# Treatment and Prevention Messages for the Older Adult Living with HIV

A special guest article written by Moisés Agosto Rosario, NMAC's Director of Treatment.

September 28, 2022 By Paul Kawata

---

Today the older adult living with HIV constitutes 50% of all persons living with HIV in the United States. It is projected that in 2030 it will be 70%. It is also projected that by 2030 the HIV 50+ individual will deal with two to three co-morbidities on top of HIV. In addition, multi-morbidities could be seen at an earlier age compared to their HIV-negative contemporaries that present with co-morbidities approximately 15 years later. These two issues, early and multi-morbidity, combined with all the other socioeconomic and mental problems this population confronts, are enough reasons for governments to start developing medical and socioeconomic services that address the needs of this vulnerable and neglected population.

It is time to engage, mobilize and educate the HIV 50+ community of long-term survivors about healthy living. Secondary prevention is critical to lessen the potential harm of co-morbidities like cardiovascular disease, diabetes, HAND, and neurocognitive conditions. We know that the constant inflammation in people with HIV due to HIV reservoirs in the body may cause tissue and organ damage, which can be a detonator for no-communicable diseases, as I stated earlier and multiple times. It is also time to equip HIV 50+ and long-term survivors with the skills and the knowledge to advocate for themselves and their communities. Just like in the early years of the epidemic when we had no treatments, people with HIV had to work with their doctors to stay as healthy as possible and take medications that would protect against opportunistic infections like PCP pneumonia, fungal infections, cytomegalovirus, and HIV related dementia. We had to engage in HIV secondary prevention and reinforce the importance of undetectable viral load to control viral replication, further damage to the immune system if not adherent, and inflammation.

Where are the messages and educational initiatives to help the person with HIV 50+, long-term survivor, live longer and healthier? Where is the capacity-building and technical assistance for HIV service and care providers, primary care doctors, and HIV specialists on the needs of the elderly with HIV and geriatric care? That is why NMAC is to work diligently creating educational programs on healthy living, aging, and HIV advocacy skills building and leadership development, and creating spaces and opportunities for  HIV community development and organizing. In addition, we are collaborating with other community groups and federal agencies like the CDC and its "Together Campaign," focusing on the HIV 50+ population. We started these efforts in 2016 and committed to continue to advocate for comprehensive geriatric and HIV care, vital secondary

prevention, HIV prevention messages for the elder (because people over 50 continue to have sex), mental health, socioeconomic support, and sweet and happy long life.

© 2026 Smart + Strong All Rights Reserved.
http://beta.docker.poz.com/blog/hiv-treatment-prevention-messages-older-adult-living-hiv