Aging With HIV

More than half of people living with HIV in the U.S. are ages 50 and older.

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The HIV population in the United States is aging thanks to effective antiretroviral treatment that enables people to live longer and healthier lives. As a result, more than half of those living with HIV are now ages 50 and older, and managing age-related conditions is a growing focus of HIV care.

In 2024, about 20% of people living with HIV in the U.S. were ages 45 to 54, 26% were 55 to 64, 14% were 65 to 74 and 3% were 75 or older, according to the Centers for Disease Control and Prevention. A majority of older people with HIV are cisgender men, primarily gay or bisexual. This distribution reflects the fact that many acquired the virus as young adults during the early years of the epidemic.

While the proportion of older people living with HIV is rising, new diagnoses in this age group are relatively low compared with younger age groups. In 2024, 12% of newly diagnosed people were ages 45 to 54, 7% were 55 to 64, nearly 3% were 65 to 74 and less than 1% were 75 or older. Older people can benefit from pre-exposure prophylaxis (PrEP), but they are less likely to use it, and their providers may be hesitant to suggest it.

Around 90% of older people living with HIV have been tested and know their status. Testing is important because those who know they are HIV positive can start treatment, which slows disease progression and prevents transmission, but doctors may be less likely to consider older people to be at risk and offer them HIV screening.

Older individuals generally respond well to antiretroviral therapy, and HIV treatment guidelines are similar for adults of all ages. The immune system becomes less robust with age, however, and CD4 T-cell recovery can be slower after starting treatment. Some studies find that older people fare better because they are more likely to receive regular healthcare and may achieve better adherence. On the other hand, memory lapses and juggling multiple medications can make it harder to stick to a treatment schedule.

Many older people living with HIV are long-term survivors who acquired HIV early in the epidemic. Some progressed to advanced immune decline before effective treatment was available, and some were treated with suboptimal older antiretrovirals and developed drug resistance. Nevertheless, with modern therapy, most can find a regimen that keeps HIV under control.

Older people with HIV are more likely to have comorbidities, or coexisting health conditions, such as heart, kidney and liver disease, certain cancers, bone loss, frailty and impaired cognitive function. The virus seems to accelerate aging, and HIV-positive people tend to develop these conditions sooner than their HIV-negative peers. This may be due to chronic inflammation and weakening of the immune system with age. As a consequence, many older individuals take multiple medications (known as polypharmacy), potentially leading to drug interactions and intensified side effects.

People living with HIV may face special challenges as they age, such as social isolation and stigma. Some long-term survivors, for example, have lost many loved ones over the years. In addition, older HIV-positive people may be dealing with financial and housing insecurity, and they may face homophobia in elder-care settings.

To maintain optimal health, eat a healthy diet, get enough exercise, curb unhealthy habits—such as smoking or drinking too much—maintain social connections and see your healthcare providers regularly. Whether you were diagnosed with HIV at an older age or are a long-term survivor, consistent medical care and monitoring become even more important as you get older. It’s important to discuss not only your HIV treatment but also your overall physical, mental and sexual health.

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