

HIV/AIDS in Old Age: A Silent Challenge for Psychology in Brazil

ISSN: 2578-0093



***Corresponding authors:** Maurício Caxias de Souza, Nurse, Student of the Public Health Nursing Specialization at the Paulista School of Nursing at the Federal University of São Paulo (UNIFESP), Brazil

Submission: 📅 November 08, 2025

Published: 📅 November 17, 2025

Volume 10 - Issue 1

How to cite this article: Maurício Amaro Caxias*, Aurilene Josefa Cartaxo de Arruda Cavalcanti, Gerson da Silva Ribeiro, Lucas Mendes da Silva, Luís Felipe da Silva Ferreira, Camila Irani de Albuquerque, Maria Regivane da Silva Rodrigues and Deoclecio Oliveira Lima Barbosa. HIV/AIDS in Old Age: A Silent Challenge for Psychology in Brazil. *Gerontol & Geriatric Stud.* 10(1). GGS. 000728. 2025. DOI: [10.31031/GGS.2025.10.000728](https://doi.org/10.31031/GGS.2025.10.000728)

Copyright@ Maurício Amaro Caxias, This article is distributed under the terms of the Creative Commons Attribution 4.0 International License, which permits unrestricted use and redistribution provided that the original author and source are credited.

Maurício Amaro Caxias^{1*}, Aurilene Josefa Cartaxo de Arruda Cavalcanti³, Gerson da Silva Ribeiro³, Lucas Mendes da Silva², Luís Felipe da Silva Ferreira², Camila Irani de Albuquerque², Maria Regivane da Silva Rodrigues² and Deoclecio Oliveira Lima Barbosa³

¹Maurício Caxias de Souza, Nurse, Student of the Public Health Nursing Specialization at the Paulista School of Nursing at the Federal University of São Paulo (UNIFESP), Brazil

²Undergraduate student in Psychology, Maurício de Nassau University Center of João Pessoa (PB), Brazil

³Nurse, Master's degree in Public Health, Independent Researcher, Brazil

Opinion

Brazil is aging and with it, the challenges to public health are transforming. One issue emerging from invisibility is the growing incidence of HIV/AIDS in the elderly population. Far from the spotlight of prevention campaigns, historically focused on young people and adults, sexuality and, consequently, the vulnerability of older people to the virus, have been neglected. This scenario calls for urgent reflection on the intersection between HIV/AIDS, the elderly, Brazil and the crucial role of psychology [1,2].

The Stigma and Invisibility of Sexuality

Brazilian society, to a large extent, still harbors the stereotype that older people are asexual or that their sex life poses no risk. This mistaken premise is one of the pillars of late diagnosis. Many elderly people, after widowhood or divorce, resume their sex lives, often without proper information about prevention. A lack of concern about pregnancy, for example, leads to the discontinuation of condom use, exposing individuals to Sexually Transmitted Infections (STIs), including HIV [1-3]. The absence of targeted prevention campaigns and the lack of sensitivity among healthcare professionals in questioning the sexual lives of older adults contribute to diagnoses occurring at advanced stages, with AIDS already manifested, resulting in higher morbidity and mortality in this age group, in contrast to the downward trend in other age groups [3].

The Psychosocial Impact: The Double Burden of Prejudice

A diagnosis of HIV/AIDS in old age imposes a double psychological burden. In addition to dealing with a chronic, potentially stigmatizing illness, the elderly person must face social and often familial prejudice associated with the idea of “deviant behavior” or “inappropriate behavior” for their age [2,3].

- A. Isolation and Loneliness: The fear of judgment and rejection leads many to conceal their diagnosis, resulting in social isolation, withdrawal from activities and difficulty seeking support. Loneliness, already a risk in old age, is intensified by forced secrecy [4].
- B. Compromised Mental Health: Feelings of shame, guilt, anger, fear, depression and hopelessness are common. The illness affects self-image and identity, especially at a stage of life when tranquility was expected [4].

It is in this context that psychology becomes an indispensable tool. Psychological support should:

- a) Promoting Acceptance and Grief: To help the elderly person process the shock of the diagnosis, cope with losses (real or symbolic) and rebuild a sense of meaning in life [5].
- b) Combating Internal Stigma: Working through internalized guilt and shame, demystifying the idea that illness is a punishment or a moral failing [5].
- c) Strengthen Adherence to Treatment (ART): The complexity of the treatment and polypharmacy (use of multiple medications) require psychological support to ensure strict adherence, which is fundamental for quality of life and viral suppression [5,6].
- d) Encourage Support Networks: Facilitate communication with family and close friends (when possible) and encourage participation in support groups, reducing isolation [6].
- e) Reaffirming Sexuality and Desire: To help the elderly understand their sexuality as a natural and continuous aspect of life, separating the diagnosis from a moral judgment [7].

A Call to Action: Policies and Vocational Training

Brazil, with its robust Unified Health System (SUS), has the structure to face this challenge. However, urgent measures are needed [8]:

- A. Inclusive Prevention Campaigns: Messages that reach and engage with the elderly population, acknowledging their active sex lives [8].
- B. Training of Healthcare Professionals: Training for doctors, nurses and crucially, psychologists, to be sensitive, supportive

and proactive in offering HIV testing and managing the psychosocial issues of HIV in older adults [8].

In Brazil, the issue of aging with HIV/AIDS can no longer be silenced. A humanized biopsychosocial approach is needed that recognizes the elderly person in their entirety, guaranteeing not only the right to physical health, but also to emotional well-being and dignity. Psychology has an ethical and professional role to break the silence, promote dialogue and help this population age with quality of life, even in the face of the virus [9].

Psychology and Adherence to Antiretroviral Therapy in Aging

Antiretroviral therapy (ART) is the cornerstone of HIV treatment and ensures a near-normal life expectancy for the elderly. However, ensuring adherence is a complex challenge, exacerbated by the aging process [10].

Factors that make adherence difficult

- a) Polypharmacy and Forgetfulness: Elderly people often already use medications for other comorbidities (hypertension, diabetes, etc.). The addition of antiretroviral therapy (ART) increases the complexity of their routine, raising the risk of confusion or forgetting doses [11].
- b) Perceived Side Effects: Although current regimens are more tolerable, the perception of side effects may be more intense in older bodies or generate anxiety [11].
- c) Low Self-Efficacy: A feeling of not being able to manage the illness, especially after a late diagnosis that may have had a significant physical or emotional impact [11].

Psychological strategies for adherence [12]:

(Table 1)

Table 1:

Psychological Strategy	Purpose and Application
Organization and Memorization Techniques	Use visual aids, medication diaries, or apps (if the elderly person is adaptable) to simplify the schedule. Behavioral psychology can help integrate medication intake into already established habits (e.g., after breakfast).
Motivation and Positive Reinforcement	To foster the belief that adherence results in quality of life. To reinforce small victories and the importance of an undetectable viral load (SVL) as an achievable goal.
Psychoeducation about Effects	Inform patients about side effects in a clear way, dispelling fears and teaching coping strategies (e.g., taking it with or without food). The psychologist acts as a mediator between the medical team and the patient.
Análise Funcional do Não-Cumprimento	Investigate thoroughly the reasons for the failure to adhere (forgetfulness, denial, depression, side effects, lack of support) in order to intervene at the exact point of the problem.

Source: The Authors Themselves, 2025.

Support Networks and Breaking Confidentiality: Coping with Isolation

The fear of stigma and serophobia (prejudice against people living with HIV/AIDS) is, in old age, amplified by the fear of disappointing children or being ostracized from the family. The result is self-imposed isolation, which is devastating to mental health [2,3,12].

The role of the psychologist

- A. Support for the Disclosure Decision: The psychologist should not force disclosure, but rather help the elderly person to weigh the risks and benefits of sharing the diagnosis with trusted individuals. The focus is on autonomy and well-being [2,3,12].
- B. Social Skills Training: Prepare the elderly person to deal with negative reactions. This may include simulated

conversations or developing assertive responses to prejudice [2,3,12].

C. Specific Support Groups: Access to other older adults living with HIV/AIDS (PLWHA) is crucial. The group offers validation, normalizes the experience and reduces the feeling of being the “only one” in this situation [2,3,12].

D. Family Intervention (if authorized): To help the family understand that HIV is a chronic and treatable disease, demystifying contagion and moral stigma. The psychologist can mediate this difficult communication [2,3,13].

Rebuilding a support network should focus on quality, not quantity. A loyal confidant is more valuable than a large, prejudiced family [8,12-14].

The Training of Psychology Professionals

To be an agent of change, a psychologist must first deconstruct their own prejudices [2,3,14].

Challenges in training and practice

a) Ageism (Age-based prejudice): The unconscious belief that sexuality and STIs “are not a problem for older people” can lead professionals to neglect important questions about risky behavior or to downplay the emotional impact of the diagnosis [2,3,14].

b) HIV-phobia and Moralism: Remnants of historical prejudices linking HIV to “risk groups” or promiscuity can influence the way people are treated, making it judgmental or lenient [2,3,14].

c) Lack of Geriatric Knowledge: Lack of familiarity with the specificities of aging (comorbidities, cognitive decline, bereavement issues) added to the management of HIV [2,3,14].

Training needs

A. Update on HIV/AIDS: Solid knowledge of the virus’s biology, advances in ART and the concept of “U=U” (Undetectable = Untransmittable), to offer accurate information and combat misinformation [2,3,14].

B. Psych gerontology: A thorough understanding of the aging process, including life stages, normative crises and issues of sexuality in old age [5,14].

C. HIV Counseling Techniques: Skills to offer pre- and post-test counseling, focusing on harm reduction and to manage acute crises after diagnosis [4,5].

D. Supervision and Self-Care: Spaces for professionals to reflect on their beliefs, prejudices, and the emotions involved in working with elderly HIV-positive patients [1,4,5].

Specialized training allows psychologists to work not only in rehabilitation, but also in health promotion and prevention, incorporating the issue of HIV/AIDS into the comprehensive care of the elderly in Brazil [1,4,5].

References

1. Caxias MA, Escrig D, Silva LM (2025) Vivences and meanings of psychology students in a spiritist institution for institutionalized elderly in northeast Brazil: An experience report of knowledge in the light of phenomenology. *J Psychol Clin Psychiatry* 16(5): 231-234.
2. Paludo ICP, Olesiak LR, Quintana AM (2021) HIV-positive elderly: The construction of meaning. *Psychology Science and Profession* 41(e224079): 1-15.
3. Altman M (2011) Aging in the light of psychoanalysis. *Journal of Psychoanalysis* 44(80): 193-206.
4. Aragão DRN, Chariglione IPFS (2019) The perception of time through the aging process. *Psi UNISC* 3(1): 106-120.
5. Bacchini AM, Alves LHS, Ceccarelli PR, Moreira ACG (2012) Reflections on the unsettling experience of being HIV/AIDS positive. *Psychoanalytic Time* 44(2): 271-284.
6. Mucida A (2017) The subject does not age: Psychoanalysis and old age. *Authentic*.
7. Queiroz AAFNL, Sousa AFL (2017) PrEP Forum: An online debate on the use of pre-exposure prophylaxis in Brazil. *Cad Public Health* 33(11): e00112516.
8. Maurício Caxias de Souza, Aurilene Josefa Cartaxo de Arruda Cavalcanti, Juliana Meira de Vasconcelos Xavier, Daiana Beatriz de Lira e Silva, Pablo Henrique Araujo da Silva, et al. (2023) Pre-Exposure Prophylaxis (PrEP) for HIV Among Gay Sex Workers: Nursing in Focus and Elderly Health. *Geron & Geriat Stud* 8(3): 799-802.
9. Souza MC, Lins DR, Saraiva CNR, Almeida SDC (2018) Risk factors related to falls in elderly: A reflective study. *MOJ Gerontol Ger* 93(4): 131-132.
10. Cárdenas CMM (2022) 40 years of the HIV/AIDS epidemic: Reconfigurations of a political-academic agenda. *Physis: Collective Health Magazine* 32(4): e320400.
11. Silva LSR da, Ferreira CH da S, Souza MC de, Cordeiro EL, Pimenta CS, et al. (2019) Care during the pregnancy and postpartum period for women living with HIV/AIDS / Care during the pregnancy and postpartum period for women living with HIV/AIDS. *Braz J Hea Rev* 2(2): 662-84.
12. Pereira DMR, Peçanha LMB, Araújo EC, Sousa AR, Galvão DLS, et al. (2024) Experiences and meanings of trans men about breastfeeding in light of the Theory of Social Representations. *Rev Esc Enferm USP* 58: e20240006.
13. Sousa C, Frazão I, Silva A, Caxias MA (2024) Autonomous management of medication for mental disorders and chronic diseases in primary care: A scoping review protocol. *UFPE Nursing Journal online* 18: 1-9.
14. Caxias MA, Vieira VPA, Silva ARM (2022) Performing kidney transplantation in people living with acquired human immunodeficiency syndrome. *International Journal of Development Research* 12(5): 56176-56180.