



# Older People

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## **HOW SERIOUS IS HIV FOR OLDER PEOPLE?**

At the start of the HIV epidemic more than 30 years ago, people diagnosed with HIV could expect to live only 1-2 years after that diagnosis. Therefore, issues of aging were not a major focus for people with HIV. Today, thanks to improvements in the effectiveness of [antiretroviral therapy \(ART\)](#), people with HIV who are diagnosed early in their infection and who get and stay on ART can keep the virus suppressed and live long and healthy lives.

In the U.S., people older than 50 accounted for 17% (6,455) of the 37,968 new HIV diagnoses in 2018. Among older people, most new HIV diagnoses were among [men who have sex with men \(MSM\)](#). Many older people with HIV have been living with HIV for years; others are recently infected or diagnosed.

The number of older people with HIV is increasing in many other countries, as well.

Older people may be living with HIV for three reasons: they have had the virus for many years, they are just learning their HIV status, or they have newly acquired HIV. Many older people are diagnosed with HIV long after they have acquired the virus.

## **WHY ARE OLDER PEOPLE PARTICULARLY AT RISK FOR HIV?**

Many [risk factors for HIV](#) are the same for people of any age, but like many younger people, older people may not be aware of their HIV risk factors. The following factors contribute to the global burden of HIV among older people:

**Biological factors:** Age-related thinning and dryness of the vagina may increase the chance of sexual transmission in older people assigned female at birth (AFAB). Viagra and other drugs that help older people assigned male at birth (AMAB) get and maintain an erection may contribute to increased rates of sexual activity and sexually transmitted infections (STIs) among older people.

Healthcare providers may not recognize HIV in older people--some [early symptoms of HIV](#) may appear to be signs of normal aging

**Low rates of HIV testing:** [HIV testing](#) is low among older people (less than 5%). People who do not know they have HIV can't take advantage of HIV care and treatment and may unknowingly pass HIV to others. For several reasons, older people are less likely to get tested for HIV:

- Older people are often considered to be low risk for HIV. Healthcare providers may not always think to test older people for HIV.
- Some older people may be embarrassed or afraid to be tested for HIV.
- In older people, signs of HIV may be mistaken for symptoms of aging or of age-related conditions. Consequently, testing to diagnose the condition may not include HIV testing.

For these reasons, HIV is more likely to be diagnosed at an advanced stage in many older people. Diagnosing HIV at a late stage also means a late start to treatment with HIV medicines and possibly more damage to the [immune system](#).

**Low condom use:** Older people may be less likely to use [condoms](#) during sex because they are less concerned about pregnancy.

**Low HIV and sexual health knowledge:** Although they visit their healthcare providers more frequently, older people are less likely to discuss sexual or drug use behaviors with their healthcare providers. Healthcare providers may not ask people aged 50 and older about these issues or test them for HIV.

Many older people are newly single due to getting divorced or being widowed. While they had a long-term partner, they may have ignored [HIV prevention messages](#). Many older people believe that HIV only affects younger people and receive little information about safer sexual activities. In addition, HIV prevention education is often not targeted at older people.

**Social and cultural factors:** The stigma of having HIV/AIDS may be worse for older people -- they may try to hide their HIV status from family and friends. Stigma is common among adults with HIV and negatively affects quality of life, self-image, and behaviors. People aged 50 and older may avoid getting the care they need or disclosing their HIV status because they may already face isolation due to illness or loss of family, friends, or community support.

## ***PREVENTING HIV INFECTION AMONG OLDER PEOPLE***

### HIV education and information

Older people need age-appropriate information about their risk for HIV, effective prevention options, and ways to access harm reduction services. The [CDC's HIV Risk Reduction Tool](#) provides valuable information about the risk associated with specific sexual behaviors.

### HIV counseling and testing

The CDC recommends that everyone between the ages of 13-64 get tested for HIV at least once as part of routine health care. People with certain risk factors should get tested at least once a year or more frequently. [Find an HIV testing site near you.](#)

### Safer sex guidelines

Unprotected sex is high-risk for acquiring and transmitting HIV. Older people who are sexually active with people whose sexual and/or drug history is unknown should always use condoms the right way every time they have sex. In general, there is little to no risk of getting or transmitting HIV from oral sex. [Read more about how to use condoms correctly and consistently.](#)

Older people may also consider limiting their number of sexual partners. The more partners people have, the more likely they are to have a partner with poorly controlled HIV or to have a partner with a sexually transmitted infection (STI). Both factors increase the risk of HIV transmission.

Before having sex with someone, it is important to talk with them about HIV and ask about their sexual and drug history. [Read more about safer sex guidelines.](#)

## **ANTIRETROVIRAL THERAPY (ART) AMONG OLDER PEOPLE**

Treatment with [antiretroviral medications \(ARVs\)](#) is recommended for everyone with HIV. As for anyone with HIV, the choice of an [ART regimen](#) for an older person is based on the person's individual needs. However, the following factors can complicate HIV treatment in older people.

As people age, they may develop health issues that continue for the rest of their lives. These can include [heart disease](#), [depression](#), [osteoporosis](#), high blood pressure, [kidney problems](#), arthritis, [diabetes](#), Alzheimer's disease, and various forms of [cancer](#). These chronic conditions are more common in older people and require additional medical care.

[Side effects](#) from ARVs and medications taken for other conditions may occur more frequently in older people with HIV than in younger people with HIV.

Older people often take many different medications. This can make it more difficult for their healthcare provider to choose ARVs because they may cause [drug interactions](#) with medications taken for other conditions.

Older people may have more problems with thinking and remembering than younger people. These symptoms can appear to be similar to HIV-related [memory problems](#). These problems, sometimes called dementia, are less common than they were before the use of ARVs. It is difficult to know what is causing mental problems in older people with HIV. Is it normal aging or is it HIV? Research studies have linked both age and higher [viral load](#) to mental problems. Age-related memory changes can make it difficult for older people to stick to an ART regimen. Taking medications regularly is called [adherence](#).

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

Once on treatment, [CD4 cell counts](#) do not recover as quickly in older people as they do in younger people.

Recent research suggests that many health problems in older people progress faster in people with HIV. [Inflammation](#) is a major factor in several diseases related to aging.

## **THE BOTTOM LINE**

The number of people over 50 with HIV is growing rapidly. Older people get HIV the same way as younger people. However, they may not be aware that they are at risk for HIV. They also may not know how to protect themselves from HIV transmission.

Older people often deal with other health issues. These can be confused with some side effects of HIV drugs.

Taking other medications may complicate the selection of HIV medications.

HIV drugs seem to work as well in older people as they do in younger people. Older people may also be better about taking their medications regularly than are younger people.

### ***MORE INFORMATION***

CDC: [HIV and Older Americans](#)

HIVInfo.NIH.gov: [HIV and Specific Populations: HIV and Older People](#)

NIH National Institute on Aging: [HIV, AIDS, and Older People](#)

National Resource Center on LGBT Aging: [HIV and Aging](#)

WHO: [The unexplored story of HIV and ageing](#)

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