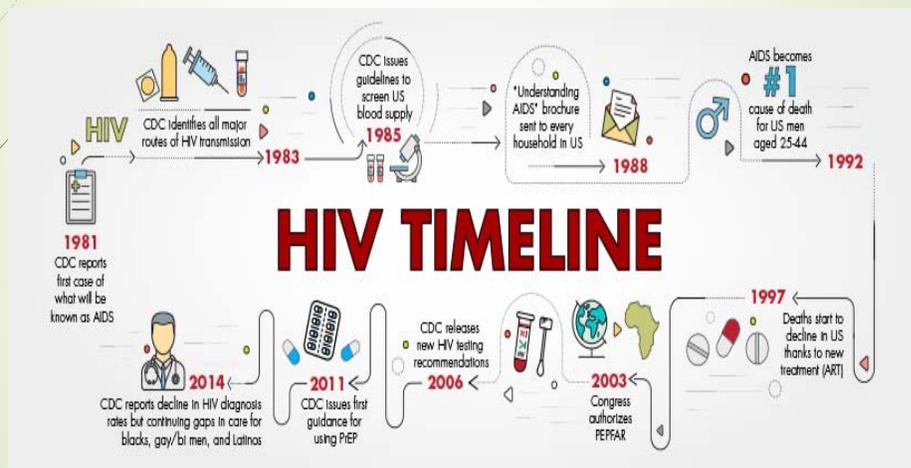


# Aging with HIV

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We've come a long way - a short synopsis of  
 30 years of **HIV**.



## A simple overview of the **HIV** epidemic:

### 1980's:

- Gay-related immune deficiency (GRID) - During the very early 80's in the US, it was believed that HIV was only infecting men who have sex with men; it was first diagnosed in a gay man. By the mid-80's, HIV was becoming a global epidemic as new cases of HIV infection were surfacing in other parts of the world, such as Canada, Brazil, Australia, and Africa.
- Life expectancy for persons infected with HIV was short, in many cases a few months.
- Kaposi's sarcoma & Pneumocystis pneumonia were the leading opportunistic infections causing death among persons, primarily gay men, infected with HIV.
- AZT was the only drug available to combat HIV.
- Acquired Immune Deficiency Syndrome (AIDS) -The World Health Organization (WHO) proposed the clinical definition for AIDS.
- Human Immunodeficiency Virus (HIV)- Robert Gallo discovers the retrovirus that causes AIDS, hence HIV.
- Western Blot/Elisa testing was established to detect HIV in the blood.
- Ryan White becomes the AIDS poster child.

### 1990's:

- In addition to AZT, combination drugs therapy become available to combat HIV. Death rates plummet and life expectancy is increased for persons living with HIV.
- Simian Immunodeficiency Virus (SIV), which was discovered in chimpanzees in early 1900's, was passed to humans and developed into types of HIV. SIV was later found in gorillas.
- Magic Johnson announces his HIV status, although there were other celebrities before him who were infected with HIV and have died from HIV - Liberace, Sylvester, Arthur Ashe, Freddie Mercury, and Rock Hudson.
- Ryan White foundation was established in 1992.

### 2000's:

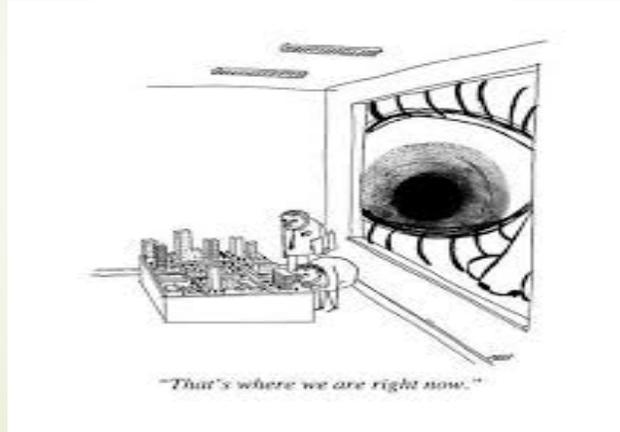
- ▶ Antiretroviral therapies (ART) continue to progress and life expectancy for persons living with HIV is further increased.
- ▶ World Health Organization (WHO) estimates between 15% - 20% of new HIV infections are a result of blood transfusions.
- ▶ CDC proposes pre-exposure prophylaxis (PEP) for people exposed to HIV due to rapes, accidents, or occasional unsafe sex and drug use.
- ▶ First case of an American being cured of HIV through bone marrow transplant, procedure took place in Germany.

### 2010 to date:

- ▶ Pre-exposure prophylaxis (PrEP) is a new form of prevention that can reduce the chance of contracting HIV; Truvada is the medicine used for PrEP.
- ▶ The disease, which attacks the immune system, can be controlled by modern-day antiretroviral medications. Being diagnosed with HIV was once a death sentence. Now, a 20-year-old man with HIV who begins treatment early can expect to live to 77 — the average lifespan of an average American man.



Longevity and new health concerns for persons living with **HIV**, especially people aged 50 and over.



## **HIV** and the ageing process



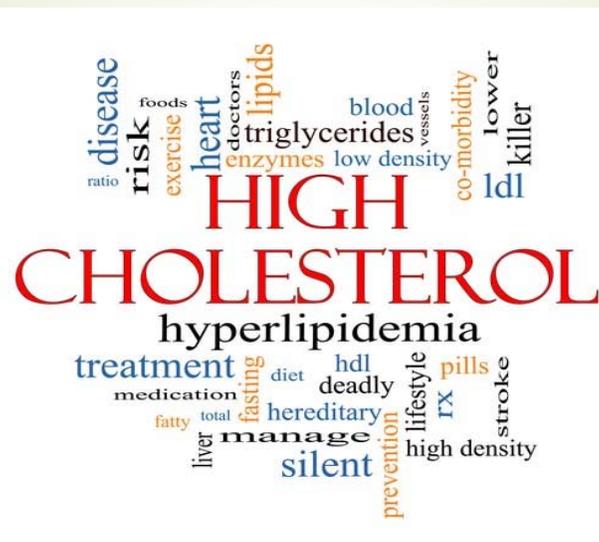
The success of breakthrough HIV drugs means one of the biggest challenges in the decades to come will be treating HIV as part of the aging process. More than half of all people with HIV in the United States are over 50, and by 2030 it is estimated that this figure will rise to 70 percent, according to the International Society for Infectious Diseases. **Older HIV patients** will be in general decline, while also battling conditions caused by decades of HIV drug use.

## HIV and comorbidities

People growing older with HIV face many challenges:

- ▶ **HIV treatment** – The complexities and nuances of treating and caring for those patients with HIV.
- ▶ **Comorbidities** – On top of an already complex condition are the complications and comorbidities arising from increased life expectancy. One study of people over 50 living with HIV found that just under two thirds were on treatment for other long-term conditions, and the number of these conditions was almost double what would have been expected in the general population at this age.

## HIV and comorbidities



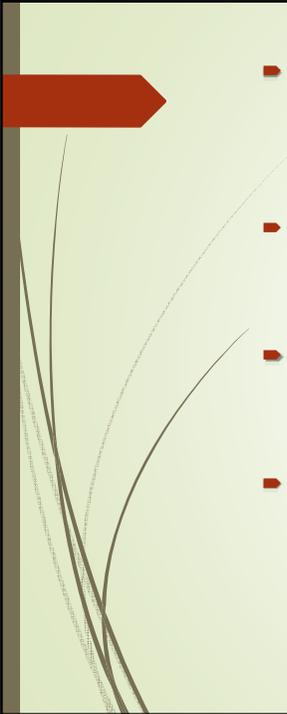
## HIV and comorbidities

Additionally, HIV triggers body-wide inflammation as a person's immune system tries to fight the virus, a process that persists and can quietly damage organs even with good medications. Older persons living with HIV are using more medications for other diseases than HIV-free patients the same age. The following are some of the diseases older persons living with HIV are combating:

- Diabetes
- Cardiovascular disease
- Osteoporosis
- Cognitive functioning
- Poly-pharmacy (known and unknown affects of taking multiple medications simultaneously)
- Diabetes
- Hypertension/high blood pressure
- Hyperlipidemia (high cholesterol)
- Social care

## Additional issues affecting older persons living with HIV

- Work and finance
- Stigma
- Social Care
- Care provision

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- **Work and finance** - Many diagnosed with HIV early on in their lives were unable to secure mortgages and pensions. Others cashed in pensions early expecting reduced life expectancy. Support from family may be reduced as often there is no partner and/or no children. Now, facing later life with the prospect of having to pay for aspects of their care is a source of anxiety.
  - **Stigma** - A common strand running through these issues is the stigmatization of HIV itself. This contributes to a culture of secrecy and fear among many patients. The goal is to ensure that, with appropriate care and support, everyone with HIV can live a long and fulfilled life.
  - **Social care** - As people living with HIV live longer they will increasingly require the same range of social care support that many require in later life. How this works in practice and is accessed (with the associated risks linked to disclosure and stigma) is a concern for many.
  - **Care provision** - As people with HIV live to an older age, a greater number will require residential care or support in their own homes. It is important that care providers are ready to offer people living with HIV the services they need.



WHERE DO WE  
GO FROM  
HERE?



## Addressing health care and services for the ageing population with HIV

**Care service providers** need to be better informed and equipped to help care for those living longer with HIV. Many providers have limited experience here so skills and training need to be improved. Here is an opportunity to establish what a good care provider should offer in terms of **health care, facilities for long-term conditions, social services – social care & care provision, work and finance guidance, and ways to reduce stigma.**

# Thank You