As People With HIV Age, Non-HIV Conditions Increase

At one Ryan White clinic in Virginia, the likelihood of multiple health conditions increased over time.

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People aging with HIV were 10% more likely to have two or more non-HIV chronic health conditions in 2016 than they were in 2006. Additionally, the number of people with four or five chronic conditions increased significantly.

Perhaps unsurprisingly, people disadvantaged by social determinants of health, such as female sex and having public health insurance, were more likely than their male and privately insured counterparts to have multiple chronic conditions, according to the findings of a study published in Open Forum Infectious Diseases.

The good news is that, despite more health problems, HIV-positive people with so-called multimorbidity were just as likely to have viral suppression as their healthier counterparts.

As life expectancy expands for HIV-positive people, aging successfully with HIV is increasingly possible. But one measure of such success is having fewer chronic health conditions. And existing data suggest that people with HIV acquire multiple chronic conditions at younger ages than those without.

In this cross-sectional snapshot of health conditions, researchers collected data from two groups of HIV-positive people age 45 and older: 149 in 2006 and 2007 and 323 people in 2016 and 2017. Then they checked to see whether the participants had other serious health issues, including cardiovascular disease, diabetes, chronic obstructive pulmonary disease, osteoporosis and non–AIDS-defining cancers, among others.

Study author Elizabeth Arant, MD, an infectious disease fellow at the University of North Carolina, and colleagues compared the results between people in the two time periods, taking into account demographic factors like age, gender, health insurance type, income and urban or rural residence. Then they looked at HIV-specific factors, including ever having been diagnosed with AIDS, whether they were engaged in care or taking HIV medications, how they acquired HIV and length of time since HIV diagnosis and initiation of antiretrovirals.

What they found was that 30% of people aging with HIV in 2016 and 2017 had at least two additional non-HIV chronic illnesses. This was up from the earlier period, when 19% of participants had two or more chronic illnesses.

Notably, the 30% rate of multimorbidity in 2016 and 2017 was still lower than rates seen in other studies, which have found multiple chronic conditions in 37% to 69% of people living with HIV. The researchers suspect that this is not because people in their clinic were really that much healthier. Instead, they attributed the difference to their method of gathering data, saying it may be more precise than previous studies.

Compared with people who accessed HIV care in 2006 and 2007, nearly twice as many older adults had two chronic conditions, the same proportion had three conditions and more people had four chronic conditions in 2016 and 2017. And some people in 2016 had five or six chronic conditions, compared with zero people in 2006.

Black seniors were no more likely than their counterparts of other races to have multiple chronic conditions in 2016 and 2017, which was not the case in 2006 and 2007. After adjusting for all variables, women were 2.57 times more likely than men to have at least two chronic conditions. (The researchers did not specify the inclusion of transgender adults or their outcomes.)

What's more, people covered by Medicare were significantly more likely to have multiple chronic conditions compared with those who had private insurance. This led Arant and colleagues to suggest that Ryan White programs should spend more resources and time helping their publicly insured clients access the preventive services more commonly offered to people with private health insurance.

"For [people with HIV] without private insurance, the [Ryan White HIV/AIDS Program] should consider increasing its support for and coverage of preventative non-HIV care to help bridge the gap in access," wrote Arant and colleagues. "An investment in preventative care could help reduce the gap in comorbidity-free years between [people with HIV] and people without HIV."

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