FAST FACTS

- Antiretroviral therapy (ART) means that people living with HIV can stay healthy into old age.
- Some people experience side effects when taking treatment long term, and growing older with HIV can increase the chance of experiencing normal age-related illnesses earlier.
- It’s important to see your healthcare professional regularly for tests and to discuss any concerns you may have.

Now that effective treatment is available, many people living with HIV are living long and healthy lives. In fact, 5.8 million people living with HIV worldwide are aged over 50.

Even with the support of effective treatment, people living with HIV cannot avoid the inevitable effects of ageing that everyone experiences such as gradual hearing loss, impaired vision and receding gums. But there are many things you can do to look after yourself and be aware of when growing older with HIV.

Ageing with HIV

Premature ageing

There is evidence to suggest that people living with HIV age somewhat younger than those who don’t have HIV. This is because your immune system has had to worker harder, even with the support of HIV treatment, at staying healthy.
There are some lifestyle choices, such as smoking, alcohol abuse or unhealthy eating, that are more common among some groups of people who have HIV, which can lead to having age-related illnesses earlier.

Age-related health conditions and HIV

Health conditions that are more common among older people living with HIV include:

- cardiovascular disease
- kidney failure
- liver failure
- cancer
- osteoporosis (weakened bones)
- memory problems.

Your healthcare professional should monitor your blood and urine tests for signs of any problems. If you think you’re experiencing any new symptoms or illnesses, or any side-effects to your treatment regime, it’s important to let your healthcare professional know so they can look into the causes.

Taking HIV treatment longterm

Among people living with HIV who have been taking ARV treatment since the early 1990s, we’re now beginning to see the longterm side effects it can have on the ageing body. Some ARVs, for example, put additional strain on the kidneys which can lead to kidney failure.

As you age, and experience other health issues, it’s likely that you’ll be advised to take more medication. You may see one healthcare professional for HIV treatment and another for something else.

In some cases, medication for another condition can interact with your HIV drugs, making one or both of them less effective, so it’s important that your healthcare professionals know about the drugs you are taking, including any herbal remedies and alternative treatments.

Sex and relationships

You may be in a longterm relationship, or exploring new relationships later in life. Although you may not need contraception to avoid unplanned pregnancies any longer, remember that using male condoms or female condoms is an effective way of preventing HIV transmission and sexually transmitted infections (STIs).
If you’re taking HIV treatment and can have your viral load monitored regularly, you’ll also want to find out what an undetectable status can mean for your sex life. Many clinics can provide you with free condoms and other contraception, as well as confidential information and advice.

**Older women living with HIV**

If you’re a woman aged between 45 and 56 you’ll be going through the perimenopause at some point (the time leading up to your last menstrual period).

It’s common for all women to have some menopausal symptoms for a few years before your periods stop altogether (the menopause) but you may find that you experience particular challenges as a result of living with HIV.

Symptoms may include:

- Hot flushes – face, neck and chest.
- Night sweats and difficulty sleeping.
- Low libido, vaginal dryness and pain during sex.
- Memory / concentration problems.
- Mood swings, feeling low or anxious.

How long these symptoms last and how much they affect you varies from woman to woman. You may find it difficult to distinguish menopausal symptoms from HIV-related symptoms or have problems accessing the right kind of care, speak to your healthcare professional who should be able to advise you or refer you on to an appropriate service.

Make sure that you let your healthcare professional know if you’re taking any other medication (such as hormone replacement therapy, or HRT) as it may have an impact on the effectiveness of your HIV treatment. Also, problems with memory and concentration can make it harder to take your HIV treatment regularly.

**Taking care of your mental health**

Some older people living with HIV or newly diagnosed with HIV can feel stigmatised by both their age and HIV status, and may suffer isolation and loneliness as a result. Looking after your mental health as you grow older is vital to your overall wellbeing.

If you’re feeling low then it can help to talk to family or friends, or a healthcare professional. It’s important to get support when you need it and to do it sooner rather than later as stress can lead to age-related cognitive and physical health issues.

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Sources:

Ageing with HIV: a lifecycle approach (Accessed June 2018)
Aidsmap (2015) ‘People with HIV are at higher risk of several types of cancer, large study finds’ (Accessed June 2018)
Menopause in women living with HIV in England: findings from the PRIME Study (May 2018) (Accessed June 2018)