Older people with HIV face different long-term health challenges

23 March 2016

In Canada and other high-income countries, thanks to potent combination anti-HIV therapy (commonly called ART) more HIV-positive people are living longer. The power of ART is so profound that researchers estimate that a young adult who is infected today, diagnosed shortly thereafter and soon begins ART should have a near-normal lifespan. This optimistic forecast depends on the person taking ART every day exactly as directed and the absence of serious pre-existing illness or health conditions.

As more HIV-positive people live longer in an era of widespread use of ART, services will need to be adapted for this population’s changing needs.

Researchers at the University of Waterloo, Ontario, and with the Public Health Agency of Canada (PHAC) collaborated on a massive data analysis project that collected health-related information from more than one million people, a small fraction of whom (less than 1%) had HIV. Participants were assessed in the context of the following three settings (which are explained later in this report):

- home care
- long-term care
- complex continuing care

Researchers found that, overall, HIV-positive people had “more co-infections but fewer chronic diseases” compared to HIV-negative people. Furthermore, they found that HIV-positive people were generally more likely to have experienced “depression and social isolation and the use of psychotropic medicines.”

These findings have implications for policy planners, doctors, nurses, pharmacists, geriatric specialists and others working in the field of caring for HIV-positive people as they transition into their senior years.

Indeed, the Canadian research team stated that “failure to address the unique care needs of [older HIV-positive people] may lead to worse outcomes and increase the strain on health systems.”

Study details

The researchers defined the care settings as follows:

Home care

This term encompassed “services that included a mix of personal support, home nursing and some rehabilitative care that are provided in a client’s home.” Data for analysis of home care usage were collected from people living in B.C., Manitoba, Ontario, Nova Scotia and the Yukon.

Long-term care

This term encompassed “private, public and charitable nursing homes that provide regulated care to people with stable medical conditions who require 24-hour care.” Data for the analysis of long-term care usage were collected from Alberta, B.C., Manitoba, New Brunswick, Newfoundland and Labrador, Nova Scotia, Ontario, Saskatchewan and the Yukon.
Complex continuing care

This term encompassed “hospitals or units in post-acute hospital settings that provide care to individuals with more severe impairment or more medically complex conditions and/or mental health needs than those typically cared for in nursing homes.” Data for the analysis of complex care usage were collected from Ontario and Manitoba.

Overall

In total, data from 1,200,073 people were analysed, of whom 1,608 people (0.13%) were HIV positive. Some data were collected from some participants as early as 1996, but in all cases, data collection ended in 2014.

The distribution of HIV-positive people according to the different categories of care settings was as follows:

- home care – 178 people (0.05%) were HIV positive
- long-term care – 423 people (0.19%) were HIV positive
- complex continuing care – 1,007 (0.16%) were HIV positive

Key findings

The researchers made the following discoveries:

- HIV-positive people were more likely to have been diagnosed with pneumonia.
- Regardless of the specific care setting, HIV-positive people were more likely to have been diagnosed with tuberculosis (TB).
- Rates of certain antibiotic-resistant bacterial infections of the skin and intestines were more common in HIV-positive people in complex care and long-term care.
- Rates of life-threatening bacterial infections of the blood were generally greater among HIV-positive people.

Mental health

Overall, the researchers found that “chronic psychiatric conditions...were more common among HIV-positive individuals in home care.” Furthermore, the research teams found that HIV-positive people “experienced significantly more social isolation” than HIV-negative people. Given this, perhaps it should not be surprising that, in general, rates of use of psychotropic medicines were greater among HIV-positive people.

Bear in mind

The present study is the largest of HIV-positive people living in different care settings in Canada. According to the research team, in general, older HIV-positive people had more co-infections and fewer chronic diseases than older HIV-negative people.

The researchers found that HIV-positive people had “substantially higher rates of psychotropic medication use.” They suspect that social isolation among HIV-positive people increased feelings of loneliness and depression. However, due to the study design, they cannot draw firm conclusions linking the use of psychotropic drugs to psycho-social issues.

About psychotropic medicines

These medications can have a positive effect on behaviour and mood and can include the following categories of drugs:

- anti-anxiety
- antidepressants
- antipsychotics
- hypnotics
- mood stabilizers
- sedatives

Not just in Canada
A study in Denmark published in 2014 analysed data from 3,615 HIV-positive people who were compared to HIV-negative Danes of the same age and gender. The Danish researchers also found that HIV-positive people were more likely to have been prescribed and used a wide range of psychotropic medicines. In a broad sense, the findings on psychotropic medicines in the Canadian and Danish studies suggest that mental health issues are a growing concern among people with HIV infection.

Resources

Denmark—unexpected trends in use of psychotropic medicines - TreatmentUpdate 204

Impressive gains in survival for older people with HIV but still less than general population - CATIE News

Danish study raises questions about accelerated aging in HIV - CATIE News

Quantification of biological aging in young adults - Proceedings of the National Academy of Science USA

Management of Human Immunodeficiency Virus Infection in Advanced Age - Journal of the American Medical Association

Long-term HIV infection and health-related quality of life - CATIE News

Dutch doctors explore intersection of aging and HIV - CATIE News

Geriatric syndromes found to be common among some people with HIV - CATIE News

HIV and Aging: State of Knowledge and Areas of Critical Need for Research. A Report to the NIH Office of AIDS Research by the HIV and Aging Working Group

The CIHR Comorbidity Agenda - Canadian Institutes of Health Research (CIHR)

CIHR’s HIV Comorbidity Research Agenda: Relevant Research Areas

HIV and Aging - Healthy living tips for people 50 and over living with HIV

Mental Health - HIV in Canada: A primer for service providers

HIV and brain-related issues - TreatmentUpdate 204

Longer life expectancy for HIV-positive people in North America - TreatmentUpdate 200

Factsheets on HIV and aging in Canada - Canadian AIDS Society

HIV & Aging: A 2013 Environmental Scan of Programs and Services in Canada - Community Report - Canadian Working Group on HIV and Rehabilitation (CWGHR)

Directory of Promising Programs and Services for Older People Living with HIV in Canada - CWGHR

Evidence-informed recommendations for rehabilitation with older adults living with HIV: a knowledge synthesis - CWGHR

—Sean R. Hosein

REFERENCES:


Disclaimer

Decisions about particular medical treatments should always be made in consultation with a qualified medical practitioner knowledgeable about HIV- and hepatitis C-related illness and the treatments in question.

CATIE provides information resources to help people living with HIV and/or hepatitis C who wish to manage their own health care in partnership with their care providers. Information accessed through or published or provided by CATIE, however, is not to be considered medical advice. We do not recommend or advocate particular treatments and we urge users to consult as broad a range of sources as possible. We strongly urge users to consult with a qualified medical practitioner prior to undertaking any decision, use or action of a medical nature.

CATIE endeavours to provide the most up-to-date and accurate information at the time of publication. However, information changes and users are encouraged to ensure they have the most current information. Users relying solely on this information do so entirely at their own risk. Neither CATIE nor any of its partners or funders, nor any of their employees, directors, officers or volunteers may be held liable for damages of any kind that may result from the use or misuse of any such information. Any opinions expressed herein or in any article or publication accessed or published or provided by CATIE may not reflect the policies or opinions of CATIE or any partners or funders.

Information on safer drug use is presented as a public health service to help people make healthier choices to reduce the spread of HIV, viral hepatitis and other infections. It is not intended to encourage or promote the use or possession of illegal drugs.

Permission to Reproduce

This document is copyrighted. It may be reprinted and distributed in its entirety for non-commercial purposes without prior permission, but permission must be obtained to edit its content. The following credit must appear on any reprint: This information was provided by CATIE (the Canadian AIDS Treatment Information Exchange). For more information, contact CATIE at 1.800.263.1638.

© CATIE

Production of this content has been made possible through a financial contribution from the Public Health Agency of Canada.

Available online at: