Growing older and ageing with HIV

Now that effective treatment is available, many people living with HIV are living long and healthy lives. In fact, with the right treatment and care, you can expect to have a more or less normal life expectancy with HIV.

Even with treatment, people living with HIV can’t avoid the normal effects of ageing. But there are many things you can do to look after yourself and stay healthy into old age.

If you’ve been newly diagnosed with HIV later in life, it’s important to start antiretroviral treatment (ART) as soon as possible to avoid developing age-related health problems.

Ageing with HIV

Age-related health conditions and HIV

There is evidence that older people living with HIV have a greater risk of developing certain age-
related illnesses, including:

- cardiovascular disease
- kidney failure
- liver failure
- cancer
- type 2 diabetes
- osteoporosis (weakened bones)
- memory problems.

Accelerated ageing

Sometimes people living with HIV appear to develop these age-related health problems at a younger age than those who are HIV-negative (known as ‘accelerated’ or ‘premature’ ageing).

There are several possible reasons for this. One is that your immune system has to work harder at staying healthy, even if you are on treatment.

Some lifestyle choices, such as smoking, drinking too much alcohol or unhealthy eating, which can lead to developing these age-related illnesses earlier, are also more common among some groups of people who have HIV.

Taking care of your health

It’s important to have regular health check-ups and ask your healthcare professional to 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, let your healthcare professional know so they can look into the causes.

You can also reduce your risk of developing these age-related illnesses by:

- not smoking
- being physically active
- having a balanced diet
- maintaining a healthy weight
- limiting your alcohol and drug intake
- keeping your brain active.

Taking HIV treatment long-term

People living with HIV who have been taking ART since the early 1990s may now be experiencing long-term effects of the treatment. For example, some drugs can increase cholesterol, and put additional strain on the liver and kidneys.

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. 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 long-term relationship, or exploring new relationships later in life. Although you may not need contraception to avoid unplanned pregnancies any longer, you will still need to prevent HIV transmission and sexually transmitted infections (STIs) during sex. Using male condoms or female condoms is the best way of doing this.

Many clinics can provide you with free condoms and other contraception, as well as confidential information and advice.

If you’re taking HIV treatment, you may be able to achieve an undetectable status. This means there is no risk of passing on HIV, so long as you continue taking your treatment and can have your viral load monitored regularly. You can speak to your healthcare professional about this.

**Older women living with HIV**

If you’re a woman aged between 45 and 56 you’ll most likely 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 their periods stop altogether (the menopause). Symptoms may include:

- hot flushes – face, neck and chest
- night sweats and difficulty sleeping
- low libido, vaginal dryness and pain during sex
- memory and/or 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 tell the difference between menopausal symptoms and HIV-related symptoms, or have problems getting the right kind of care. If you are unsure, speak to your healthcare professional.

Some women choose to start hormone replacement therapy (or HRT) to ease the symptoms of the menopause. Make sure you let your healthcare professional know if you are already on or plan to start HRT, as it may affect your HIV treatment.

Problems with memory and concentration can also make it harder to take your HIV treatment regularly.

**Taking care of your mental health**

Older people living with HIV or newly diagnosed with HIV can often feel stigmatised by both their age
and HIV status, and may suffer isolation and loneliness as a result.

You don’t have to suffer alone. If you’re feeling low, getting the right support can help you to look after your mental health. You could try talking to family or friends, or a healthcare professional, or joining a support group for other people living with HIV.

It’s important to do this sooner rather than later, as stress can lead to other age-related health issues.