

Contextualizing Psychosocial Functioning by Age Cohorts among HIV+ African American Older Adults 50+

Objective: The present study aimed to examine associations between affective states, social support, and substance use among distinct age cohorts within African American HIV+ older adults.

Background: HIV+ older adults report lower ratings of psychosocial functioning and physical health compared to younger people living with HIV (PLWH). Though HIV+ older adults are classified as 50 and older, previous literature has documented that quality of life decreases with age in this population. There may be meaningful differences between PLWH in their 50's as compared to those in their 60's such that alcohol consumption is more prevalent in 50 year-old PLWH while social support serves as a protective factor against alcohol misuse in HIV+ 60 year-olds. Mental health problems such as substance misuse can have a negative influence on adherence to treatment and overall quality of life. To date, studies have examined the relationship between psychosocial functioning and substance use in a monolithic HIV older adult population. To this point, little work has been done to understand the determinants of substance use in distinct age cohorts within HIV+ older adults.

Methods: A secondary data analysis was conducted from a cross sectional study that included 96 HIV+ Black older adults recruited in Jacksonville, Florida. Participants completed an interviewer-administered assessment examining mental and behavioral health. Age-stratified hierarchical regression and binary logistic regression analyses assessed the relationship between psychosocial factors and substance use in a 50-59 year-old group, and a 60+ group.

Results: After controlling for covariates, loneliness, $R^2 = .060$, $F(1, 68) = 4.266$, $p = .043$, and trait anger, $R^2 = .108$, $F(1, 68) = 8.081$, $p = .006$, were positively associated with maximum quantity of alcohol consumption in the 50-59 year-old group. In the 60+ cohort, perceived social support was negatively associated with maximum quantity of alcohol consumption, $R^2 = .347$, $F(1, 17) = 8.519$, $p = .010$. Received social support was negatively associated with illicit drug use in the 60+ cohort, $AOR = .947$, 95% CI: .898-.998, $p = .041$.

Conclusions: Findings suggest differences in determinants of substance use among age groups within older people living with HIV. Social support was shown to be a potential protective factor against substance use in the 60 year-old cohort, while affect was not a determinant of substance misuse in this group as they may not perceive substance use to be an effective mood alternant as a result of previous ineffective attempts dealing with affective distress through the use of substances. Understanding further differences between groups may provide useful information for planning interventions to improve quality of life for older people living with HIV.

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As HIV+ adults age they report lower psychosocial functioning and physical health. However, to date HIV+ older adults have been classified as 50 and older. Within this specific sample of HIV+ older adults, affective states such as loneliness, trait anger, state anger, and depression were associated with alcohol consumption in HIV+ 50 year-olds. In the 60+ group, perceived social support was negatively associated with decreases in alcohol consumption, while received social support was

negatively associated with illicit drug use. This paper provides evidence that psychosocial factors influencing substance use may vary by age cohorts of HIV+ older adults.
