

patients with probable anxiety/depression to in-hospital psychiatry and psychology services.

Keywords: HIV, AIDS, Anxiety, Depression.

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COMPREHENSIVE CARE FOR PLHIV AGED 50+: IMPLEMENTATION OF A CARE PATHWAY FOR HEALTHY AGING

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Introduction/Objectives: The World Health Organization designated 2021–2030 as the Decade of Healthy Ageing. Population aging and the demand for healthy aging pose significant challenges to Brazil's Unified Health System (SUS), particularly for people living with HIV/AIDS (PLHIV), who experience accelerated aging with higher prevalence of chronic diseases and geriatric syndromes, requiring needs-focused care. This project aimed to map key clinical and psychosocial problems among PLHIV aged ≥ 50 years in follow-up at the institution and to develop a program to implement an integrated, multidisciplinary care pathway.

Methods: A multidisciplinary group was formed to discuss, plan, and structure the proposal. Technical visits were conducted to health services and non-governmental organizations. PLHIV aged ≥ 50 years in outpatient follow-up were mapped. The Multidimensional Assessment of the Older Person (AMPI-AB) was discussed and adapted with HIV-related variables (not counted toward the final score). A pilot project with PLHIV aged ≥ 75 years assessed the applicability of AMPI-AB. Biweekly meetings facilitated discussion and intersectoral resource exchange.

Results: Of 7,700 PLHIV in care, 3,570 (46%) were aged ≥ 50 years. Eighty-seven PLHIV aged ≥ 75 years were included; five were excluded due to death, yielding a final sample of 82. Of these, 12 (15%) were classified as frail and 49 (60%) as pre-frail. Forty-one (50%) reported living alone; 80 (98%) had polypharmacy excluding ART; and 31 (39%) had difficulty walking 400 meters. The most prevalent comorbidities were hypertension (52%), diabetes mellitus (26%), vascular diseases (26%), and chronic pain (24%).

Conclusion: The aging PLHIV population imposes significant challenges on specialized services and calls for enhanced care strategies. A multidisciplinary, intersectoral approach is essential for early identification of geriatric syndromes,

including frailty, and for promoting longevity with quality of life. Implementing comprehensive care aligns with the complex clinical and psychosocial needs of this population.

Keywords: HIV/AIDS, Aging, Frailty, Multidimensional, Comorbidities.

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INCREASE IN SEXUALLY TRANSMITTED INFECTION CASES AMONG OLDER ADULTS IN BRAZIL: AN EMERGING PUBLIC HEALTH CHALLENGE

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Introduction/Objectives: Population aging impacts the epidemiology of sexually transmitted infections (STIs). In Brazil, the increase in life expectancy and changes in sexual behavior among older adults, such as higher sexual activity and lower risk perception, have raised STI rates in this age group. Limited use of barrier methods, insufficient access to targeted information, and stigma hinder prevention and early diagnosis. Older adults are underrepresented in public health policies, and comorbidities and immunological alterations increase their vulnerability. This study analyzes the evolution of STI cases among individuals aged 60 years or older in Brazil (2011–2021), identifying epidemiological patterns and implications for public health.

Methodology: Descriptive study using data from the National Disease Notification System (SINAN), selecting confirmed cases of acquired syphilis, HIV/AIDS, and viral hepatitis in individuals aged ≥ 60 years. Temporal trends and distributions by sex, region, and age group were analyzed.

Results: Between 2011 and 2021, 75,208 syphilis cases were reported among older adults – a 152% increase, peaking in 2018. The 60–64-year age group, mainly men with low education, accounted for the majority of cases. The Southeast region, especially São Paulo, showed the highest number of notifications. HIV notifications quadrupled, from 360 to over 1,500 cases per year, reaching 1,951 cases in 2022, predominantly in men aged 60–64 years. AIDS-related mortality in this age group increased by 19.1% from 2011 to 2021. Hepatitis B prevalence was approximately 0.5% among older adults, while hepatitis C increased in some regions. Nationally, hepatitis incidence varied, rising 18.7% between 2014 and 2016 and declining thereafter.

Conclusion: The increase in STIs among older adults reflects social and behavioral changes, low risk perception, and stigma. Comorbidities and immunological alterations worsen clinical outcomes, demanding tailored prevention and care strategies. Expanding age-specific public health policies is essential to promote healthy aging, autonomy, and