 (S) in PUBMED, and 197 (E) and 08 (S) in CINAHL. Among the productions encountered, only those articles that fulfilled the inclusion and exclusion criteria of the study were selected.

To begin the data analysis, an analytical framework was constructed with the information extracted from the selected studies, including the year of publication, database, title, periodical, level of evidence, methodology and main results (Table 2).

Table 2 - Summary table with information extracted from the studies selected, including year of publication, database, article title, periodical, level of evidence, methodology and main results. Niterói, RJ, Brazil, 2017 (continues)

Year and Database	Title	Periodical Level of Evidence	Method	Synthesis of results
2011 PUBMED	Quality of life in women with HIV/aids in a municipality in the state of São Paulo ⁽¹⁰⁾	<i>Revista da Escola de Enfermagem da USP</i> Evidence 2c	Cross-sectional study, quantitative approach	Women over 50 years of age had a worse evaluation in the level of independence, since age itself was a limiting factor for physical mobility and the willingness to do daily activities and work.
2013 PUBMED	Chronic illness burden and quality of life in an aging HIV population ⁽¹¹⁾	AIDS Care Evidence 2c	Cross-sectional study, quantitative approach.	Quality of life was significantly related to the addition of chronic health problems and in patients with HIV, lower QoL was shown to be associated with older age and lower CD4+ counts.
2016 PUBMED	Aging With HIV in the Age of Antiretroviral Treatment: Living Conditions and the Quality of Life of People Aged Above 50 Living With HIV/AIDS in Switzerland ⁽¹²⁾	Gerontology and Geriatrics Evidence 2c	Cross-sectional study, quantitative approach	Changes in daily routine, mental and/or physical health problems and financial problems reduced the quality of life.
2017 PUBMED	Characteristics and outcomes of older HIV-infected patients receiving antiretroviral therapy in Malawi: A retrospective observation cohort study ⁽¹³⁾	PLOS ONE Evidence 2b	Historical cohort study of retrospective observation	The increase in long-term ART-related problems, drug interactions and age-related noncommunicable diseases did not contribute to quality of life.
2011 LILACS	Quality of life in HIV-positive patients over 50 years of age ⁽¹⁴⁾	<i>Revista da Associação Médica do Rio Grande do Sul</i> Evidence 2c	Cross-sectional study	Using the HAT-QoL scale, it was found that the main concerns were related to financial aspects, confidentiality, health and sexual activity.
2007 CINAHL	Experiences of Stigma in Older Adults Living with HIV/AIDS: A Mixed-Methods Analysis ⁽¹⁵⁾	AIDS Patient Care and STDs Evidence 2c	Cross-sectional study	The stigma was positively and significantly correlated with depression and was significantly higher in African Americans compared to whites.
2011 CINAHL	Age-related effects on symptom status and health-related quality of life in persons with HIV/AIDS ⁽¹⁶⁾	Applied Nursing Research Evidence 2c	Cross-sectional study	The results did not show age differences in depressive symptoms, intensity of HIV symptoms or body anguish for the older adults (50 years or over) compared to the younger participants.
2013 CINAHL	The health-care needs of the older gay man living with HIV ⁽¹⁷⁾	British Journal of Community Nursing Evidence 5	Expert opinion	Social isolation and lack of social and supportive networks left older adult homosexuals with HIV vulnerable and more susceptible to negative outcomes such as depression, bereavement, impaired mental health, and alcohol and drug use.

2014 CINAHL	Successful Cognitive Aging and Health-Related Quality of Life in Younger and Older Adults Infected with HIV ⁽¹⁸⁾	AIDS and Behavior Evidence 2c	Cross-sectional study	HIV infection had adverse additive effects on cognitive aging, which may play a unique role in mental well-being among HIV-infected people.
2015 CINAHL	Resilience, stress, and life quality in older adults living with HIV/AIDS ⁽¹⁹⁾	Aging & Mental Health Evidence 1b	Randomized controlled clinical trial	The stress of life negatively affected resilience. The study showed that older adults with higher resilience had significantly better physical, emotional and functional/global well-being.
2015 CINAHL	The Multiple Stigma Experience and Quality of Life in Older Gay Men With HIV ⁽²⁰⁾	Journal of the Association of Nurses in AIDS Care Evidence 2c	Cross-sectional study	Problem-focused coping predicted ageism (negative attitude related to aging).
2016 CINAHL	Factors associated with quality of life in middle-aged and older patients living with HIV ⁽²¹⁾	AIDS Care Evidence 2c	Cross-sectional study.	Middle-aged and older adult patients reported significantly lower scores in seven of the 29 WHOQOL-HIV-Bref specific facets and higher scores in one facet (financial resources).
2016 CINAHL	The Impact of Comorbidities, Depression, and Substance Use Problems on Quality of Life Among Older Adults Living With HIV ⁽²²⁾	AIDS and Behavior Evidence 1b	Randomized controlled clinical trial.	The number of comorbid conditions was associated with reduced quality of life, as well as depression, alcohol and drug use.

Regarding the year of publication, during these ten years, there was little variation in the number of publications per year: one (7.69%) in 2007; three (23.07%) in 2011; two (15.38%) in 2013; one (7.69%) in 2014; two (15.38%) in 2015; three (23.07%) in 2016; and one (7.69%) in 2017. No publications were found on the subject between 2008 and 2010. Considering the study methods, there were nine (69.23%) cross-sectional studies; one (7.69%) opinion, two (15.38%) randomized clinical trials and one (7.69%) historical cohort study.

Among the geographic regions of the Brazilian studies, the distribution was varied: with one (7.69%) from the southeast region; one (7.69%) from the central-west region; and one (7.69%) from the southern region. In addition, ten (76.92%) studies were found outside the country, one (7.69%) in Switzerland; seven (53.84%) in the United States; one (7.69%) in England and one (7.69%) in Malawi.

In this study, the levels of evidence found were two (15.38%) articles 1b, one (7.69%) article 2b, one (7.69%) article 5 and the another nine (69.23%) articles with 2c levels of evidence. It was, therefore, noted that the majority of the articles presented an intermediate classification (2c), because their results had relative or low potential for being reflected in clinical practice.

After analyzing the articles, two categories were created: (1) Factors that influence the quality of life of older adults with HIV/AIDS; and (2) Ways of coping with the factors affecting the quality of life of older adults with HIV/AIDS.

● DISCUSSION

Factors that influence the quality of life of older adults with HIV/AIDS

Some of the factors encountered that may negatively influence the quality of life of older adults with HIV/AIDS were dependence, concerns regarding the confidentiality of their diagnostic condition, symptomatology, the performance of sexual activities, financial concerns, comorbidities, rejection, negative self-image, self-depreciation, and depression^(1,22-23).

The older adults had learned to manage the symptoms resulting from the disease and treatment of HIV/AIDS, noting that there has been a paradigm shift, where by the serological condition does not mean a death sentence anymore. Thus, the older adults were grateful for a prolonged life and a longer life expectancy with the treatment⁽¹⁶⁾. This characteristic needs to be explored by the healthcare providers in the actions of control and coping with the disease, strengthening the empowerment of the older adults and their resilience.

Older age may have a negative effect on the prognosis of the disease, since older adults are more likely to have a late diagnosis, advanced HIV conditions and a delay in the immunological reconstitution promoted by the Antiretroviral Therapy⁽¹³⁾. Another study indicated that older adults with HIV may have neurocognitive impairment, with it being necessary to better understand the factors associated with the aging process in this context⁽¹⁸⁾.

Dependence is an age-related condition that may be even worse due to the clinical-serological condition of the older adult, with the possibility of limitations in physical mobility and lack of disposition for daily activities⁽¹⁰⁾. In this context, chronic diseases such as hypertension, pain, arthritis, respiratory conditions and diabetes are associated, with depression also being linked with a long-term condition, generating complexity in the care and the need for multiple medications^(13,11).

The assistance provided to this public should prioritize the promotion of self-care and the functional capacity, as well as showing the individuals inserted in their socio-cultural contexts that they can be active and capable of promoting positive changes, regardless of their age, however, taking into consideration their general health status.

Concern with the secrecy of their diagnostic condition could be even greater with the question of age. However, a Swiss study revealed that there is a decrease in discrimination with age, which was surprising for the researchers⁽¹²⁾.

The symptomatology of AIDS causes individuals to stop doing leisure activities and what was once routine, reducing their work rhythm and leading to greater concern about their serological status and vulnerability to opportunistic diseases. It should be noted that opportunistic diseases favor greater symptomatology and the use of more medications, which negatively impacts the quality of life of these older adults^(1,10).

Older adults that start to carry out HIV treatment have their daily routine altered, make more frequent visits to health institutions, undergo laboratory tests and take medications; this being a new way of life that permeates the acceptance of disease⁽¹⁾.

This consequence can condition the patients for depression, social isolation and affective abandonment. Depression negatively culminates in the progression of HIV/AIDS infection and the quality of life of the older adult, requiring a different perspective for this population^(11-12,21-22,24).

Older adults should be encouraged to give continuity to life, even with HIV seropositivity. However, they need to be guided in relation to the correct use of antiviral drugs and on the need for prevention in the disease transmission cycle. Activities that stimulate the increase of their quality of life, such as leisure, can be performed with multidisciplinary approaches and family engagement.

A study carried out in the state of São Paulo showed that poor economic conditions and unemployment had a negative impact on the quality of life of women living with HIV/AIDS, which is exacerbated in the cultural historical context by gender inequality⁽¹⁰⁾.

The factors that influence the quality of life of older adults with HIV/AIDS need to be at the center of health actions and strategies, with these individuals requiring differentiated care and respect for their historical and work contribution in the different scenarios in which they have actively participated in the social and political construction.

In a study using the HAT-QoL instrument, despite this being a very subjective concept, the degree of satisfaction regarding the quality of life of HIV+ patients over 50 years of age was considered relatively good. The domains that showed the most compromised results were: "Financial Concerns", "Concerns about Secrecy", "Concerns about Health", and "Sexual Function"⁽¹⁴⁾.

Ways of coping with the factors that affect the quality of life of older adults with HIV/AIDS

Having investigated the factors that influence the quality of life of older adults with HIV, this category emerged as a response to the second aim of the study. The evidence related to ways of coping could contribute to an improvement in the quality of life of the population in question.

Older adults are at greater risk of HIV acquisition, as many do not make use of condoms. It should be emphasized that the evaluation of the social determinants of health and quality of life in older adults can configure a better understanding of the psychosocial issues of these individuals, supporting more attentive views of the problem of infection and the formulation of public policies to address the problem in this specific group^(10,25).

Care for older adults with HIV should address their particular needs, understanding the individual as a whole, with a comprehensive health evaluation and the assessment of other chronic health conditions that may affect this population⁽¹¹⁾. Another study mentioned resilience as an important tool for coping with HIV among older adults, since it has a negative influence on stress, provides well-being and allows social support for the individual⁽¹⁹⁾.

The higher quality of life among older adults living with HIV/AIDS is related to the following factors: physical activity, knowledge of the diagnosis of the disease for a long time, belonging to a high economic class, having a higher level of education, and unemployment – due to having more time to seek knowledge on the disease⁽²³⁾.

The characteristics and conditions that negatively impact on the quality of life of older adults with HIV/AIDS need to be considered in their holistic context, not only approaching physical aspects and/or medical care, but considering issues related to their way of seeing, thinking and feeling the world beyond HIV. It is important to establish a professional bond and mutualism in the interaction between the patient and nurse for better results in the process of health care and promotion, including the involvement of family members who can contribute to the lives of these older adults.

The use of Antiretroviral Therapy is linked to better life conditions for older adults, breaking with the stigma that their serological condition would be a determining factor for their death. Thus, the older adults understand that, when using the medicines, they have the possibility of living normally and with better life prospects⁽¹⁰⁾.

Occupational interventions often center on adherence to the use of antiretroviral drugs accompanied by technological developments in the Pharmaceutical area, however, affective issues and the promotion of self-care may be neglected⁽²⁴⁾.

Professional care should guarantee social support to promote quality of life, and may lead to protection and improvement of the psychosocial conditions of older adults, reducing clinical manifestations such as depression, anxiety and sleep disorders⁽¹²⁾.

Authors have indicated a shift in the care focus for older adult HIV patients, although this aging is an encouraging indication of the efficacy of the antiretroviral treatment, alone it is insufficient to provide comprehensive care. The researchers stress the need to not only give attention to traditional treatments against opportunistic infections, but also to focus on the use of antiretroviral drugs in the long term, since these drugs can cause organ toxicity and long periods of activation of inflammatory cascades with vascular effects, in addition to drug interactions and non-communicable diseases related to age⁽¹³⁾.

Nurses can intervene aiming to improve the quality of life of the older adult, through actions that make it possible to share knowledge about the forms of contagion, the treatment and the evolution of the disease, providing these older adults with holistic care⁽²³⁾. It is important to highlight that, in the exercise of their functions, nurses represent determinant actors to engage the patient in the fight against diseases and injuries, since they have a view that goes beyond medical care, visualizing care actions in the different biopsychosocial aspects of the patient.

Continuous and permanent education focusing on the dichotomy “HIV and the older adult” should be stimulated to identify the factors associated with the impairment in the quality of life of these individuals, helping the multidisciplinary team, providing integral assistance to the older adult with

HIV/AIDS⁽²⁴⁾.

It is necessary to end the taboo about sexuality in this age group, so that, finally, a more effective approach to this problem can be achieved. Considering that, since the beginning of the epidemic, a great concern has always been to improve the quality of life of seropositive patients, it is now known that emotional support is a fundamental pillar for this proposal. Through these measures of knowledge and comprehension regarding the quality of life of these patients, it may be possible for the health services to develop strategies of clarification and persuasion regarding prevention for the population aged over 50 years⁽¹⁴⁾.

More studies are needed to better understand the effects of the stigma among older people living with HIV/AIDS, as well as to understand more about the protective factors that help manage this worldwide problem⁽¹⁵⁾. Another study indicated, for example, the urgent need for studies with older adult homosexual men with HIV, since most of the research is performed with young people⁽¹⁷⁾. Other authors corroborate this, stating that older adult homosexual men experience multiple stigmas related to their sexual orientation, serological condition and age⁽²⁰⁾.

Thus, confronting the factors that influence the quality of life of older adults with HIV/AIDS is part of a change in the epidemiological scenario of the disease, where with the adequate use of medicines and health care, there is a tendency to live longer. However, this new scenario needs to be accompanied by changes in the way of seeing and understanding these patients in their entire historical and cultural context, not by individualizing the older adult, but by understanding that he/she is an individual full of knowledge, practices and capable of self-care, able to actively contribute to the various socio-political scenarios.

● CONCLUSION

The factors that influence the quality of life of older adults with HIV/AIDS, based on the studies investigated, are age, independence, concerns about the confidentiality of their diagnostic condition, symptomatology, performance of sexual activities, financial concerns, comorbidities, rejection, negative self-image, self-deprecation and depression.

The ways of coping with the factors affecting the quality of life of older adults with HIV/AIDS are the incentive to practice physical activity, the correct use of antiretroviral therapy, dealing with chronic and opportunistic diseases, the evaluation of the social determinants of health and the improvement of professional care through continuing and permanent education.

In a multi-faceted scenario, in which the older adult with HIV/AIDS is included, Nursing must be aligned with the demands and care in the context of the 21st century and comprehend, in a technical-scientific way, the different variables that contribute to the quality of life and to actions to address the HIV/AIDS problem among older adults. Thus, this study can contribute to a broad view and support care actions for the population analyzed here, encouraging other professionals to deepen their research on the subject in question.

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