

HIV AGEING AND CO-MORBIDITIES

Most people living with HIV (PLHIV) who need services, whether at home or in residential settings, have a number of other medical conditions requiring specialist support (sometimes referred to as **co-morbidities** or **multi-morbidities**). These conditions can occur because of the following: some are pre-existing, some are result of anti-retroviral therapies (ART), while others simply come with older age. When PLHIV have co-morbidities, it may be necessary to develop a different model of care. This section discusses common conditions PLHIV may experience.

For more information, please see Section 4 of the *Positive Caring* handbook, <http://www.livingpositivevictoria.org.au/speakers/senior-voices-project>

METABOLIC COMPLICATIONS

Long-term use of ART can contribute to what are known as **metabolic complications** such as diabetes (raised blood sugar levels), hyperlipidaemia (too much fat in the blood), and lipodystrophy (abnormal body fat distribution). These, in turn, can lead to heart disease and strokes. The benefits of ART greatly outweigh the risks, but it is important to be aware of them so that you can help the person you are caring for. You can help the person lower their risk by supporting them to stop smoking, eat healthily, and to take part in physical activity and exercise.

CANCER

PLHIV have a higher risk of certain types of cancers. It is important for them to get screened regularly (for more information, please see *Factsheet 4: HIV & Cancer*)

DIABETES

HIV and its treatments can increase the risk of type 2 diabetes (for more on the risk factors and other information about diabetes please see *Factsheet 9: HIV & Diabetes*)

LIPID ABNORMALITIES

Hyperlipidaemia is an excessive amount of fat (cholesterol and triglycerides) in the blood. Cholesterol is a fatty substance found in animal-derived foods and is also produced by the liver. Triglycerides are also found in foods and are produced by the body. Hyperlipidaemia has been associated with some ART. If untreated, high levels of fat in the blood can lead to heart disease and pancreatitis (inflammation of the pancreas, the organ that produces insulin).

BODY SHAPE CHANGES – ‘LIPODYSTROPHY’

Lipodystrophy is a condition which results in abnormal changes in body fat distribution. It is associated with some early ART and can result in increased blood fat levels, such as cholesterol and triglycerides. The medicines associated with are rarely used these days or can be avoided.

Lipodystrophy develops from a disturbance in the way the body produces, uses and stores fat. Fat can be lost from some parts of the body, such as from the face, arms, legs or buttocks, in which case it is called lipoatrophy. It may instead accumulate in some areas; typically, the back of the neck or shoulders, abdomen, and breasts (‘lipohypertrophy’).

CARDIOVASCULAR DISEASE

The risks of cardiovascular disease (heart disease and stroke) increase with age. PLHIV are at higher risk. This can be due to lifestyle factors such as higher rates of smoking amongst PLHIV, amphetamine use, and insufficient exercise. Cardiovascular disease can sometimes be related to HIV itself and to long-term use of some ART.

BONES

As people age, bones can become thinner (known as osteopenia), and develop into **osteoporosis**, or porous bones. Some ART can increase this risk. If women have undergone menopause, they are more likely to develop osteoporosis. Women living with HIV sometimes experience early menopause and can develop osteoporosis earlier than other women.

Vitamin D is important for bone health. Doctors can check vitamin D levels, and may order a bone density test to determine the strength of their bones and the risk of fractures. Diet, exercise, exposure to sunlight, and attention to the person's risk of falls are important.

FRAILTY

Older PLHIV can be at greater risk of becoming frail than older people who do not have the virus. Frailty is related to muscle loss, weakness and fatigue, and sometimes a slowing of physical and mental agility. It can result in falls, bone fractures, and reduced mobility, and can lead to a loss of independence.

BRAIN-RELATED PROBLEMS

Memory decline is common as people age. Older people can also take longer to learn new skills. About 20 percent of PLHIV may develop problems with thinking and concentration known as HIV-associated neurocognitive disorder (HAND). They may have difficulty managing finances, planning ahead, driving, or they may just be forgetful. HAND can respond well to early identification and treatment, and memory and thinking problems can improve (for more information please see *Factsheet 11: Cognitive Disorders*).

OPPORTUNISTIC INFECTIONS

Opportunistic infections refers to a number of different illnesses that may occur when a person with HIV has a weakened immune system. It is only when a person has one or more of these illnesses that they are said to have AIDS. For more information please refer to "What are Opportunistic Illnesses" on Page 7 in the *Positive Caring* handbook <http://www.livingpositivevictoria.org.au/speakers/senior-voices-project>