



OLDER PEOPLE AND HIV

HOW MANY OLDER PEOPLE HAVE HIV?

In the U.S., 45% of people living with HIV are at least 50 years old. In some communities, that percentage is even higher. The number of older people living with HIV is increasing in many other countries, as well.

Older people may be living with HIV for three reasons: they have been living with the virus for many years, they are just learning their HIV status, or they have newly acquired HIV. Many older people are diagnosed with HIV long after they have acquired the virus.

Many people don't consider age 50 to be "old." However, scientists who keep statistics on "older people" with HIV and AIDS use the cutoff age of 50.

WHY ARE OLDER PEOPLE ACQUIRING HIV?

There are several reasons:

- Health care providers may not test older people for HIV
- Older people may lack awareness of the risk factors for getting HIV (see Fact Sheets 150 and 152)
- Many older people are newly single. They get divorced or lose their mates. While they had a long-term partner, they may have ignored HIV prevention messages
- HIV prevention education is often not targeted at older people
- Many older people believe that HIV only affects younger people
- Most older people receive little information about safer sexual activities (see Fact Sheet 151)
- More than a tenth of older people acquired HIV from injecting drugs
- Viagra and other drugs that help men get and maintain an erection may contribute to increased rates of sexual activity and sexually transmitted diseases among older people
- Health care providers may not recognize HIV in older people. Some early symptoms of HIV may appear to be signs of normal aging
- The stigma of having HIV/AIDS may be worse for older people. They may try to hide their HIV status from family and friends.

IS HIV DIFFERENT FOR OLDER PEOPLE?

HIV was first studied in older people before strong anti-HIV drugs were available. Most of these early studies showed that older people got sicker and died faster than younger people. This was thought to be due to the weaker immune systems of older people. Older people also often have other health problems in addition to HIV.

Recent research shows that older people respond well to antiretroviral treatment. Most of them take their HIV medications more regularly than do younger people. Taking medications regularly is called adherence (see Fact Sheet 405).

IS HIV THE SAME IN OLDER PEOPLE?

Once on treatment, CD4 cell levels (see Fact Sheet 124) do not recover as quickly in older people as they do in younger people.

Treatment side effects (see Fact Sheet 550) may not be any more frequent in older people. However, changes caused by aging can resemble or worsen treatment side effects. For example, older age is a major risk factor for heart disease (see Fact Sheet 652) and for increasing fat in the abdomen. Some older people without HIV lose fat in a way that looks similar to the changes caused by lipodystrophy (see Fact Sheet 553.)

Recent research suggests that many of the health problems in older people progress faster in people with HIV. Inflammation (see Fact Sheet 484) is a major factor in several diseases related to aging.

WHAT OTHER HEALTH PROBLEMS ARE COMMON?

As people age, they develop health issues that continue for the rest of their lives. These can include heart disease, depression (see Fact Sheet 558), osteoporosis (see Fact Sheet 557), high blood pressure, kidney problems (see Fact Sheet 651), arthritis, diabetes, Alzheimer's disease and various forms of cancer.

Older people often take many different medications. This can make it more difficult for their health care provider to choose antiretroviral drugs (ARVs) against HIV

because these may interact with the other medications.

MENTAL HEALTH PROBLEMS

Older people may have more problems with thinking and remembering than younger people. These symptoms can appear to be similar to HIV-related memory problems (see Fact Sheet 505).

These problems, sometimes called dementia, are less common than they were before the use of ARVs. It is difficult to know what is causing mental problems in older people with HIV. Is it normal aging, or is it HIV? Research studies have linked both age and higher viral load (see Fact Sheet 125) to mental problems.

Rates of depression and substance use haven't been well studied in older people. However, these problems may be related to HIV, aging, or both. They need to be diagnosed and treated correctly.

FOR MORE INFORMATION

See the website of the National Center for HIV and Aging at <http://www.lgbtagingcenter.org/>

THE BOTTOM LINE

The number of people over 50 with HIV or AIDS is growing rapidly. Older people get HIV the same way as younger people. However, they may not be aware that they are at risk of HIV. They also may not know how to protect themselves from HIV transmission.

Older people often deal with other health issues. These can be confused with some side effects of HIV drugs. Taking other medications may complicate the selection of HIV medications..

HIV drugs seem to work as well in older people as they do in younger people. Older people may also be better about taking their medications than are younger people.

Revised April 30, 2018