The Increased Health Risks of Aging With HIV

For one thing, HIV long-term survivors face a higher risk of heart disease.

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In the 21st century, one of the most vital issues that must be addressed by HIV advocates and health researchers concerns the relationship between HIV and aging. A recent report authored by the American Heart Association and published in the journal Circulation underscored the importance of examining this relationship, stating that people living with HIV suffer heart attacks, strokes, heart failure, sudden cardiac deaths, and other heart-related diseases at higher rates than the general population.

According to the report, the relative risks of cardiovascular disease for people living with HIV are 1.5 to 2 times greater than for those not living with the virus. Reasons for this increased risk of heart disease were varied, ranging from the presence of a chronically activated immune system and inflammation characteristic of people living with HIV for long periods of time to environmental and behavior factors like diet, smoking, and substance use.

Troublingly, the report showed that increased vulnerability to heart disease remained among people living with HIV "who achieve sustained HIV viral suppression or have few, if any, cardiovascular risk factors." However, the American Heart Association also reported that both lower CD4 count and high HIV viral load are linked to increased risk of suffering a stroke. Coinfection with HIV and hepatitis could also further increase stroke risk. Other HIV-related factors that can negatively impact heart health for long-term survivors include the development of Type 2 Diabetes—which causes a 2.4-fold increased risk of coronary heart disease events— and increasing rates of obesity among people living with HIV who are on antiretroviral therapy.

Unfortunately, while people living with HIV are at increased risk of cardiovascular disease over time, they are also less likely than members of the general population to have access to the healthcare they need due to myriad factors ranging from the stigmatization that they experience in healthcare settings to socioeconomic and structural barriers that exacerbate disparities in the ability of people living with HIV to seek care.

"On average, people living with HIV who are over 60 years old have 3-7 medical conditions, including heart attacks, strokes, heart failure, kidney disease, frailty and bone diseases and many take 12-15 medications daily," says Jules Levin, executive director of the National AIDS Treatment

Advocacy Project and a person who has been living with HIV for 35 years. “As they age, people living with HIV are often alone and disabled, emotionally homebound due to depression, and are socially isolated. In addition, they often suffer from lack of mobility and an impaired ability to perform normal daily functions. We urgently need better awareness and more patient-focused research and care efforts for this vulnerable population.”

It is a testament to the tremendous progress that has been made in the development and dissemination of antiretroviral therapies that many HIV long term survivors worry about diseases most commonly associated with aging more than they worry about their CD4 count. With that progress comes the new challenge of ensuring that not only that HIV is no longer a death sentence and that it is a chronic, manageable disease, but that people living with HIV are able to prevent and treat a whole host of other medical conditions that come with aging process. Our capacity to enable people to live well, and age well, with HIV is one of the new frontiers in HIV care.

Be sure to check back with AIDS United in the coming weeks for more news and information on the intersection of HIV and aging.

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