

Ahead of Time: A practical guide to growing older with HIV

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The impact of HIV on our bodies and on the immune system as we get older is greatly affected by ageing. HIV affects each of us differently. Some people progress to symptoms very quickly, while others live for 20-plus years without any signs of immune suppression or symptoms. Each of us ages differently as well. How well we age and how the ageing of our bodies' impacts upon our health is unique to each of us. Therefore, HIV infection — coupled with natural ageing — creates added challenges for maintaining good health.

Ageing is a process that is natural for everyone — it's the process of growing older. The process of ageing includes a reduction in strength, endurance, speed of reaction, agility, metabolism, sexual activity and hearing acuity. The bones become more brittle, the skin drier and less elastic and the teeth may shed. Ageing is associated with, or responsible for, the ever-increasing susceptibility to disease and death that accompanies advancing age. There has been increasing discussion and great debate about what age this increased susceptibility begins, and whether this is very different for people who live with HIV.

"I stepped back, took a long hard look at my life and realised that although I wasn't doing too bad for someone my age, I wasn't as young as I used to be either.

Now I'm thinking more about what I want from life, I look after myself better, I'm making new friends and I'm having a different kind of fun.

Life is good!"

Ageing is not a disease, it's natural

Although challenging, we can adapt to the changes and strive to get the most out of life. When HIV is in the picture as well, there are additional social and medical challenges to consider. Managing change—in our bodies and in our approach to life—can help us work through problems and live a healthier, happier and more fulfilling life. When protease inhibitors (PIs) first became available in 1996, things radically changed for people with HIV. [Combination therapy](#) [1] Highly Active AntiRetroviral Therapy ??? aggressive treatment of HIV infection using several different drugs together. revolutionised antiretroviral ([ARV](#) [2] A medication or other substance which is active against retroviruses such as HIV.) treatment and HIV is now increasingly considered for many people a chronic, but manageable condition. The ability to achieve and maintain higher levels of health — previously thought to be unobtainable—has allowed many to resume their lives, and live into older age. Growing older can present challenges to us all, regardless of HIV status. But living with HIV and taking treatment can bring additional challenges. We will be the first generation of people with HIV to grow older. There's still a lot more research to be done on ageing and HIV to guide our journey, so in the meantime we need to be vigilant about our individual physical and emotional health needs. Ageing might be confronting to some, but there are compensations: with age comes maturity, acceptance, understanding and a greater respect for health and life. With more life experiences we can have better coping skills, resilience, and a more robust sense of self. Recognising these benefits while accepting and adapting to the challenges can help us to achieve a happier and healthier future.

The information in this resource is designed to help you understand:

- The similarities between ageing and the courses of HIV infection and Acquired Immunodeficiency Disease (AIDS) suggest that HIV infection compresses the ageing process, perhaps accelerating co-morbidities (other illnesses) and frailty
- How age-related conditions, such as [liver](#) [3] A large organ, located in the upper right abdomen, which assists in digestion by metabolising carbohydrates, fats and proteins, stores vitamins and minerals, produces amino acids, bile and cholesterol, and removes toxins from the blood. disease, kidney disease, cancer, menopause, cognitive function (thinking and understanding), bone mineral density (BMD), cardiovascular disease (CVD), and [lipid](#) [4] A fat. and glucose metabolism (process by which food is converted into energy) may be

aggravated and/or accelerated by HIV infection itself and by HIV treatments—referred to as Highly Active Antiretroviral Treatments (HAART); and as Antiretrovirals (ARVs)

That Lypodystrophy (redistribution of body fat) is clinically significant because it is associated with the presence of several risk factors for cardiovascular disease such as [diabetes](#) [5][Diabetes mellitus] A disorder in which sugars in the diet cannot be metabolised into energy due to a lack of the enzyme insulin. Late-onset diabetes mellitus may be a long-term side effect of some anti-HIV drugs., hypertension ([high blood pressure](#) [6]Persistently high blood pressure, an outwardly symptomless condition which carries an increased risk of serious illnesses such as stroke, heart disease and heart attack.), elevated total [cholesterol](#) [7]An essential component of cell membranes and nerve fibre insulation, cholesterol is important for the metabolism and transport of fatty acids and the production of hormones and Vitamin D. Cholesterol is manufactured by the liver, and is also present in certain foods. High blood cholesterol levels have been linked to heart disease and may be a side effect of some anti-HIV medications. ([blood fats](#) [8]A type of fat in the blood. Elevated triglyceride levels may be a side effect of some anti-HIV drugs.), and elevated triglycerides (fatty acids)

That Aboriginal, Torres Strait Islanders, Pacific Islanders and Maori people are at higher risk of developing diabetes and cardiovascular disease at an earlier age

That middle-aged women, who are HIV positive, have risk factors for cardiovascular disease related both to the menopausal transition and to the HIV infection


That age is different from the length of time a person lives with HIV. For example, a 60 year old who is newly diagnosed may have very different experiences and levels of health than a 60 year old who has been diagnosed for 20 years—this person's experience and level of health may also be very different depending on whether they have commenced treatments or not.

Planning ahead, consulting with your doctor and staying in control of your health in the best way you can, is a practical way forward.

What this resource does not do:

The resource is deliberately limited in its scope, and you are likely to find it does not answer all your questions about growing older with HIV. Because information about HIV is becoming much more complex and comprehensive, it is virtually impossible for any single resource to cover all the issues about ageing with HIV for all positive people. Some issues are currently being investigated or research is being undertaken to establish best practice. These issues are well-covered by a range of existing publications which are available through AIDS councils and other organisations or online at [www.afaq](#) [9]Australian Federation of AIDS Organisations. AFAO is the peak non-government organisation representing Australia's community-based response to HIV/AIDS. AFAO's work includes education, policy, advocacy and international projects. .org.au. Towards the end of this resource, there is a list of AIDS councils and [PLHIV](#) [10]Person (or people) Living with HIV. This term is now preferred over the older PLWHA. organisations where you can access counsellors and treatments officers. This resource does not replace your doctor. It is designed to give you an overview and help explain issues related to HIV and ageing. It is essential that you see a skilled and experienced doctor to manage your health.

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Links:

- [1] <http://napwa.org.au/glossary/term/96>
- [2] <http://napwa.org.au/glossary/term/122>
- [3] <http://napwa.org.au/glossary/term/102>
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