# Aging with HIV and AIDS: A growing social issue

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As the first people with HIV grow old, a new study from St. Michael's Hospital questions whether the health care system and other government policies are prepared to meet their complex medical and social needs.

In high-income countries such as Canada, 30 per cent of people living with HIV are 50 or older, and many are living into their 60s and 70s. In San Francisco, more than half the people with HIV are over 50.

"It's a positive thing that people are aging with HIV," said Dr. Sean B. Rourke, a neuropsychologist who heads the Neurobehavioural Research Unit at St. Michael's. "This shows that Ontario is doing its job to help people living with HIV have access to the medical systems and antiretroviral medications to keep HIV at bay. But a very significant crisis is looming."

In a study to be published in the July issue of the journal *Current Opinion in HIV and AIDS*, Dr. Rourke noted that aging for people with HIV may be more challenging than for the general population because of HIV-related stigma, loss of friends and social networks, and the detrimental health effects of the virus and medications taken to combat the virus.

Older people with HIV are more likely to experience mental health and neurocognitive impairments than other people of the same age, as well as more social isolation. A study in the United States found that 94 per cent of people with HIV who were over 50 have at least one other chronic illness, with an average of three conditions.

Pension plans and health care facilities are not designed for, or expecting, people to have these issues at younger ages, Dr. Rourke said. Geriatric physicians are not trained for working with HIV, and those trained for HIV are not trained in geriatrics.

As a large number of people with HIV approach retirement age, policy makers need to develop new policies or adapt the existing ones to improve their social and economic outlook. He said people aging with HIV who are still working may need more time off to take care of themselves or rest breaks during their shifts; reforming retirement benefit programs could allow people with HIV to remain in the workforce as long as possible; retirement homes and long-term facilities need to be more welcoming places for older people living with HIV.

Individuals with HIV continue to live with health consequences that limit their ability to participate in society. This could mean the inability to work or engage in a community. Some people have to remain jobless or in low-paying jobs so they can receive social assistance and government-funded drugs.

Dr. Rourke said a growing body of research is exploring interventions and other coping strategies to minimize the negative impact of aging with HIV, including being proactive and managing treatment appropriately. Eating properly, exercising regularly and taking care of health needs earlier are much more important with a chronic illness like HIV, he said.

Provided by St. Michael's Hospital

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