



# OLDER PEOPLE AND HIV

## HOW MANY OLDER PEOPLE HAVE AIDS?

About 29% of all people with AIDS in the United States are age 50 or over. In 2001, this proportion was 17%. In some cities, as many as 37% of people with AIDS are older than 50.

The number of older people diagnosed with AIDS is increasing. There are three types of older people with HIV: People who have been living with HIV for many years; older HIV-infected people who are just learning their HIV status; and older people newly infected with HIV. About half of the older people with AIDS have been infected for one year or less.

The rates of HIV/AIDS among older people are 12 times higher for African-Americans and 5 times higher for Hispanics compared with whites.

Many people don't consider age 50 to be "old." However, age 50 is being used more often to keep statistics on "older people" with HIV and AIDS.

## WHY ARE OLDER PEOPLE GETTING INFECTED?

There are several reasons:

- Health care providers may not test older people for HIV infection
- Older people may lack awareness of the risk factors for getting HIV (see Fact Sheets 150 and 152)
- Many older people are newly single. They get divorced or lose their mates. While they had a partner they may have ignored HIV prevention messages
- Very little HIV prevention education is targeted at older people
- Many older people believe that HIV only affects younger people
- Most older people get no training in safer sexual activities (see Fact Sheet 151)
- Drug use accounts for more than 16% of infections of people over 50
- Unprotected sexual activity. This may be heterosexual or homosexual sex. Viagra and other drugs that help men get and maintain an erection may contribute to increased rates of sexual activity and sexually transmitted diseases among older people, as they do for younger people.
- Physicians may not diagnose HIV infection in older people. Some early symptoms of HIV disease may appear to be signs of normal aging.

- The stigma of having HIV/AIDS may be worse for older people. This can result in hiding their infection from family and friends.

## IS HIV DISEASE DIFFERENT FOR OLDER PEOPLE?

The first studies of HIV in older people were done before strong anti-HIV drugs were available. Most of them showed that older people got sicker and died faster than younger people. This was thought to be due to the weaker immune systems of older people. Also, older people usually have health problems in addition to HIV.

Recent research shows that older people respond well to antiretroviral treatment. Most older patients, unless they are drug users or have mental problems, take their medications more regularly than younger patients. They have better adherence (see Fact Sheet 405.)

## IS HIV THE SAME IN OLDER PEOPLE?

CD4 cell levels do not recover as quickly in older patients as in younger patients. Unfortunately, we don't have good information on older people because they were usually not included in clinical trials of new drugs.

Treatment side effects may not be any more frequent in older people. However, changes caused by aging can resemble or worsen treatment side effects. For example, older age is a major risk factor for heart disease and for increasing fat in the abdomen. Some older people without HIV lose fat that looks similar to the changes caused by lipodystrophy.

Recent research suggests that many of the health problems of older people may progress faster in people with HIV. It is not clear whether HIV "accelerates" aging or whether the normal diseases of aging interact with each other and HIV and make them worse.

## WHAT OTHER HEALTH PROBLEMS ARE COMMON?

As people age, they develop health issues that continue for the rest of their lives. These can include heart disease (see fact sheet 652,) depression (see fact sheet 558,) osteoporosis (see Fact Sheet 557), high blood pressure, kidney problems (see fact

sheet 651,) arthritis, diabetes, Alzheimer's disease and various forms of cancer.

Older people often take many different medications to deal with their health problems. This can make it more difficult for a doctor to choose anti-HIV drugs because of interactions with other medications.

## MENTAL PROBLEMS

Older people may have more problems with thinking and remembering than younger people. These symptoms can appear to be the same as HIV-related mental problems. Fact Sheet 505 has more information on HIV and nervous system problems.

These problems, sometimes called dementia, are less severe than they were before the use of strong anti-HIV drugs. It is difficult to know what is causing mental problems in older people with HIV. Is it normal aging, or is it HIV disease? Research studies have linked both age and higher viral load (see Fact Sheet 125) to mental problems.

Rates of depression and substance use haven't been well studied in older people. However, these problems may be related to HIV disease, aging, or both. They need to be diagnosed and treated correctly.

## THE BOTTOM LINE

The number of people over 50 with HIV or AIDS is growing rapidly. About 29% of people with AIDS in the United States are over age 50.

Older people get HIV the same way as younger people. However, they may not be aware that they are at risk of HIV infection. They also may not know how to protect themselves from HIV transmission.

Older people have to deal with other health issues. These can complicate the selection of anti-HIV medications. They can also be confused with some of the side effects of HIV drugs.

HIV drugs seem to work as well in older people as in younger people, although their CD4 cell counts may be lower. Also, older people may be better about taking their medications than younger people.

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