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Aging and HIV

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Table of Contents

- [The Aging HIV Population Is Growing](#)
- [Living and Aging with HIV](#)
- [Aging-Related Health Challenges](#)
- [What Else Can You Do?](#)
- [Stigma and the Need for Social Support for Older Adults Living with HIV](#)
- [Taking Care of Yourself](#)

The Aging HIV Population Is Growing

Around the world, 13% of all people living with HIV are over the age of 50, UNAIDS estimates. That's 4.2 million older people who are living with the virus. In the US, more than half of those living with HIV who know their diagnosis are at least 50 years old.

Many of the medical problems now faced by people living with HIV have more to do with aging than with HIV-related illnesses.

In the US, HIV began mostly as a disease of young men. Today, however, the epidemic affects both women and men of all ages, including older women. While 50 may not seem 'old,' it is often the age used by organizations that keep track of health-related statistics. As a result, issues related to getting and being older with HIV are receiving more and more attention.

The number of older people living with HIV is growing for two main reasons: 1) powerful HIV drugs are allowing many people to lead longer, healthier lives with HIV; and 2) while most new HIV cases occur in younger people, people over 50 are acquiring HIV at increasing rates. To find out more about why more older adults are acquiring HIV, see our fact sheet on [Older Women, Sex, and HIV](#).

Many of the medical problems now faced by people living with HIV have more to do with aging than with HIV-related illnesses. People who have lived with HIV since the early days of the epidemic may face unique issues, both physically and psychologically. However, those who seroconverted more recently – even if they did so ten years ago – often experience the same problems that older people in general face. For more information on the experiences of those who have been living with HIV for a decade or more, please see our fact sheet on [Long-Term Survivors of HIV](#).

Living and Aging with HIV

Advances in developing HIV drugs have successfully kept people's [immune systems](#) healthy with fewer [side effects](#) and fewer pills than back in the 1980s. Despite the tremendous improvements in HIV drugs that now enable most people to live long and healthy lives with HIV, there are several ways in which living and aging with HIV are different from aging while HIV-negative. Some of the health problems experienced by 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 having the virus in one's body leads to many of the chronic medical conditions associated with aging. HIV lowers the ability of the immune system to fight off infections; this is often referred to as the immune system being suppressed. However, because in a person living with HIV, the immune system is always struggling to get rid of the virus, that system is always activated, or "turned on." After many years of being constantly activated, the immune system may show signs of premature (too early) aging. In addition, an activated immune system produces inflammation. Ongoing inflammation seems to be related to many conditions, including [heart disease](#) and [cancer](#).

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 drugs used in earlier times, they still may have long-term effects that we do not yet fully understand.

*This episode of A Girl Like Me LIVE honored **National HIV/AIDS and Aging Awareness Day** with a dialogue about the unique experiences of women who have been living with HIV over the course of many years. Two different perspectives were highlighted: long-term survivors who were diagnosed as adults and those who were diagnosed as babies.*

View other episodes in the [A Girl Like Me LIVE series](#)

Aging-Related Health Challenges

Co-morbidities: Co-morbidities refer to medical conditions that people have in addition to HIV. These

include illnesses such as [diabetes](#), [liver disease](#), [anemia](#), and high blood pressure. Compared to HIV-negative people, people living with HIV are more likely to have one of these 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 the ongoing activation of the immune system and inflammation in people living with HIV may contribute to the development of plaque (hard patches) in blood vessels. Plaque can increase the risk of heart attacks and strokes. Recent studies have shown that statins, a type of cholesterol-lowering drug, may reduce the amount of plaque in the blood vessels of people living with HIV. Thus, statins may help to reduce the risk of heart disease in people living with HIV.

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

Cancers: HIV has long been known to increase the risk of certain AIDS-related cancers. Research now shows that HIV also increases the risk of non-AIDS-related cancers. These include anal, liver and lung cancer, as well as Hodgkin's lymphoma.

It is important to get regular screenings for cancers known to happen more often in people living with HIV (such as cervical cancer), as well as for other common cancers (including breast, colon, and prostate cancer). For more information, see our fact sheet on [Cancers](#).

Anemia: While anemia 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. Even mild anemia has been shown to lower the chances of surviving while living with HIV. In older people, anemia is associated with less muscle strength, difficulty thinking, and an increased risk of falls.

Blood tests for anemia are fairly simple and can help point to its cause. Depending on the cause, your provider will recommend appropriate treatment. Most providers regularly screen for anemia during routine blood work for monitoring HIV. For more information, see our fact sheet on [Anemia and Women](#).

Bone disease: Weakened bones can occur with age, especially in women after they stop having [menstrual periods](#). Loss of bone mineral density (bone strength) can lead to osteoporosis, which weakens bones and increases the risk that bones may break. Both men and women living with HIV are more likely to develop osteoporosis than are HIV-negative people.

An easy and painless test called a DEXA scan can help you and your healthcare provider monitor your bone health and determine if you are at risk for a serious fracture (break). Your provider may recommend vitamin D and calcium [supplements](#). Prescription medications to help reverse (change back) bone loss are also available. For more information, see our fact sheet on [Bone Health](#).

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](#) section of our website.

What Else Can You Do?

If you feel good about your age, it can help your health.

While these health challenges may seem discouraging, they show that the lives of people living with HIV are now long and healthy enough that they die of the same conditions as the general population.

Because people living with HIV may encounter these medical issues earlier in their lives, it is important that both people living with HIV and their providers are aware of them. 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 saying. If you feel good about your age, it can help your health. Also, if you feel younger than your actual years, you are more likely to remain physically and socially active. This, in turn, helps you avoid some of the problems that come 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](#) recommend that all people living with HIV start HIV treatment, regardless of their [CD4 cell](#) count or their age.

Many older people are already taking medications for other conditions. Some HIV drugs may interact with these medications, such as those used for high blood pressure or high cholesterol. Tell your healthcare provider about all over-the-counter medications, prescription drugs, herbs, [vitamins, or supplements](#) that you take so that he or she can identify any possible [drug interactions](#).

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 watch for problems earlier in your life 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), hearing or vision problems, liver disease, kidney disease, unusual metabolic and body shape changes, diabetes, and mental health issues, including [depression](#).

Keeping Your Body and Mind Healthy

Even if you have never worn glasses, get your eyesight checked. If you often ask others to speak up or repeat what they have said, have your hearing evaluated. Also tell your provider about any falls you have had. Keep physically active with regular [exercise and stretching](#). Reading, (crossword) puzzles, or any activity that is new to you are good ways to keep your mind going even in retirement. Dental checkups will keep your teeth in shape so you can continue to [enjoy healthy foods](#) that require chewing.

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](#) and the stigma of being older. This can make it difficult for older people to [find support](#). First of all, they may be ashamed and hesitate to tell anyone that they live with HIV. Secondly, they may not be comfortable in support groups that include younger people.

However, it is important for older people living with HIV to seek out support. A lack of support can lead to [depression](#). 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 with HIV. See the [Additional Resources](#) section for links to some stories.

Taking Care of Yourself

Much research and attention are focused on aging and HIV. This may result in advances in the care and treatment of older people living with HIV. In the meantime, it is important for both middle-aged and older adults living with HIV to get checked regularly for signs of changes in their HIV, as well as signs of the 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 to feel good about yourself and your age. Having a cheerful outlook on life 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.

Additional Resources

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

- [Older Women Embracing Life, Inc. \(OWEL\)](#)
- [Age, Sex, and HIV: Older Women's Stories \(HelpAge International, video\)](#)
- [Fast Facts: HIV in the US by Age \(US Centers for Disease Control and Prevention\)](#)
- [Our Golden Years: Positive, Older, and Healthy \(Positively Aware\)](#)
- [HIV and Aging \(UNAIDS, PDF\)](#)
- [HIV/AIDS \(Administration for Community Living\)](#)
- [HIV, AIDS, and Older Adults \(National Institute on Aging\)](#)
- [HIV Resources for People Over 50 \(TheBody\)](#)
- [HIV/AIDS \(SAGE: Advocacy & Services for LGBTQ+ Elders\)](#)
- [The Graying of AIDS: Stories From an Aging Pandemic \(POZ\)](#)
- [People With HIV are Aging, and the Challenges Are Piling Up \(National Public Ra...](#)
- [You Really Are Only as Old as You Feel \(Daily Mail, United Kingdom\)](#)
- [National Resource Center on HIV & Aging \(Gay Men's Health Crisis\)](#)
- [HIV & Aging \(Diverse Elders Coalition\)](#)
- [Managing Medicines May Become More Difficult as Some HIV-Positive People Age \(C...](#)
- ['Successful Ageing' Reported by Most Older Women Living with HIV in US Study \(a...](#)
- [It May Come as a Surprise, but Older Women Get HIV, Too \(healthywomen\)](#)
- [HIV and Older People \(HIVinfo\)](#)
- [Aging With HIV: Recognizing Unique Needs and Challenges \(National Council on Ag...](#)
- [Growing Older with HIV \(HIV.gov\)](#)



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