Older Adults With HIV Face Higher Risk of Opioid Use Disorder

People with HIV ages 65 and older are more likely to be prescribed opioids than their HIV-negative peers.

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People living with HIV ages 65 and older are disproportionately represented in the nation's opioid epidemic, according to a study by researchers at the Rutgers School of Public Health. In fact, older adults with HIV were twice as likely to show signs of opioid use disorder than people without the virus.

Published in Lancet Primary Care, the study found that older adults with HIV were more likely to be prescribed opioids than their HIV-negative counterparts—more than one in three older adults with HIV had been prescribed opioids—and that the meds were likely to be prescribed in higher doses, for longer periods of time and with overlapping prescriptions. What's more, this population was also more likely to exhibit signs of opioid use disorder.

"This is a health disparity that warrants attention," said lead study author Stephanie Shiau, PhD, MPH, an associate professor at the Rutgers School of Public Health, in a Rutgers press statement. She added: "As the HIV population ages, we must recognize the unique vulnerabilities they face in the midst of the opioid crisis."

For the study, researchers looked at the prescriptions and medical records of more than 650,000 people on Medicare, the federal health insurance program for people 65 and older, between 2008 and 2021. This included 163,429 people with HIV and 490,287 without the virus. Researchers found that older adults with HIV were twice as likely to likely to show signs of opioid use disorder. Specifically, 2,408 (3.1%) of people with HIV with at least one opioid prescription compared with 2,831 (1.2%) of 229,911 people without HIV with at least one opioid prescription exhibited indications of the disorder. This was measured by formal diagnoses, opioid-related emergency-room visits and medications prescribed to treat opioid use disorder.

The dangers of opioid-related harms present an "emerging concern" for the population aging with HIV, which already experiences numerous challenges. As the researchers note in the study:

> "Although older people with HIV have many of the same health challenges as older individuals in the general population, the effect of ageing might be more intense among people with HIV.

> Older people with HIV have a higher risk of comorbidities, such as neurocognitive impairment, liver disease, osteoporosis, cardiovascular disease, and frailty than individuals of a similar age without HIV. Older people with HIV also have more polypharmacy [being prescribed several drugs] than individuals without HIV, placing them at higher risk for adverse drug–drug interactions.…
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> “Chronic pain is a common and clinically significant problem experienced by up to 85% of people with HIV of all ages.… Although clinical guidelines for the treatment of chronic pain state that opioids should not be a first-line treatment, there is evidence that people with HIV are more likely to receive opioid prescriptions, including at higher doses and for prolonged periods of time. Among patients receiving HIV care in the USA, approximately 26–40% receive opioid prescriptions, some 3–11% report misusing them, and roughly 8–17% have chronic opioid prescriptions
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> “Consequently, people with HIV are at elevated risk for opioid-related outcomes, including hospitalizations and overdose deaths.”

In the Rutgers press release, Shiau summed up: “As the HIV population ages, we must recognize the unique vulnerabilities they face in the midst of the opioid crisis. Tailored strategies for safely prescribing and expanding access to treatment for opioid use disorder are essential to improving health outcomes.”
