

AGING WITH HIV

HIV is not typically associated with grandkids, long-term care and retirement planning, but the face of HIV has changed. According to the Centers for Disease Control and Prevention (CDC), for the first time, beginning this year, nearly half of all adults living with HIV will be 50 years old and older¹. The graying of HIV demonstrates how well today's advanced treatments can improve health – if you stick to your HIV treatment plan. But, how do you manage HIV with other conditions that are commonly associated with aging?

For most, getting older means you're more likely to have to manage health conditions like diabetes, high cholesterol, heart disease, osteoporosis, or cancer². Those aging with HIV are at higher risk of having to manage age-related disease than their HIV negative peers given the way that HIV can affect the immune system³. That's why it's important to learn about the issues you may face as you get older with HIV and continue to be proactive about managing your health.

Just as you're managing to live well beyond your HIV diagnosis, with the right support, you can be prepared to manage other conditions that may come your way.

To help, we've compiled a list of some frequently asked questions you might have around HIV and aging.

HOW MANY PEOPLE AGE 50 YEARS OLD AND OLDER IN THE U.S. ARE AGING WITH HIV?

A growing number of people age 50 years old and older in the U.S. are living with HIV. People age 50 years old and older accounted for almost one-fifth (19 percent) of the estimated 1.1 million people living with HIV in the United States in 2010⁴.

HOW MANY NEW HIV INFECTIONS ARE AMONG THOSE OVER 50 YEARS OLD?

Of an estimated 47,500 Americans diagnosed with HIV in 2010, five percent were age 50 years old and older.

ARE RATES OF HIV INFECTION INCREASING AMONG THOSE OVER 50 YEARS OLD?

The rates of HIV diagnoses among those over 50 years old have remained relatively stable over the past six years⁶.

DO THOSE OVER 50 YEARS OLD HAVE THE SAME HIV RISK FACTORS AS YOUNGER AMERICANS?

Yes, those 50 years old and older share many of the same HIV risk factors as younger Americans. However, older Americans are more likely than younger Americans to be diagnosed with HIV later in the course of their disease⁷. One reason this may be happening is that many HIV testing efforts are targeted to younger populations. Additionally, it's possible that HIV symptoms can be mistakenly associated with common age-related health concerns, and HIV may not immediately be considered as the cause.

A later diagnosis can lead to a shorter interval between HIV diagnosis and progression to AIDS. For instance, an estimated 24 percent of people age 25 to 29 years old who were diagnosed with HIV in 2010 progressed to AIDS in 12 months, while an estimated 44 percent of people 50 to 59 years old HIV progressed to AIDS in the same timeframe⁸.

HOW DOES HIV DIFFER IN THOSE AGE 50 YEARS AND OLDER?

Aging can make HIV more complicated. For most, getting older means you're more likely to have to manage health conditions like diabetes, high cholesterol, heart disease or cancer. Those aging with HIV are at higher risk of having to manage age-related disease than their HIV negative peers given the way that HIV can affect the immune system¹⁰. That's why it's important to learn about the issues you may face as you get older with HIV and continue to be proactive about managing your health.

WHAT ARE HIV-RELATED COMORBIDITIES AND WHY MIGHT COMORBIDITIES BE A CONCERN IN OLDER ADULTS LIVING WITH HIV?

Comorbidities are two or more health conditions existing at the same time in the body. Living with HIV may put you at a higher risk for developing certain health conditions commonly related to age, including heart disease, diabetes, high cholesterol, osteoporosis and oral health problems.

Comorbidities are more common for many people age 50 years and older with HIV given physical changes commonly associated with aging, such as an altered immune system, may possibly increase susceptibility to infection in older age¹¹. Learning more about these conditions, and how to prevent them, will help you manage your health¹².

WHY IS IT ESPECIALLY IMPORTANT FOR THOSE AGING WITH HIV TO STICK WITH THEIR PRESCRIBED TREATMENT PLAN?

Taking your HIV prescriptions as prescribed by your doctor provides many benefits. Skipping medications, even now and then, gives HIV the chance to multiply rapidly. Keeping the amount of virus in your blood as low as possible is the best way to protect your health.

However, sticking to a treatment plan can be tough, especially if you're already taking additional drugs for other conditions, which can increase the chance of drug interactions.

ARE MENTAL HEALTH ISSUES A CONCERN IN OLDER ADULTS LIVING WITH HIV?

Yes, regardless of your age, receiving a diagnosis of HIV can be a life-changing event. You can feel many emotions – sadness, fear and even anger. But there can be wellness beyond a HIV diagnosis. Being aware of your overall health can help you manage HIV and improve your well-being.

IS STIGMA STILL A CONCERN AMONG THOSE OVER 50 LIVING WITH HIV?

Yes, those over 50 years old living with HIV may be concerned about the double stigma related to getting older and living with HIV¹³. Stigma can negatively affect quality of life, self-image and behaviors and may prevent those in need from seeking care.

Having a support system of family and friends is critical. Make an effort to stay connected to family, friends or consider joining a local support group.

You can find a local HIV support group by visiting the CDC's HIV resource page, (<http://www.cdc.gov/actagainstaids/campaigns/hivtreatmentworks/resources/index.html>) which provides useful information for all people living with HIV. You can also view stories and testimonials of how people are living well with HIV by visiting WellBeyondHIV.com.

1. Centers for Disease Control and Prevention. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas—2011. HIV Surveillance Supplemental Report 2013;18(No. 5). <http://www.cdc.gov/hiv/library/reports/surveillance/>. Published October 2013. Accessed December 4, 2014.
2. Paula W. Yoon, Brigham Bastian, Robert N. Anderson, et al., Potentially Preventable Deaths from the Five Leading Causes of Death —United States, 2008–2010. *MMWR* 2014;63: 369–374.
3. Steven G. Deeks and Andrew N. Phillips (2009). "HIV Infection, Antiretroviral Treatment, Aging, and Non-AIDS Related Morbidity."
4. Centers for Disease Control and Prevention. HIV Surveillance Report, 2011; vol. 23. <http://www.cdc.gov/hiv/topics/surveillance/resources/reports/>. Published February 2013. Accessed December 8, 2014.
5. Centers for Disease Control and Prevention. HIV Surveillance Report, 2011; vol. 23. <http://www.cdc.gov/hiv/topics/surveillance/resources/reports/>. Published February 2013. Accessed December 8, 2014.
6. Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, Sexual Transmitted Diseases and Tuberculosis Prevention, Centers for Disease Control and Prevention. Published December 20, 2013. Accessed December 8, 2014.
7. Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, Sexual Transmitted Diseases and Tuberculosis Prevention, Centers for Disease Control and Prevention. Published December 20, 2013. Accessed December 8, 2014.
8. Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, Sexual Transmitted Diseases and Tuberculosis Prevention, Centers for Disease Control and Prevention. Published December 20, 2013. Accessed December 8, 2014.
9. Centers for Disease Control and Prevention. HIV Surveillance Report, 2011; vol. 23. <http://www.cdc.gov/hiv/topics/surveillance/resources/reports/>. Published February 2013. Accessed December 8, 2014.
10. Steven G. Deeks and Andrew N. Phillips (2009). "HIV Infection, Antiretroviral Treatment, Aging, and Non-AIDS Related Morbidity."
11. National Institutes of Health. National Institute on Aging. Aging with HIV: Responding to an emerging challenge. Published September 30, 2013. Accessed December 8, 2014.
12. National Institutes of Health. National Institute on Aging. Aging with HIV: Responding to an emerging challenge. Published September 30, 2013. Accessed December 8, 2014.
13. C. Emlert, "'You're awfully old to have this disease': Experiences of stigma and ageism in adults 50 years and older living with HIV/AIDS," *The Gerontologist* 46(6) (2006): 781–790.



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