HIV in Specific Populations

HIV and Aging

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The HIV population in the United State 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. People aging with HIV face some special challenges, including comorbidities, isolation and stigma, and managing age-related conditions is a growing focus of HIV care.

Prevalence and New Diagnoses

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

While the proportion of older people living with HIV is rising due to longer survival, new HIV 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. The latest CDC update does not include easily accessible detailed data, but in recent years, about 70% of newly diagnosed older people were cisgender men, again largely gay or bisexual.

Older people can benefit from pre-exposure prophylaxis (PrEP) to prevent HIV, but fewer older individuals use PrEP compared with young and middle-aged adults. Older people may be more hesitant to discuss HIV prevention, and their providers may be less likely to bring it up.

PrEP is estimated to be about 99% effective if used consistently. There are currently four approved PrEP options: Truvada pills (tenofovir disoproxil fumarate/emtricitabine or generic equivalents) taken daily or "on demand" before and after sex, daily Descovy pills (tenofovir alafenamide/emtricitabine), long-acting Apretude (cabotegravir) injections every other month and Yeztugo (lenacapavir) injections twice yearly.

HIV Care and Treatment

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 at risk and offer them HIV screening.

HIV care indicators are mostly favorable for older people. Among those diagnosed in 2024, 84% of people ages 55 to 64 and 85% of those 65 or older were linked to HIV medical care within one month—a bit higher than the rates for younger age groups.

Older people generally respond well to antiretroviral therapy, but the immune system becomes less robust with age, and CD4 T-cell recovery can be slower after starting treatment. Among people diagnosed in 2024, about 68% of those ages 55 to 64 and 67% of those 65 or older achieved viral suppression within six months, compared with 71% across all age groups combined.

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. HIV treatment guidelines are similar for adults of all ages, but it's even more important for older people to start antiretroviral therapy promptly and maintain an undetectable viral load.

Many older people living with HIV are long-term survivors who acquired HIV early in the epidemic. Some developed advanced immune system decline before effective treatment was available, and some were treated with first-generation antiretrovirals—often alone or in suboptimal combinations—leading to drug resistance that limits their treatment options. Nevertheless, with modern therapy, most can find a regimen that keeps HIV under control.

Challenges for Older People

Older people living with HIV are more likely to have comorbidities, or coexisting health conditions, such as cardiovascular disease, kidney disease, liver disease, certain cancers, bone loss, frailty, depression and impaired cognitive function. The virus seems to accelerate aging, and HIV-positive people tend to develop these conditions earlier than their HIV-negative peers. This may be due to chronic inflammation that can persist despite antiretroviral treatment 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. What's more, older people are

more prone to certain adverse effects of antiretroviral therapy, such as kidney problems and bone loss. Therefore, treatment regimens for older people with HIV should be individually tailored, taking into account other conditions.

People living with HIV may face challenges such as social isolation and stigma as they age. 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 stigma and homophobia in elder-care settings. As is the case for all people of advancing age, it's important to develop a long-term care plan that includes health care proxies, advance directives and wills.

To maintain optimal health and lower your risk for comorbidities and frailty, eat a healthy diet, get enough exercise, curb unhealthy habits—such as smoking or drinking too much—maintain social connections and see your health care 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. Tell your providers about all medications, supplements and recreational drugs you are using. It's important to discuss not only your HIV treatment but also your overall physical, mental and sexual health.

Many AIDS organizations offer services and support groups specifically for older people living with HIV. Check the POZ Forums for topics that interest you and begin connecting with others today. If you're looking for a more personal connection such as a friend, date or significant other, consider joining an online dating site, like POZ Personals.

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