

## Aging and HIV <sup>[1]</sup>

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## The Aging HIV Population Is Growing

Worldwide, more than four million people 50 years and older are living with HIV (HIV+). According to UNAIDS, the proportion of older adults living with HIV continues to increase in all regions. For the first time since the HIV pandemic began, more than one in ten adults living with HIV is 50 or over in low- and middle-income countries. In high-income countries, approximately three in ten adults living with HIV are 50 or over.

In the US, HIV began mostly as a disease of young men, but today the epidemic impacts people of all ages, including older people (age 50 and over). While 50 may not seem 'old,' it is often the age currently used by organizations that keep track of health-related statistics (e.g., the US Centers for Disease Control and Prevention, or CDC). As a result, issues related to getting and being older with HIV are receiving more and more attention as this population grows.

The aging population of people living with HIV is growing for two main reasons: 1) powerful HIV drugs are allowing many people living with HIV to live into their 50s and beyond; and 2) while most new HIV infections occur in younger people, people 50 and older are becoming infected at increasing rates. The CDC reports that one in four adults living with HIV was 50 and older in the US in 2012. To find out more about why more older adults are becoming infected with HIV, see our fact sheet on [Older Women: At Risk for HIV](#) [2].

Many of the medical problems facing people living with HIV now have more to do with diseases of aging than HIV-related illnesses. More middle-age and older people living with HIV are experiencing medical problems related to aging. Research shows that almost two-thirds of deaths among people living with HIV are currently the result of non-AIDS-related causes.

## Living and Aging with HIV

Recent advancements in HIV drugs have been successful at keeping people's [immune systems](#) [3] healthy with fewer [side effects](#) [4] and fewer pills. Despite the tremendous improvements in HIV drugs that now enable most people living with HIV to live long and healthy lives, there are several ways in which living and aging with HIV are different compared to aging while HIV-negative. Some of the health problems of older people appear to happen earlier and faster in people living with HIV (this is sometimes referred to as "accelerated aging").

Scientists are not sure why this happens. It may be that simply being infected with the virus

leads to many of the chronic medical conditions associated with aging. HIV infection decreases the ability of the immune system to fight off infections; this is often referred to as the immune system being suppressed. However, because the immune system of a person living with HIV is always struggling to get rid of the virus, the immune system of people living with HIV is always activated, or "turned on." After many years of being constantly activated, the immune system of people living with HIV may show signs of premature aging.

In addition, an activated immune system produces inflammation. Ongoing inflammation appears to be related to many conditions, including [heart disease](#) [5] and [cancer](#) [6]. Scientists are still exploring whether people living with HIV experience 'accelerated aging' as a result of living with HIV.

The drugs used to treat HIV may also contribute to the aging-related health conditions seen in people living with HIV. Although the HIV drugs used now are more effective and less toxic than in previous years, they still may have long-term effects that we do not yet fully understand.

## Aging-Related Health Challenges

**Life expectancy:** In most countries, women in the general population live four to five years longer than men. Women living with HIV, however, have life expectancies equal to men living with HIV. In other words, women living with HIV lose their usual longer life expectancy compared to men.

**Co-morbidities:** Co-morbidities refers to medical conditions that people have in addition to HIV. These include things like [diabetes](#) [7], [liver disease](#) [8], [anemia](#) [9], and high blood pressure. Compared to HIV-negative people, people living with HIV are more likely to have co-morbid conditions.

**Heart disease:** As people get older, their risk of heart attack and stroke goes up. Among post-menopausal women, heart disease can be especially serious because most women who die suddenly from heart disease had no previous symptoms.

Recent studies suggest that persistent immune activation and inflammation in people living with HIV may contribute to the development of plaque in blood vessels, which can increase the risk for heart attacks and strokes. Early studies show that statins, a type of cholesterol-lowering drug, can reduce the build-up of plaque in the arteries of people living with HIV. Based on these promising early studies, the US National Institutes of Health (NIH) is now conducting large-scale trials to examine the ability of statins to reduce cardiovascular disease in people living with HIV.

For good heart health, people living with HIV should talk with their health care providers about checking cholesterol levels, blood pressure, and blood sugar. Also consider heart-protective habits such as [exercising](#) [10], [stopping smoking](#) [11], and [eating a healthy diet](#) [12]. For more information, see our fact sheet on [Caring for Your Heart](#) [5].

**Cancers** [6]: HIV has long been recognized as increasing the risk of certain AIDS-related cancers. Research now shows that HIV also increases the risk of non-AIDS-related cancers. These cancers include anal cancer, liver cancer, lung cancer, and Hodgkin's lymphoma.

It is important to get regular screening for cancers known to occur more often in people living

with HIV (such as cervical cancer) and for common cancers that do not appear to occur more frequently in people living with HIV (including breast, colon, and prostate cancer).

**Anemia:** While [anemia](#) <sup>[9]</sup> is no longer as serious a problem as it was early in the HIV epidemic, close to one-third of all women living with HIV still experience mild anemia due to a variety of factors. Even mild anemia has been shown to decrease the chances of one's survival while living with HIV. In older people, anemia is associated with less muscle strength, difficulty thinking, and an increased risk for falls.

Blood tests for anemia are fairly simple, and can help point to its cause. Depending on the source of your anemia, your provider will recommend appropriate treatment. Most providers regularly screen for anemia when doing routine blood work to monitor HIV disease. For more information, see our fact sheet on [Anemia and Women](#) <sup>[9]</sup>.

**Bone disease** <sup>[13]</sup>: Weakened bones can occur with age, especially in women after they stop having [menstrual periods](#) <sup>[14]</sup>. Loss of bone density can lead to osteoporosis, which weakens bones and raises the risk that bones may break. People living with HIV of both sexes are more likely to develop osteoporosis than HIV-negative individuals.

An easy and painless test called a DEXA scan can help you and your health care provider monitor your bone health and determine if you are at risk for a serious fracture. Vitamin D and calcium supplements may be recommended. Prescription medications to help reverse bone loss are also available.

For more information on specific conditions for which people living with HIV are at risk, see our fact sheets in the [Health and Medical Issues](#) <sup>[15]</sup> section of our website.

## What Else Can You Do?

While these health challenges may seem discouraging, they really show that people living with HIV are now living long-enough, healthy-enough lives to die of the same types of conditions that cause death in the general population. Because people living with HIV may encounter these medical issues sooner, it is important that both people living with HIV and their providers stay aware of these issues and take appropriate action. There is still plenty you can do to stay healthy and live a full life. Here are some suggestions to get you started:

### "You Are Only as Old as You Feel"

Psychologists have shown that there is actually some truth in this. Having a positive attitude toward one's age can have a positive effect on one's health. Additionally, those who feel younger than their actual years tend to avoid many of the downsides associated with aging. The more credit you give yourself for wherever you are in life and the more you highlight what you CAN do, the more likely you will be to remain 'young at heart.'

## HIV Treatment

Recent [US treatment guidelines](#) <sup>[16]</sup> recommend that all people living with HIV start HIV treatment, regardless of their [CD4 cell](#) <sup>[17]</sup> count or their age.

Many older people are already taking medications for other conditions. It is important to know if HIV drugs will interact with these medications, such as those used for high blood pressure

or high cholesterol. Therefore, it is important to tell your health care provider about any over-the-counter medications, prescription drugs, herbs, vitamins, or supplements [18] that you take so that you can identify any possible drug interactions [19].

## Monitoring Your Overall Health

It is important for anyone over 40 to pay close attention to their health and get regular checkups. If you are living with HIV, it is important to keep an eye out for problems early so that you can make healthy choices as soon as possible. In addition to getting regular checkups that look for signs of the conditions listed above, be sure your checkups also look for cognitive problems (changes in thinking or memory), liver disease, kidney disease, metabolic and body shape abnormalities, diabetes, and mental health issues, including depression [20].

## Stigma and the Need for Social Support for Older Adults Living with HIV

The aging process itself can lower energy levels, restrict social encounters, and cause decreased physical and mental abilities. This means that older people living with HIV may suffer more emotional problems and physical stresses than others do.

Stigma can also make things difficult. There is the stigma of living with HIV [21] disease and the stigma of ageism. This can make it difficult for older people to find support [22]. First of all, they may be ashamed and hesitate to tell anyone that they have HIV. Second, they may not be comfortable in support groups and choose not to join them.

However, it is important for older people living with HIV to seek out support. A lack of support can lead to depression [20]. A mental health counselor, health educator, or peer counselor can help. Some peer counselors may have had similar experiences and can share healthy ways to cope.

You may find it helpful to hear the stories of older people living with HIV ? of women and men, some of whom have been living with HIV for years, and some of whom have been recently diagnosed as living with HIV. There are several stories of older Americans living with HIV at The Graying of AIDS [23].

## Taking Care of Yourself

There is a lot of research and attention focused on aging and HIV. With it may come advances in the care and treatment of older people living with HIV. In the meantime, it is important for both middle-aged and older people living with HIV to get checked regularly for signs of changes with their HIV as well as signs of diseases associated with aging. This includes testing for cancer, heart problems, bone disorders, and other health issues that are becoming more common among people living with HIV as they get older.

Lastly, one of the most valuable things you can do is tend to your attitude. Having a positive or upbeat attitude can positively affect your body and overall health. You may find it helpful to pay attention to the things for which you are grateful, to the abundance of life around you, or to the intention with which you hope to live. In this way, you may connect with a greater sense

of aliveness, no matter what your actual age.

## Tags:

- [HIV and aging](#) [24]
- [HIV disease](#) [25]
- [HIV over 50](#) [26]
- [HIV over 60](#) [27]
- [HIV getting older](#) [28]
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- [AIDS aging](#) [32]
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## Additional Resources

Select the links below for additional material related to HIV and Aging.

[Pocket Guide on Aging for Women Living with HIV \(PWN\)](#) [36]

[Older Women Embracing Life \(OWEL\)](#) [37]

[Age, Sex, and HIV: Older Women's Stories \(video; HelpAge International\)](#) [38]

[Older Adults and HIV/AIDS \(AOA\)](#) [39]

[HIV/AIDS and the New Rules of 50-Plus Dating \(NextAvenue\)](#) [40]

[HIV and women over 50: 'I've had to make this journey almost entirely alone' \(The Guardian\)](#) [41]

[HIV and Aging \(UNAIDS\)](#) [42]

[HIV & Aging \(SAGE: Services & Advocacy for GLBT Elders\)](#) [43]

[The Graying of AIDS: Stories from an Aging Epidemic](#) [23]

[HIV Among People Aged 50 and Over \(CDC\)](#) [44]

[AIDS 2014: Untangling HIV and Aging \(HIV-age.org\)](#) [45]

[Growing Older with HIV \(AIDS.gov\)](#) [46]

[Newly Diagnosed: Older Adults \(AIDS.gov\)](#) [47]

[Danish Study Raises Questions about Accelerated Aging in HIV \(CATIE\)](#) [48]

[You Really Are Only as Old as You Feel \(Daily Mail\)](#) [49]

[Older People with HIV Face Different Long-Term Health Challenges \(CATIE\)](#) [50]

[HIV and Older Adults \(ACRIA\)](#) [51]

[National Resource Center on LGBT Aging](#) [52]

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- [My Account](#)
- [HIV Information](#)
- [A Girl Like Me](#)
- [Partners](#)
- [Who We Are](#)

- [Terms](#)
- [Privacy](#)
- [Contact](#)



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**Links:**

- [1] <http://www.thewellproject.org/hiv-information/aging-and-hiv>
- [2] <http://www.thewellproject.org/hiv-information/older-women-risk-hiv>
- [3] <http://www.thewellproject.org/hiv-information/understanding-immune-system>
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- [15] <http://www.thewellproject.org/hiv-information/health-and-medical-issues>
- [16] <http://www.thewellproject.org/hiv-information/hiv-treatment-guidelines>
- [17] <http://www.thewellproject.org/hiv-information/understanding-cd4-cells-and-cd4-cell-tests>
- [18] <http://www.thewellproject.org/hiv-information/vitamins-and-supplements>
- [19] <http://www.thewellproject.org/hiv-information/drug-interactions>
- [20] <http://www.thewellproject.org/hiv-information/depression-women-and-hiv>
- [21] <http://www.thewellproject.org/hiv-information/stigma-and-discrimination-against-women-living-hiv>
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- [36] [http://pwn.bc.ca/wp-content/uploads/2008/05/PG\\_on\\_Aging\\_2012\\_web.pdf](http://pwn.bc.ca/wp-content/uploads/2008/05/PG_on_Aging_2012_web.pdf)
- [37] <http://www.owel.info/>
- [38] <http://www.helpage.org/what-we-do/hiv-and-aids/age-sex-and-hiv-older-womens-stories/>
- [39] [http://www.aoa.acl.gov/AoA\\_Programs/HPW/HIV\\_AIDS/index.aspx](http://www.aoa.acl.gov/AoA_Programs/HPW/HIV_AIDS/index.aspx)
- [40] <http://www.nextavenue.org/article/2012-12/hivaids-and-new-rules-50-plus-dating>

[41] <http://www.guardian.co.uk/lifeandstyle/2013/mar/12/hiv-and-women-over-50>

[42]

[http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2013/20131101\\_JC2563\\_hiv-and-aging\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2013/20131101_JC2563_hiv-and-aging_en.pdf)

[43] <http://www.sageusa.org/issues/hiv.cfm>

[44] <http://www.cdc.gov/hiv/risk/age/olderamericans/>

[45] <http://hiv-age.org/2014/08/26/aids-2014-untangling-hiv-aging/>

[46] <https://www.aids.gov/hiv-aids-basics/staying-healthy-with-hiv-aids/taking-care-of-yourself/aging-with-hiv-aids/>

[47] <https://www.aids.gov/hiv-aids-basics/just-diagnosed-with-hiv-aids/overview/aging-population/>

[48] <http://www.catie.ca/en/catienews/2015-07-20/danish-study-raises-questions-about-accelerated-aging-hiv>

[49] <http://www.dailymail.co.uk/health/article-2875378/You-really-old-feel-Study-finds-believing-younger-actually-key-long-life.html>

[50] <http://www.catie.ca/en/catienews/2016-03-23/older-people-hiv-face-different-long-term-health-challenges>

[51] <https://www.dropbox.com/s/f9bruqk83e4hqu7/hiv-older-adults.pdf>

[52] <http://www.lgbtagingcenter.org/resources/index.cfm?s=12>