

Ageing with HIV

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With advances in antiretroviral treatments, we are now seeing more people with HIV reaching older age. With longevity comes a host of new medical conditions that raises the question of whether enough is known about the health and social needs of an ageing HIV positive population.

The arrival of highly active antiretroviral therapy (HAART) in 1996 changed HIV/AIDS from a progressive terminal disease, to a chronic manageable condition. With continually improving HIV therapies, people with HIV are now living longer, with many surviving to older age. Health services are faced with new challenges in their ability to suitably respond to the unique and complex needs of this ageing HIV-positive population.

Although the definition of an 'older' person is often defined as a person older than 60 years of age, there is a consensus among HIV researchers that HIV-positive people over 50 years old are considered 'older' due to the early onset of particular health conditions associated with ageing.

In 2008 it was estimated that 17,444 people were living with HIV in Australia, with over a quarter of them aged 50 years and over. We can expect to see this older group grow significantly in coming years, given that since 1996, the average age of new HIV infections has been increasing and is currently around 38 years (NCHECR, 2008).

The natural ageing process brings with it conditions like cardiovascular disease, cancer, diabetes and osteopenia (lower bone mineral density). Overwhelmingly, the research indicates that people with

HIV are at increased risk for these conditions and are experiencing them earlier in life than their HIV-negative counterparts.

Older people with HIV also experience higher rates of HIV-associated dementia and neuropathy, a painful nerve disorder that causes numbness in the hands and feet.

It is unclear why the bodies of people with HIV seem to age before their time, despite complete suppression of the virus by successful antiretroviral therapy.

Is it the virus, the treatments, or the body?

There are several theories as to why people with HIV tend to age more quickly. Given that part of the ageing process is about the loss of immunity, the fact that HIV is a disease that attacks the immune system may be one reason. Some think that within the first few weeks of exposure, as HIV ravages the body – the majority of the damage is done to the immune system. Even when HIV replication is subsequently controlled, an individual's immune capacity has already been seriously damaged during the initial stage of infection. Then there is persistent HIV replication, slowly eroding the CD4 cell supply and over time diminishing the capacity of the immune system.

Drug toxicity is also a significant issue, with certain drugs having been recognised as causing metabolic disorders—such as increased cholesterol, triglycerides and blood sugar—leading to increased heart disease, stroke and diabetes. The benefits far outweigh the risks but these drugs are having a subtle, chronic impact on the body's ageing process. HAART drugs are approved in relatively short time frames and the long term complications of these treatments are yet to be determined. Much more detailed clinical trials with older people are still required.

Tobacco smoking is known to suppress the immune system and accelerate the ageing process. There is strong evidence which indicates that people with HIV smoke at higher rates than the general population, with 47.6% of Australian people with HIV reporting that they smoke tobacco (Grierson, et al. 2006), more than twice the 19.5% in the general population (AIHW 2001).

For women with HIV, little is known about how the virus impacts on their ageing process. There is some suggestion that HIV may cause the early onset of menopause and that the changes associated with menopause affect HIV disease progression. Women with HIV may also experience menopause in a different way than HIV-negative women. Further, given that people with HIV experience bone demineralisation, HIV-positive older women are much more likely to experience difficulties such as

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Funded by NSW Health

NCHSR is partially funded by the Australian Government Department of Health and Ageing.

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osteoporosis-related fractures (Kojic et al. 2007).

As well as these health concerns, there are the psychosocial aspects of growing older with HIV. Experiences of ageism are well documented within the gay community (Emlet, 2007), and can be compounded when the bodies of younger people are ageing sooner. Coupled with the body altering side-effects of treatment, such as lipodystrophy impacting on a person's body image, poor self esteem can be a major issue, with chronic stress and worry only contributing to the problem.

Older men with HIV are less likely to be in a relationship and more likely to live alone, making them particularly vulnerable to isolation as well as ill-health. While many seniors turn to their families-of-origin for help and support when their ability to live independently is compromised, older people with HIV may experience ambivalent relationships and ongoing family tensions which prevent them from being able to rely on these traditional sources of support.

Due to the invisibility of gay, lesbian, bisexual and transgender (GLBT) clients in aged care facilities, we find that these

services are not yet ready to cater for that group, much less for people who have been living long term with HIV. Stigma and discrimination make it difficult for ageing people with HIV to find appropriate aged care services.

Because HIV has been seen primarily as a disease of people in their middle years, research over the past 20 years has focused primarily on younger people, often excluding older people from new treatment trials. Further investigation on older people living with HIV is required to fully understand the physical and psychological impacts of living long-term with the virus.

Targeted prevention campaigns informed by research are needed for older gay men to reduce the number of new infections amongst this group. We need to know more about sexual risk taking behaviours, illicit drug use, including its impacts on anti-retroviral treatments and the ageing process.

For now, health strategies such as a healthy diet, regular exercise and smoking cessation should be encouraged as all lead to improved health outcomes and slow the ageing process.

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ARTICLE SUMMARY 1

Comparing older and younger people with HIV

Data collected for the HIV Futures 3 study was analysed to provide a comparison between people with HIV in Australia over the age of 50 and those under 50. In the study 894 respondents were asked, among other things, about their health and well-being, social circumstances, service use and social support.

Older people, defined as over 50, made up 22% of the total sample. This older group comprised of 98% males and 2% females—a statistically significant greater proportion of males than the younger sample (90%). On average, the older group had been HIV positive for 11.3 years—a statistically significant longer time than reported by the younger group (9.6 years).

When asked to self-rate their health, considerably fewer older people rated their health as 'good' or 'excellent' (58.3%) than the younger group (72.4%). The same was seen for well-being, where 57.9% of older people described this as either 'good' or 'excellent', compared to 66% of the younger group.

Of the older respondents, 47.2% had a major health condition other than HIV/AIDS compared to 35.5% of the

younger group. 12.2% of the older group had cardiovascular disease compared to 2.2% of the younger group, representing an almost sixfold increase. Hypertension was also more commonly reported by the older group (2.3% versus 0.5%), as was diabetes (3.0% versus 2.1%), arthritis (3.0% versus 1.6%) and back pain (2.6% versus 1.0%).

Older people with HIV accessed services much less than their younger counterparts—this was true for both HIV related services and non-HIV related services.

Older people with HIV were less likely to be in paid employment of any kind, 47.9% were not working or retired, compared to 15.6% of the younger group. It was also found that 38% of the older group were living below the poverty line, compared to 30% of the younger group.

Participants from the older group were less likely to be having sex (31.9% versus 23.3%) and were much less likely to be in a regular relationship (38.1% versus 5.4%).



Pitts, M. K., Grierson, J. W., & Misson, S. (2005). Growing older with HIV: A study of health, social and economic circumstances for people living with HIV in Australia over the age of 50 years, *AIDS Patient Care and STDs*, 19(7) 460–465.

2 Ageing with HIV: A perspective from New York City

One of the most comprehensive research studies into older people with HIV to date was conducted in New York City in 2006. For the Research on Older Adults with HIV study (ROAH), 914 people with HIV over the age of 50 completed a survey with an aim to establish more comprehensive knowledge of the characteristics and needs of this growing population. In New York City people over the age of 50 make up 30% of the positive population and it is estimated that within the next decade they will make up more than 50%.

Among the findings was that ageing people with HIV experienced depression, at a rate almost 13 times higher than the general New York City population.

Researchers hope that the ROAH data will have a significant impact on priorities for HIV/AIDS funding.

Karpiak, S. E., Shippy, R. A., & Cantor, M. H. (2006). *Research on Older Adults with HIV*. New York: AIDS Community Research Initiative of America. http://www.acria.org/files/ROAH_05_05_08_final_0.pdf.

3 Fears about growing older with HIV

Seventy-two men with HIV attending clinics in Sydney were asked about their perspectives on issues regarding ageing. Almost half of these men (49%) were concerned about ageing and being HIV positive. More than half (53%) believed HIV would progress faster with ageing and their immune system would not work as well. 65% were also concerned that as they became older any illness may be the result of their HIV.

75% of respondents were concerned about the long-term effects of HIV drugs, with the younger men (under 45 years) being more concerned, possibly because they are more likely to be on antiretroviral therapies for longer and may be more likely to experience long-term side effects.

The findings of this study are being used to develop strategies for clinical care and health promotion activities.

Cummins, D., Trotter, G. (2008). 'Ageing and HIV Disease—a client's perspective.' *Australian Journal of Advanced Nursing*, 25(3), 58–64. http://www.ajan.com.au/Vol25/AJAN_25-3_Cummins.pdf.

4 How long are people living with HIV?

In an attempt to measure the expected survival rate of people with HIV, a study was conducted in Denmark that matched each member of a national HIV cohort with as many as 99 persons from the general population according to sex, date of birth and place of residence, and observed mortality rates for a period of 10 years.

The study concluded that in 2000 to 2005, people with HIV aged 25 (with access to HAART, and no Hepatitis C co-infection) had median survival of 39 years, whereas in the general population this was given as 51 years.

Lohse, N., Hansen, A., Pedersen, G., Kronborg, G., Gerstoft, J., Sørensen, H., Væth, M., Obel, N. (2007). Survival of Persons with and without HIV Infection in Denmark, 1995–2005. *Annals of Internal Medicine*, 146(2), 87–95. <http://www.annals.org/cgi/reprint/146/2/87.pdf>.

5 Treatment adherence in older people with HIV

A study was designed in Los Angeles to examine the interplay of older age, cognitive impairment and drug use on treatment adherence among people with HIV. Among the 148 participants, 26% were 50 years and older.

It was found that the older group demonstrated better treatment adherence than the younger participants, although when cognitive impairment was present,



Action points

- Targeted research must be conducted on people who are living long term with HIV, investigating the health, as well as psychosocial impacts of ageing with HIV.
- Older people must be included as an identifiable group at every stage of the HIV research process, including women with HIV.
- As the HIV positive population ages, there is a need for the health system to respond to the complex needs of this group. Regular screening is required for the numerous comorbid illnesses that are common amongst this group.
- Public education campaigns are needed to address stigma related to HIV, including homophobia and ageism, in health care services and aged care agencies that provide services to older adults.
- Training is required for aged-care workers and geriatricians to increase their knowledge around HIV related issues, emphasising the importance of working in collaboration with HIV specialists.
- Older people with HIV should be portrayed within and targeted by health promotion campaigns.

adherence was poorer. Drug use was also found to have a negative impact on adherence.

Implications for practitioners include more vigilant screening for mental health issues as well as drug and alcohol problems among patients.

Hinkin, C., Hardy, D., Mason, K., Castellon, S., Durvasula, R., Lam, M., & Stefaniak, M. (2004). Medication adherence in HIV-infected adults: effect of patient age, cognitive status, and substance abuse. *AIDS*, 18(Suppl. 1), 19–25.

6 Older men at risk

In London, where the number of people with HIV over 50 increased 5 fold between 1997 and 2005, a study was conducted to examine age of diagnosis, sexual behaviour and some social characteristics of this group.

In terms of sexual risk taking behaviour, there was no statistical difference between the age groups. An interesting aspect about this study was that of the 99 gay men in the study over 50 years old, a third of the men had received their HIV diagnosis in their 50s or 60s. It is unclear how many of these infections were newly acquired or had been diagnosed late, but this highlights the need for HIV prevention messages to continue to be relevant for this group, and for HIV testing to continue to be encouraged among older gay men.

Elford, J., Ibrahim, F., Bukutu, C., & Abderson, J. (2008). Over fifty and living with HIV in London. *Sexually Transmitted Infections*, 84, 468–472.

7 Concerns of mature women with HIV

In interviews conducted with 18 mature aged women with HIV in the Midwestern United States, the women felt that there was a lack of available information and a lack of representation of older women in research around HIV and many women relied on each other for answers about health issues specific to older women and HIV. There was a concern among these women that their doctors were generally not prepared to deal with the emotional needs of women with HIV. Receiving social support was viewed as key to surviving with HIV.

These women expressed great concern about the inability to differentiate between body changing symptoms caused by normal ageing or by HIV. Further, the women conveyed a desire for more frequent health screening, particularly related to cancer.

Enriquez, M., Lackey, N., & Witt, J. (2008). Health concerns of mature women living with HIV in the Midwestern United States. *Journal of the Association of Nurses in AIDS Care*, 19(1), 37–46.

8 Ageing Positively

2006 saw the launch of Ageing Disgracefully: ACON's healthy GLBT ageing strategy. As part of developing the strategy a Healthy Positive Ageing Community Forum was held in Sydney to encourage community input and debate around ageing with HIV.

The ACON strategy prioritises education and access to treatment for conditions such as cardiovascular disease, diabetes and hypertension for people with HIV, particularly those who are ageing and living long term with the virus.

The strategy also committed to providing education about the beneficial aspects of health maintenance, by encouraging a healthy diet, regular exercise and smoking cessation.

ACON also made a commitment to target gay men over the age of 50 for HIV prevention education and called for the Australian Government and the Australian Institute in Health and Welfare to include GLBT people, especially people with HIV, comprehensively in their information and data management plans, to generate much needed information about this group.

Ageing disgracefully: ACON's healthy GLBT ageing strategy 2006–2009. <http://www.acon.org.au/about-acon/Strategies/ageing>.

Further information and support

ACON

A health promotion organisation based in the GLBT communities with a central focus on HIV/AIDS. Services and programs include home care and support, counselling, subsidised vitamins and housing assistance.

Tel: (02) 9206 2000 or
Freecall: 1800 063 060
www.acon.org.au

Positive Living Centre (PLC)

Provides a range of structured programs, special events and social activities as well as peer support and health promotion programs for people with HIV.

Tel: (02) 9699 8756 or
Freecall: 1800 063 060
www.acon.org.au/hiv/plc/about

Positive Life NSW

A non-profit community organisation representing the interests of people with HIV in New South Wales.

Tel: (02) 9361 6011 or
Freecall: 1800 245 677
www.positivelife.org.au

Bobby Goldsmith Foundation (BGF)

Provides practical, emotional and financial support to people with HIV.

Tel: (02) 9283 8666 or
Freecall: 1800 651 011
www.bgf.org.au