

UK seeing significant rise in older people living and being diagnosed with HIV

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A new paper published online today in the British Geriatrics Society journal *Age and Ageing* argues that despite a year-on-year increase in the number of people over the age of 50 being diagnosed with the Human Immunodeficiency Virus (HIV), there is a reluctance of healthcare professionals to offer HIV tests to older people. This results in high rates of "late presentation" and therefore significantly increased mortality.

According to the article by Dr Eva Bunting and colleagues, of the Royal Sussex County Hospital, the proportion of [older patients](#) in the UK living with HIV has increased significantly. They quote the most recent Public Health England data, which shows that of an estimated 73,660 people living with HIV, in 2002 12% (3,640) were over 50 years old, while in 2011 that figure rose to 22% (16,550). In Brighton, where Professor Martin Fisher is based, this figure is as high as 35%.

There have been dramatic developments in HIV management since the introduction of combination antiretroviral therapy (cART) in 1996, but as the population of [older people](#) living with HIV increases, new challenges continue to emerge. It has been suggested that people living with HIV may age quicker than the general population; this has yet to be proven and is the subject of current research (such as the POPPY study in the UK). What is certain, however, is that an increased older population living with HIV means that there needs to be more careful thought put into how to care for these patients, especially in terms of other conditions they may have.

Professor C Rajkumar says, "It is clear that the HIV cohort is ageing and that non-HIV physicians – including elderly care physicians – will be increasingly involved in the care of these patients. In the UK, the medical care of patients with HIV has historically been largely within either genitourinary medicine or infectious diseases clinics.

"As this relatively new chronic illness develops, HIV physicians could learn from the experience in management of other complex chronic diseases, incorporating an awareness of the need for a more comprehensive approach, taking account of the mental, functional, and social aspects, as well as medical issues. It is increasingly apparent that HIV specialists are less confident and less likely to treat significant co-morbidities such as diabetes and hypertension."

However, when HIV patients are treated by other specialties, it is increasingly recognised that care may be suboptimal. In particular, there are risks associated with patients taking a number of different drugs at the same time, and doctors therefore need to be aware of potential interactions between different medications. This risk can be tempered by discussion and collaboration between HIV physicians and other specialities, as well as pharmacists.

Professor Martin Fisher also warns that the diagnosis of HIV is often missed in older persons, resulting in high rates of "late presentation" (63%) and significantly increased mortality.

He says: "Even when HIV testing is introduced as a routine test, there is a reluctance of [healthcare professionals](#) to offer HIV tests to older persons. This is despite a year-on-year increase in the number of older individuals being diagnosed for the first time with HIV. Geriatricians need to enhance their diagnostic consideration of undiagnosed HIV infection and offer HIV testing to persons with clinical indicator diseases, irrespective of age."

More information: 'The Human Immunodeficiency Virus (HIV) and Ageing' by Eva Bunting, Chakravarthi Rajkumar, and Martin Fisher. *Age and Ageing*, [DOI: 10.1093/ageing/afu016](https://doi.org/10.1093/ageing/afu016)

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