HIV and Aging

Over half of people with HIV and 17% of those newly diagnosed are 50 and older.

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Just over half of people living with HIV in the United States are ages 50 and older. The HIV population is aging thanks to effective treatment that enables people to live longer, healthier lives. As a result, managing age-related conditions is a growing focus of HIV care. But older people with HIV face some special challenges, including comorbidities, isolation and stigma.

While the proportion of older people living with HIV is rising due to longer survival, new HIV diagnoses in this age group are declining. In 2018, people 50 and older accounted for 1 in 6 people newly diagnosed with the virus (17%).

Of the more than 6,300 older people diagnosed with HIV that year, 71% were men and 29% were women. Among older men, the major risk factor is sex with men (66%), followed by heterosexual contact (21%) and injection drug use (9%). Among women, heterosexual contact is by far the biggest risk factor (86%), followed by injection drug use (14%).

Older men and women can benefit from pre-exposure prophylaxis (PrEP) using daily pills or injections every other month, but fewer older individuals are using PrEP compared with young adults and middle-aged people. Older individuals may be more hesitant to discuss HIV prevention, and their providers may be less likely to bring it up.

The CDC generally reports statistics for people living with HIV using an age cutoff of 55 and older. In that group, 9 out of 10 people are aware of their HIV status, but older individuals are more likely to be diagnosed at a later stage.

For every 100 older people living with HIV, 71 received some HIV care, 57 were retained in care and 64 achieved viral suppression in 2018. These are all higher than the proportions for HIV-positive people overall.

Older people generally respond well to antiretroviral therapy, although immune recovery can be slower after starting treatment. Some studies have found that older people fare better, in part because they may achieve greater adherence. HIV treatment guidelines are similar for adults of all ages, but it’s even more important for older people to start antiretroviral therapy as soon as possible and to maintain an undetectable viral load.

A segment of older people living with HIV are long-term survivors who acquired HIV early in the epidemic. Some experienced severe immune system damage before effective treatment was available, and some were treated with old antiretrovirals—often alone or in suboptimal combinations—leading to drug resistance. (June 5 is HIV Long-Term Survivors Awareness Day.)

Older people living with HIV are more likely to have comorbidities, or coexisting conditions, that become more common with advancing age, including cardiovascular disease, diabetes, lung disease, liver and kidney problems, cancer, bone loss, frailty and cognitive decline. HIV--positive people tend to develop these conditions at a younger age than their HIV-negative peers, and women with HIV may experience earlier menopause. This may be due to chronic inflammation, which can persist despite antiretroviral treatment.

As a consequence, many older individuals take multiple medications (known as polypharmacy), potentially leading to drug interactions. In addition, older people are more prone to certain drug side effects. Therefore, antiretroviral regimens for older people should be individually tailored, taking into account comorbidities and other medications.

People living with HIV may face social isolation as they age. Older individuals may also deal with financial insecurity, and they may experience stigma and homophobia in elder-care settings.

Whether you’re newly diagnosed with HIV at an older age or are a long-term survivor, be up-front with your providers about all your health concerns, both physical and mental. And remember: A healthy diet, physical activity, adequate sleep and social connections can maximize quality of life at any age.
