

AGING WITH HIV AND CHRONIC CARE MANAGEMENT



CARING WITH CONFIDENCE

Integrating HIV Testing, Management, and Prevention in Primary Care

June 24, 2026

Key Concepts:

- The interplay between HIV and the aging process: accelerated vs. accentuated aging
- Current recommendations for antiretroviral therapy (ART) management in older adults
- Common comorbid conditions in older persons with HIV
- Strategies for prevention, screening and vaccination



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No financial interests to disclose



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OBJECTIVES

- Identify how aging with HIV differs from aging without HIV
- Understand psychosocial factors that contribute to aging differences in people living with HIV
- Recognize age-related and HIV-related changes to the immune systems of people 50 years of age and older
- Discuss the interplay of HIV and the aging process within the framework of accelerated and accentuated aging
- Explain expected virologic and immunologic responses to antiretroviral therapy in persons 50 years of age and older
- Highlight comorbidities that more commonly occur in older adults with HIV
- Recognize the role of routine screenings to identify issues with aging in people living with HIV
- Outline at least three interventions to address aging issues in people living with HIV

PHOTO ACKNOWLEDGEMENT

Images used in this presentation are sourced from Shutterstock through a collection made possible in collaboration with ViiV Healthcare’s “Seeing HIV in a New Light” initiative.

Captured in diverse locations around the globe, this collection reflects the lived experiences of people with HIV (PWH) and what it means to live well. Together, we can help reduce stigma and support more respectful, person-centered care.

shutterstock.com/explore/viiv-collaboration



HIV CARE CONTINUUM:

The series of steps a person with HIV takes from initial diagnosis through their successful treatment with HIV medication.

HEALTH HIV STATE OF AGING

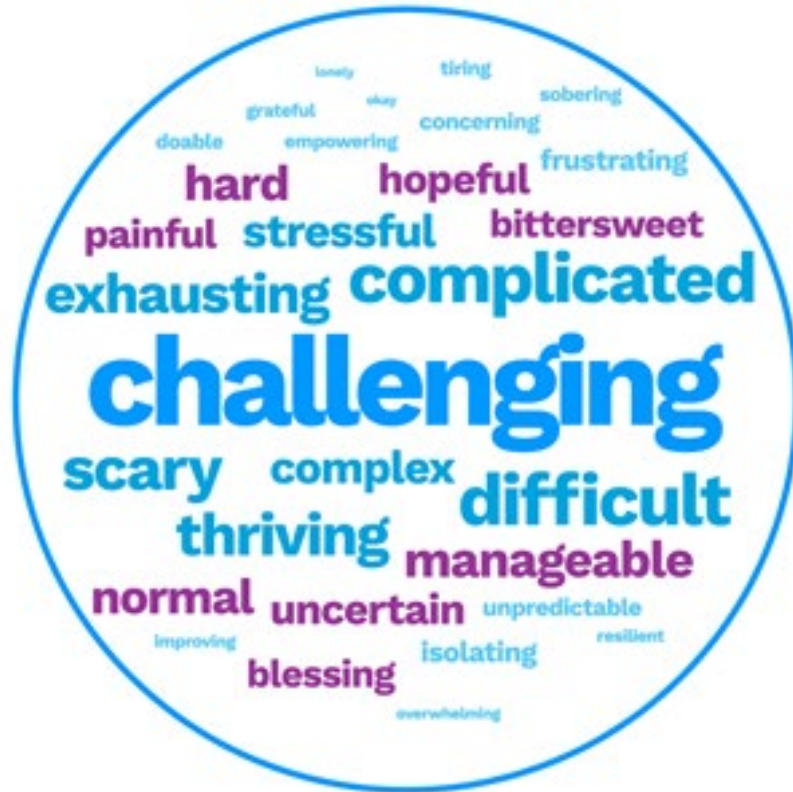
Fifth Annual National Survey



Source: HealthHIV's Fifth Annual State of Aging with HIV National Survey

HOW WOULD YOU DESCRIBE THE STATE OF AGING WITH HIV IN ONE WORD?

CONSUMERS



PROVIDERS



AN AGING HIV POPULATION

Currently, more than 50% of people with HIV (PWH) in the U.S. are over age 50

In 2021, 16% of new HIV diagnoses in the U.S. were in people over age 50

By 2030, over 70% of PWH in the U.S. will be over age 50

Many PWH who expected to live only a few years are alive and thriving

- Geriatricians not trained in HIV
- HIV Specialists without geriatric training
- The role of PRIMARY CARE

Source: [HIVinfo.NIH.gov](https://www.hivinfo.nih.gov)



HIV and Older People

In the United States, **more than half** of all people with diagnosed HIV are **at least 50 years old**.



Age 49 and Under

46%

0–29 years old
8% (90,901)

30–49 years old
38% (422,473)

54%

50–64 years old
39% (432,418)

≥ 65 years old
15% (163,626)



Age 50+

In the United States, more people are aging with HIV and living long, healthy lives.

Source: Centers for Disease Control and Prevention (CDC)

For more information, visit HIVinfo.NIH.gov.



AGE OF PERSONS WITH NEW HIV DIAGNOSES

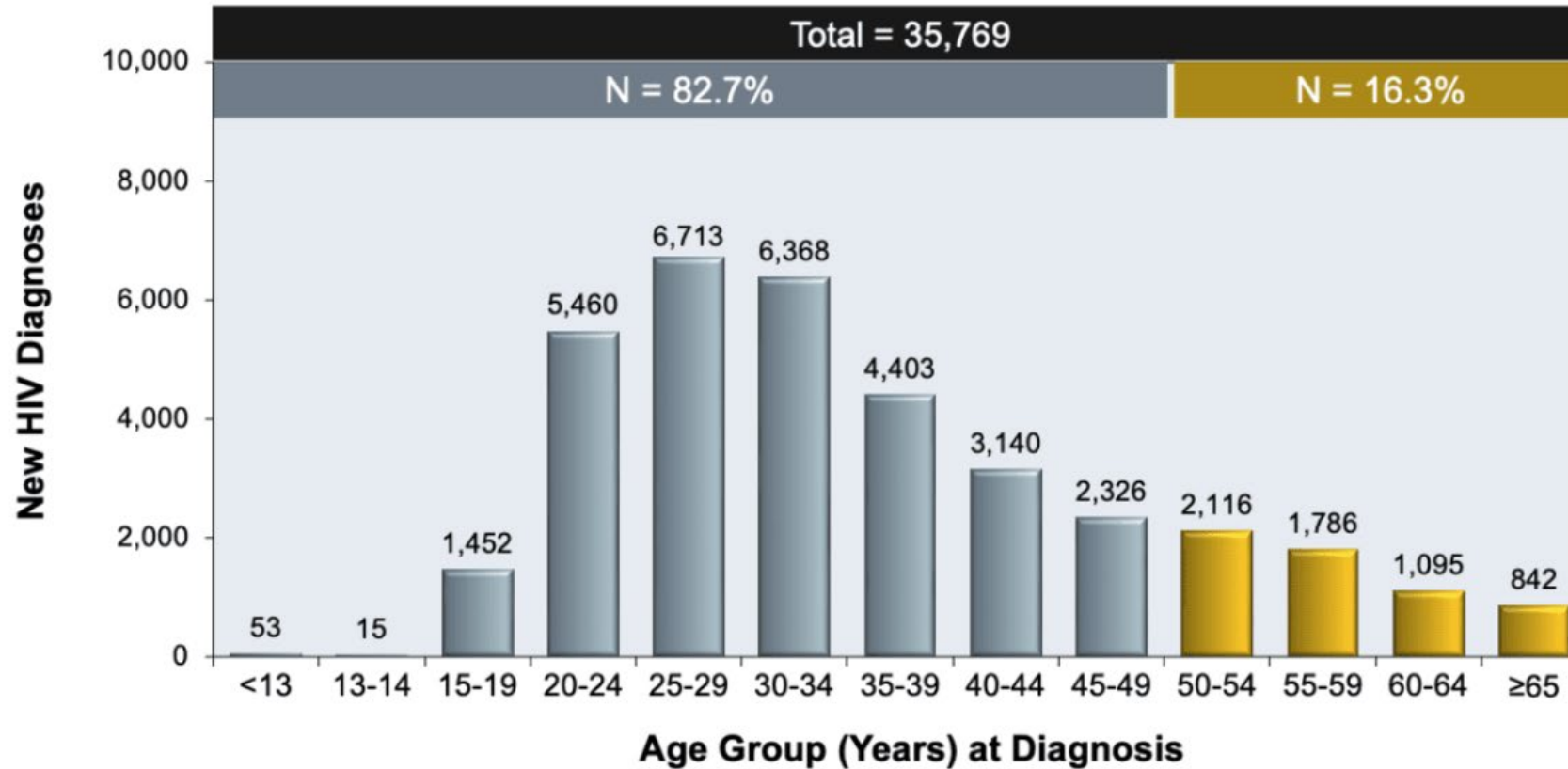


Figure 4. New Diagnoses of HIV in the United States by Age Group at Time of Diagnosis, 2021

In 2021 persons 50 years of age and older comprised 16.3% of new HIV diagnoses in the United States.

Source: Centers for Disease Control and Prevention. Diagnoses of HIV infection in the United States and dependent areas, 2021. HIV Surveillance Report, 2021; vol. 34. Published May 2023.

AGE OF PERSONS LIVING WITH DIAGNOSED HIV

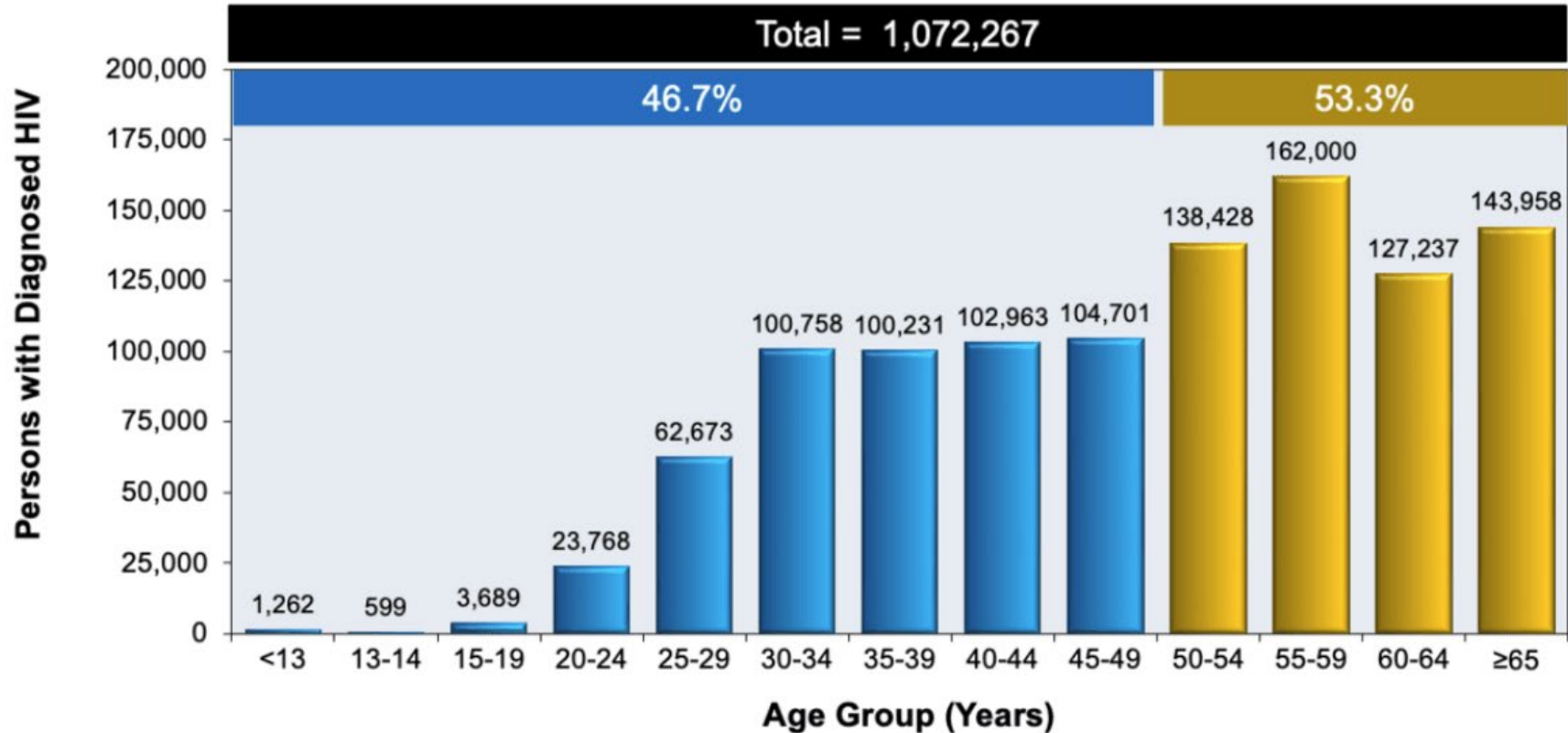
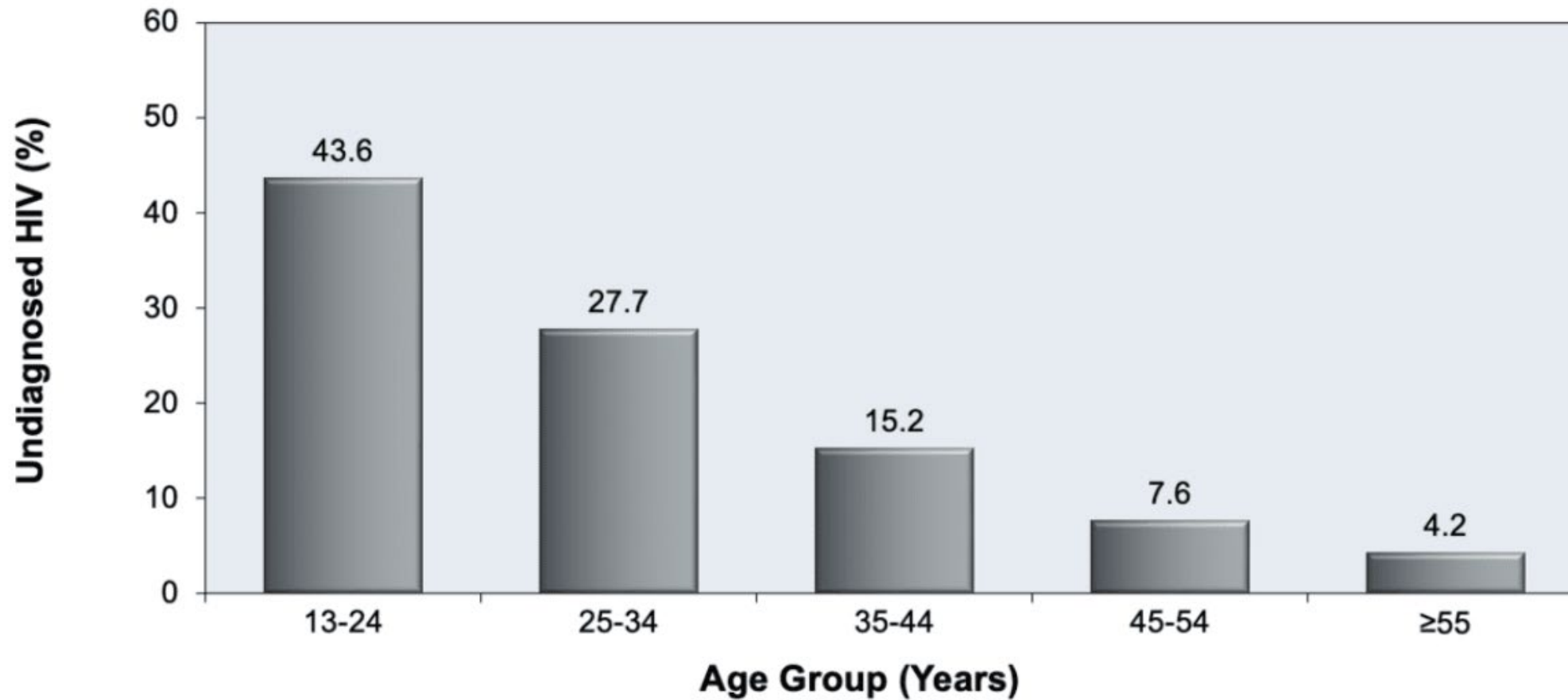


Figure 3. Persons with Diagnosed HIV in the United States, by Age Group, Year-End 2021.

At year-end 2021, more than 50% of persons living with diagnosed HIV in the United States were at least 50 years of age.

Source: Centers for Disease Control and Prevention. Diagnoses of HIV infection in the United States and dependent areas, 2021. HIV Surveillance Report, 2021; vol. 34. Published May 2023.

AWARENESS OF HIV DIAGNOSIS



RELATIONSHIP BETWEEN AGE AND HIV STAGE AT TIME OF HIV DIAGNOSES

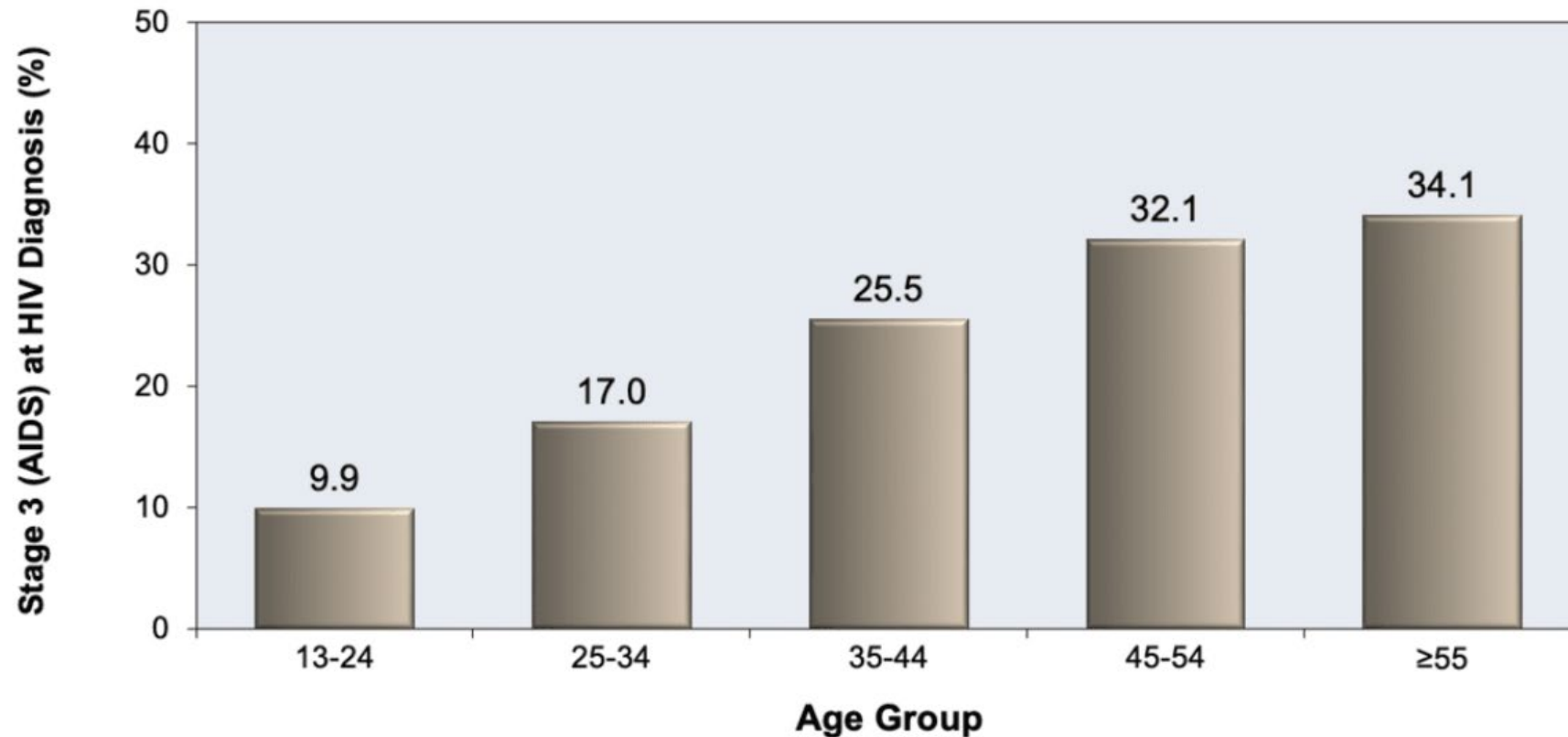


Figure 5. Percentage of Persons with Stage 3 (AIDS) at the Time of HIV Diagnosis, by Age Group, 2021

This graph shows that the likelihood of having stage 3 HIV at the time of HIV diagnosis increases with age.

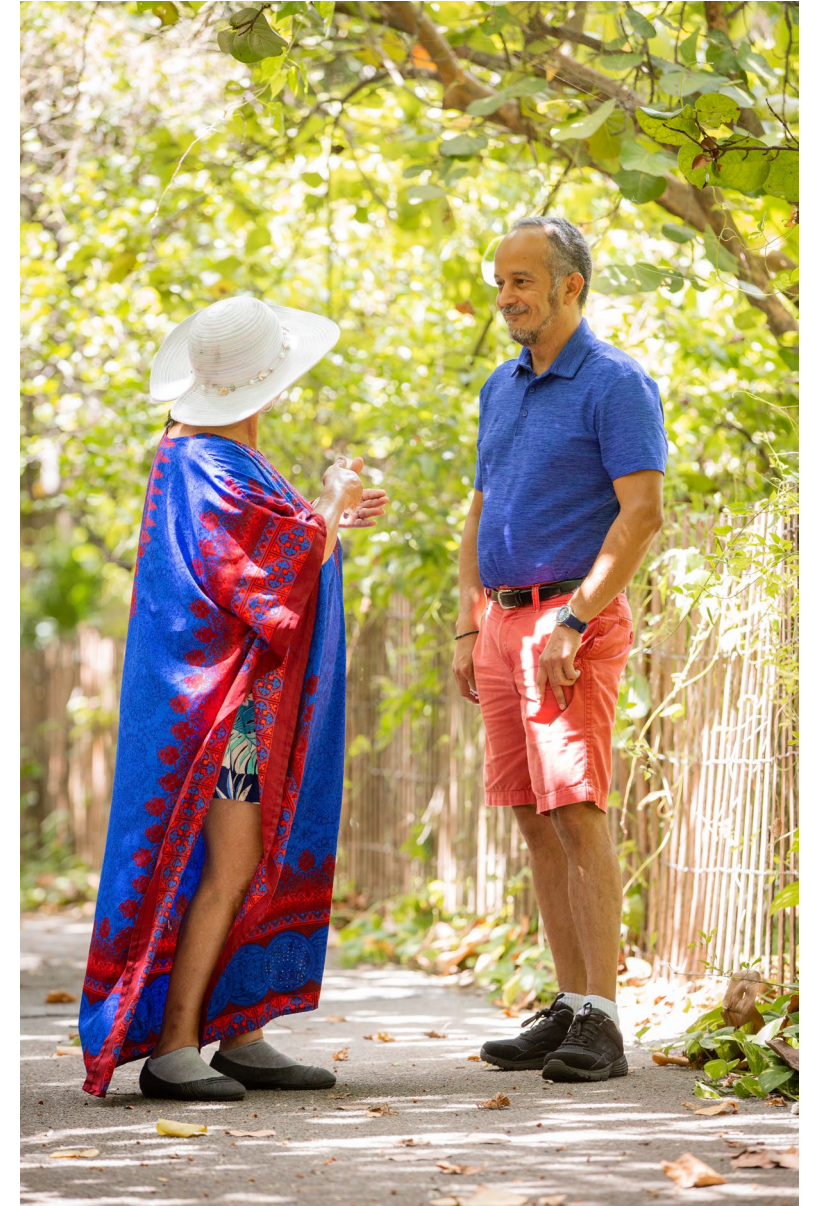
Source: Centers for Disease Control and Prevention. Monitoring Selected National HIV Prevention and Care Objectives by Using HIV Surveillance Data United States and 6 Dependent Areas, 2021. HIV Surveillance Supplemental Report. 2023;28(No. 4). Published May 2023.

OLDER ADULTS WITH HIV/AIDS

NATIONAL HIV/AIDS AND AGING AWARENESS DAY | SEPTEMBER 18



- PWH tend to experience the effects of aging about 10-15 years earlier than their peers without HIV, regardless of how well their HIV is controlled
 - Age-matched controls
 - Gene expression
- This is more pronounced in long-term survivors
 - Past medication side effects
 - Late testers



AGING POPULATION IN THE HIV EPIDEMIC

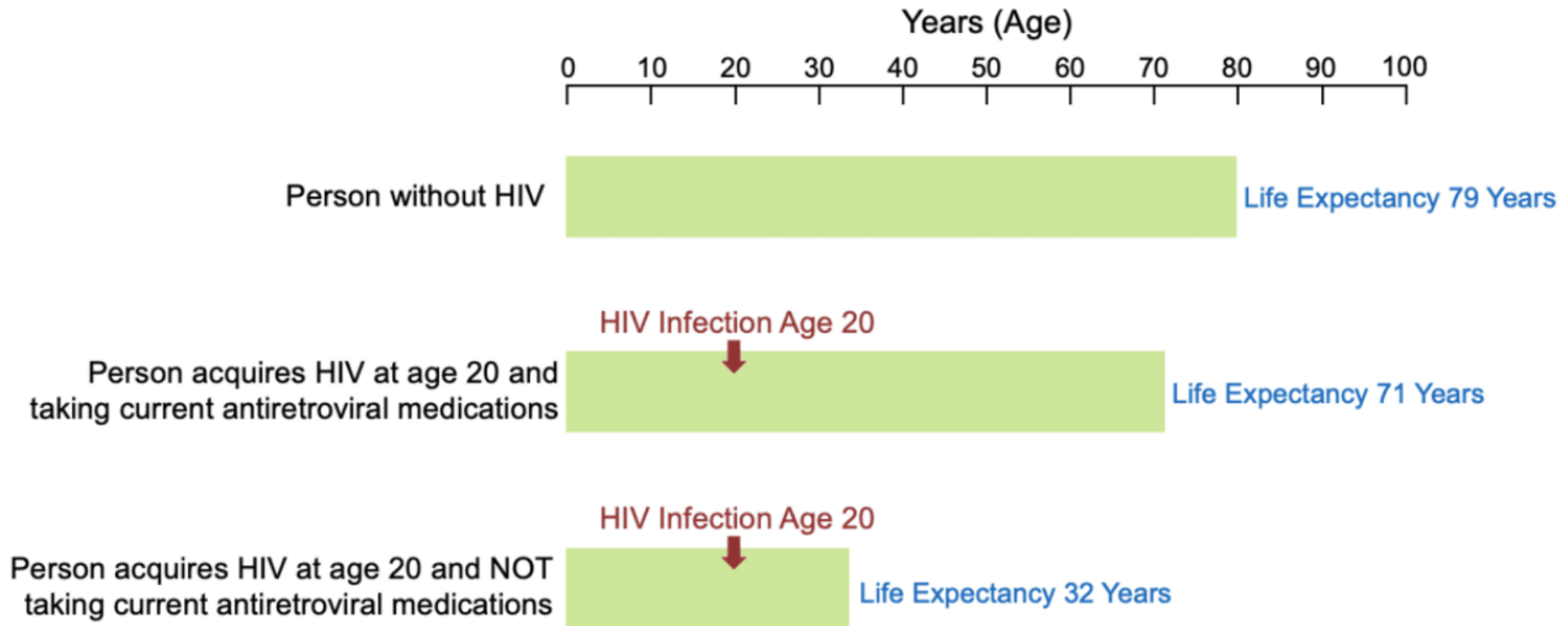


Figure 1. Life Expectancy of Persons with HIV

This illustration shows that young individuals with HIV can have a nearly normal life expectancy if they take current antiretroviral medications.

Source: Samji H, Cescon A, Hogg RS, et al. Closing the gap: increases in life expectancy among treated HIV-positive individuals in the United States and Canada. PLoS One. 2013;8:e81355.

AGING WITH HIV

- Antiretroviral therapy (ART) increases life expectancy in people with HIV
- People who start ART with higher CD4 counts (>500) have significantly increased life expectancy over those who start with low CD4 counts
- Early diagnosis generally equates with longer life expectancy (*excluding other risk factors*)
- Testing recommended for everyone age 13-65 – *no guideline for over 65*



VIROLOGIC RESPONSE TO ANTIRETROVIRAL TREATMENT IN OLDER PERSONS

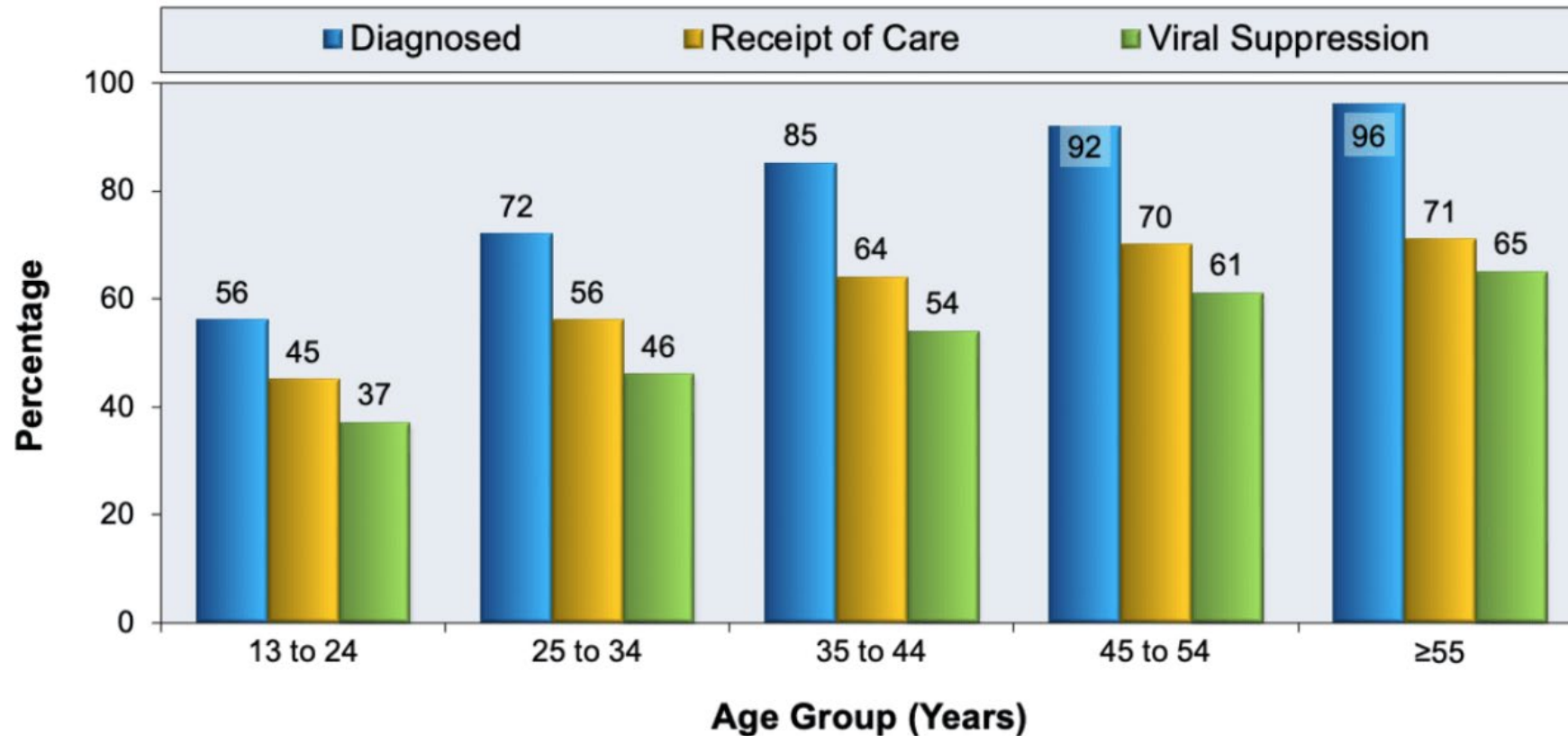


Figure 7. Persons with Diagnosed or Undiagnosed HIV in HIV Care Continuum Outcomes, by Age, United States, 2021

In the HIV Care Continuum, persons in the older age groups (45 and older) had the highest levels of HIV RNA suppression.

Source: Centers for Disease Control and Prevention. Monitoring Selected National HIV Prevention and Care Objectives by Using HIV Surveillance Data—United States and 6 Dependent Areas, 2021. HIV Surveillance Supplemental Report. 2023;28(No. 4). Published May 2023.

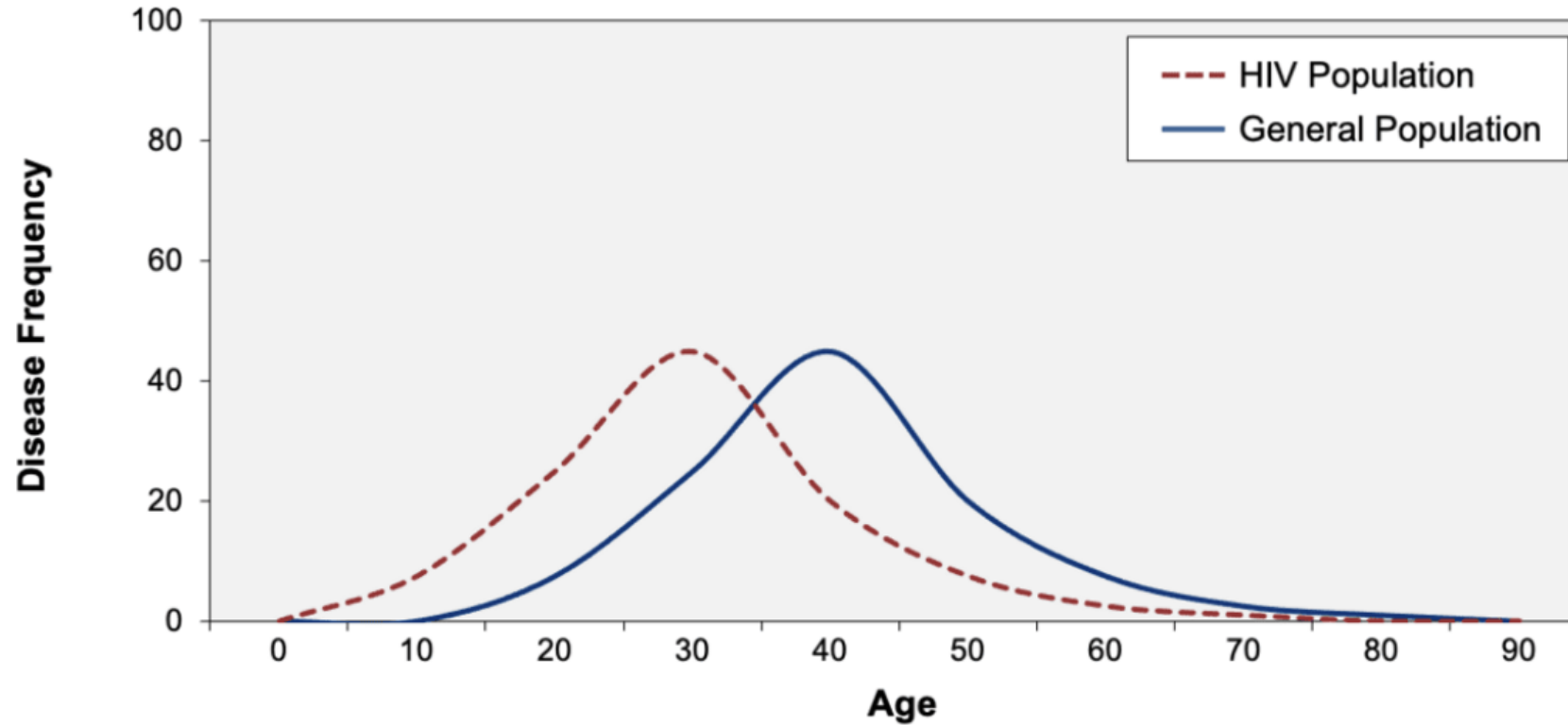
AGING PROCESS WITH HIV

- Impact of HIV in aging is not entirely understood
- People with HIV have an increased risk of age-related medical comorbidities
- Age-related comorbidities likely have an earlier onset in persons with HIV
- Accentuated and Accelerated Aging

Source: [National HIV Curriculum](#)



ACCELERATED VERSUS ACCENTUATED AGING



This conceptual graphic illustrates accelerated HIV aging, in which age-associated comorbidities occur at an earlier age in persons with HIV than in the general population, but these comorbidities occur at roughly the same frequency (or rate) in persons with HIV and in the general population. Typical age-associated comorbidities include cardiovascular disease, cancer, diabetes, liver disease, frailty, and neurocognitive impairment.

Source: Image based on model from: Pathai S, Bajjlan H, Landay AL, High KP. Is HIV a model of accelerated or accentuated aging? J Gerontol A Biol Sci Med Sci. 2014;69:833-42.



AGING IS DIFFERENT FOR EVERY PERSON



CARING FOR OLDER ADULTS WITH HIV

HIV risk factors are similar for people of all ages, but older people may be less likely to get tested for HIV.

Treatment with HIV medicines is recommended for everyone with HIV. The best treatment regimen depends on each person's health needs, daily routine, other medicines, and personal preferences.

Older people may have unique factors to consider when planning HIV treatment, including other health conditions like cardiovascular disease, diabetes, kidney disease, and cancer.



AGING & HIV CARE

Start discussing aging earlier

- Have you thought about aging?
- What would you like to know?

Be familiar with screening tools

Person-first language

Consider advance directives

Know local resources

- Specialty providers
- Palliative care

The Geriatric 5Ms





THE 5MS OF CARING FOR AGING PATIENTS

Medications

Mind

Mobility

Multi-complexity

“What Matters Most to Me”

MEDICATIONS

Polypharmacy

BEER Criteria

Many side effects and interaction –
is it HIV or a side effect of a medication

Most caution – Statins and Steroids

Always check TWO resources –
know your pharmacist

Drug Interactions Checker





ANTIRETROVIRAL THERAPY IN THE OLDER PATIENT WITH HIV

- Older persons with HIV have a greater risk of developing non-advanced HIV complications than younger persons with HIV
- Older persons with HIV often have a blunted immunologic response to antiretroviral therapy
- Chronic HIV may cause accelerated development of comorbid conditions that are common in older persons
- Persons older than 50 years may have a significant risk of HIV transmission due to unfavorable changes in mucosal surfaces and infrequent use of condoms (due to lack of concern for pregnancy)
- Antiretroviral therapy substantially reduces advanced HIV-related mortality in older persons with HIV

SELECTION OF ANTIRETROVIRAL REGIMENS IN OLDER PERSONS

Table 1. Recommended Initial Regimens for Most People with HIV

Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV

Recommended Initial Regimens for Most People with HIV

Recommended regimens are those with demonstrated durable virologic efficacy, favorable tolerability and toxicity profiles, and ease of use. Choice of antiretroviral therapy during pregnancy should be guided by recommendations from the Perinatal Guidelines.

For people who do NOT have a history of long-acting cabotegravir use as HIV PrEP, the following regimens are recommended:

- Bictegravir-tenofovir alafenamide-emtricitabine (AI)
- Dolutegravir plus (tenofovir alafenamide or tenofovir DF)^a plus (emtricitabine or lamivudine) (AI)
- Dolutegravir-lamivudine (AI), except for individuals with HIV RNA >500,000 copies/mL, hepatitis B virus (HBV) coinfection, or when antiretroviral therapy is to be started before the results of HIV genotypic resistance testing for reverse transcriptase or HBV testing are available

For people with HIV and a history of using long-acting cabotegravir as HIV PrEP, integrase genotypic drug resistance testing should be done before the start of antiretroviral therapy. If treatment is begun prior to the results of genotypic testing, the following regimen is recommended:

- Darunavir (boosted with cobicistat or ritonavir) plus (tenofovir alafenamide or tenofovir DF)^a plus (emtricitabine or lamivudine)—pending the results of the genotype test (AIII).

^aTenofovir alafenamide and tenofovir DF are two forms of tenofovir approved by the FDA. Tenofovir alafenamide has fewer bone and kidney toxicities than tenofovir DF, whereas tenofovir DF is associated with lower lipid levels. Safety, cost, and access are among the factors to consider when choosing between these drugs.

Rating of Recommendations: A = Strong; B = Moderate; C = Weak

Rating of Evidence: I = Data from randomized controlled trials; II = Data from well-designed nonrandomized trials, observational cohort studies with long-term clinical outcomes, relative bioavailability/bioequivalence studies, or regimen comparisons from randomized switch studies; III = Expert opinion

Source: Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV. Department of Health and Human Services. What to Start. Initial Combination Antiretroviral Regimens for People With HIV. September 12, 2024. [HIV.gov]

Source: [National HIV Curriculum](#)

MY PATIENT IS ON OTHER MEDS – NOW WHAT DO I DO?

HIV and HCV Drug Interactions: Quick Guides for Clinicians

HIV Drugs	Co-medications	Drug Interactions
<input type="text" value="Search HIV drugs..."/>	<input type="text" value="Search co-medications..."/>	<input type="checkbox"/> Check HIV/ HIV drug interactions
<input type="radio"/> A-Z <input type="radio"/> Class <input type="radio"/> Trade	<input type="radio"/> A-Z <input type="radio"/> Class <input type="radio"/> Trade	<input type="button" value="Switch to table view"/>
<input type="button" value="Reset Checker"/>		
<input type="checkbox"/> Emtricitabine (FTC)	<input type="checkbox"/> Amodiaquine	<input type="checkbox"/> No Interaction Expected
<input checked="" type="checkbox"/> Emtricitabine/Tenofovir alafenamide for PrEP (FTC/TAF, PrEP)	<input checked="" type="checkbox"/> Amoxicillin	Emtricitabine/Tenofovir alafenamide for PrEP (FTC/TAF, PrEP)
<input type="checkbox"/> Emtricitabine/Tenofovir alafenamide (FTC/TAF)	<input type="checkbox"/> Amphetamine	Amoxicillin
<input type="checkbox"/> Emtricitabine/Tenofovir-DF (FTC/TDF, PrEP)	<input type="checkbox"/> Amphotericin B	<input type="button" value="More Info"/>
	<input type="checkbox"/> Ampicillin	



[HIVinfo.NIH.gov](https://www.hivinfo.nih.gov/): HIV treatment – side effects

[University of Liverpool: HIV Drug Interactions Checker](https://www.liverpool.ac.uk/healthcare/clinical-pharmacy/hiv-drug-interactions-checker/)

MIND

Evaluate and treat depression

Helping identify, treat, and prevent delirium

Managing dementia

Maintaining mental activity





MENTAL HEALTH AND AGING WITH HIV

Social Isolation

- Illness
- Loss of family and friends
- The aging process
- Stigma

Stigma from HIV infection and aging

- Negative stereotypes of aging
- Stigma can lead to increased symptoms and decreased quality of life
- Social isolation has been linked to a decrease in health and quality of life

NEUROCOGNITIVE DISORDERS

Aging adults with HIV have poorer cognitive performance than adults without HIV

Associated risk factors:

- Older age
- Low Nadir CD4
- Detectable HIV RNA
- Prior nervous system injury

Comorbidities:

- Hypertension
- Hepatitis
- SUD
- Syphilis
- Thyroid disease
- OI
- Tumor



COGNITIVE STATUS ASSESSMENTS

MONTREAL COGNITIVE ASSESSMENT (MoCA)

INTERNATIONAL DEMENTIA SCALE

TOOLS NOT SENSITIVE FOR HIV-ASSOCIATED NEUROCOGNITIVE DISORDER (HAND) – especially earlier stages



MOBILITY

Maintaining independence in
getting around

Maintaining balance and stability

Preventing falls



COMPLEX CARE IN AGING WITH HIV

Comorbidities

Comorbidities

Comorbidities

Looking Beyond HIV



MATTERS MOST TO ME

Ask about their individual goals,
preferences, desired outcomes

Advanced care planning

POA and Living Will –

Do they have a DNR?

If not, do they want one?

Who's on their team?



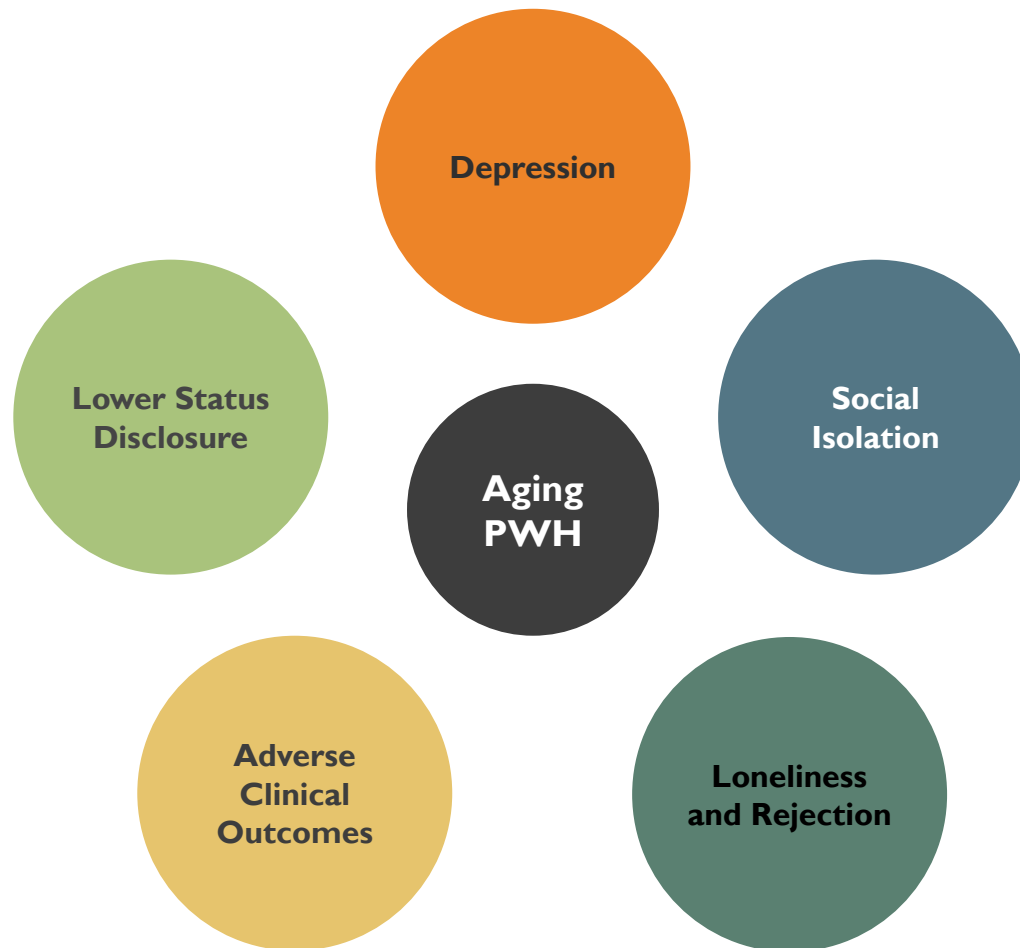
SEXUAL HEALTH MATTERS AT EVERY AGE – INCLUDING AFTER 65

Care Still Matters

- **Offer HIV testing, STI screening, PrEP/PEP, and condom counseling**
 - Many adults remain sexually active, yet testing is less common among those 50+
- **Address sexual health concerns (e.g., menopause symptoms, erectile dysfunction)**
 - Physiologic changes can increase susceptibility to HIV and STIs
- **Condom use declines with age (<10% among adults 50+)**
 - Life transitions (e.g., divorce, loss of a partner) may influence prevention and testing
 - Pregnancy may no longer be a consideration for some patients
 - Partner-related factors may affect condom use

HIV-RELATED STIGMA: DOES AGE MATTER?

Aging PWH are more likely than younger PWH to experience:



PERSON-FIRST LANGUAGE

AVOID: Elderly, old person

USE: Person who is aging

RETHINKING AGEIST LANGUAGE

Ageist

"They" or "Them"
when talking about
other generations

Inappropriately
addressing people with
terms of endearment

"Young at Heart"
implies being young is
good, but older is bad

Speaking to an adult of a
different age with childish
language (elderspeak)

Inclusive

"We" or "Us"
to show you aren't
separating people by age

Calling someone by their
preferred name to show
respect regardless of age

Give thoughtful
compliments based on
a person, not their age

Talking to adults as a
peer and an equal,
regardless of their age



SUMMARY POINTS

- Approximately 53% of all persons with diagnosed HIV in the United States are 50 years of age or older.
- Current CDC guidelines recommend routine HIV screening for persons aged 13 through 64 years but do not address HIV screening for persons 65 years of age and older.
- Persons who are older than 50 years of age tend to underestimate HIV risk acquisition.
- Older persons with HIV have higher rates of comorbid conditions than persons without HIV, and many older persons with HIV have multimorbidity that requires taking many non-antiretroviral medications.
- The Adult and Adolescent ARV Guidelines recommend initiating antiretroviral therapy in all persons with HIV, including persons with HIV who are 50 years of age and older, regardless of CD4 cell count or HIV RNA level.
- Recommended antiretroviral therapy regimens for older persons with HIV are the same as for younger patients.
- When compared with younger individuals with HIV, older persons with HIV have equally good, if not better, rates of virologic suppression.
- Older adults with HIV have a less robust immune response to antiretroviral therapy than younger adults.
- Many of the common age-related conditions play a major role in the clinical management of older persons with HIV.
- Clinicians caring for older persons with HIV should encourage them to designate a durable power of attorney for health care and complete an advance health care directive.




ADDITIONAL RESOURCES

- [Association of Nurses in AIDS Care](#)
- [Positively Aging](#)
- [Let's Kick ASS – AIDS Survivor Syndrome](#)
- [National HIV Curriculum – Older Patients](#)

HIV Symptom Evaluation Guides

Each *HIV Symptom Evaluation Guide* provides clinicians with a framework for evaluating certain common symptoms that individuals with HIV may experience. These guides offer a summary of important clinical questions and considerations, as well as decision trees to help with the evaluation process.

 [Download All Guides](#) 

 [Share](#)



<https://www.hiv.uw.edu/page/symptom-evaluation/guides>



National HIV Curriculum

www.hiv.uw.edu

Six modules with 35 lessons and corresponding Question Bank topics address:

SCREENING AND DIAGNOSIS

BASIC HIV PRIMARY CARE

ANTIRETROVIRAL THERAPY

CO-OCCURRING CONDITIONS

PREVENTION OF HIV

KEY POPULATIONS

**CREATE
FREE ONLINE
LEARNING
GROUPS TO:**

- Invite, train, and onboard staff and residents by assigning select content
- Review group progress reports to track CE and shape future training
- Augment medical, nursing, pharmacy, dental and other healthcare professionals training programs



The Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS) provided financial support for the National HIV Curriculum. The award provided 100% of total costs and totaled \$1,172,994. The contents are those of the author. They may not reflect the policies of HRSA, HHS, or the U.S. Government.



National HIV PrEP Curriculum

www.hivprep.uw.edu

APP: HIV PREP TOOLS FOR CLINICIANS

This app supports health care professionals to:

- Evaluate persons for HIV PrEP
- Identify appropriate HIV PrEP medications
- View recommended laboratory tests
- Assess, initiate, and monitor HIV PrEP

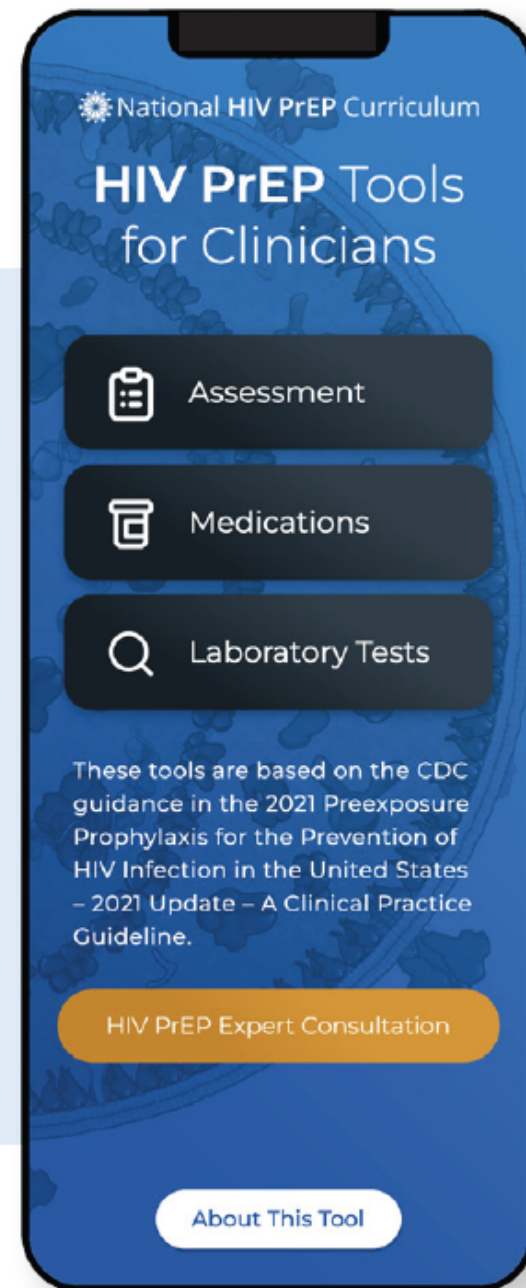
Access the app on a web browser (hiv.prep.uw.edu/page/tools/app), via the CDC STI Tx Guide app, or download the free app



APPLE APP STORE



GOOGLE PLAY



University of Washington (UW) Professor of Medicine Dr. David Spach is Editor-in-Chief of this site and four other curricula about HIV, STDs, HCV, and HBV. All sites offer FREE CE. Created and managed by the UW Infectious Diseases Education & Assessment (IDEA) Program (idea.medicine.uw.edu).



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*ALWAYS REMEMBER – HIV IS A MEDICAL DIAGNOSIS,
NOT A CHARACTER FLAW*



REFERENCES

- [HIV/AIDS – Research and Palliative Care: Aging-Related Concerns for People Living with HIV Referred for Geriatric Consultation](#)
- [International Antiviral Society - USA](#)
- [North Dakota Health & Human Services - HIV](#)
- [Positive Women’s Network - USA](#)
- [AIDSVu](#)
- [National Library of Medicine – The 5Ms of Geriatrics in Gastroenterology](#)
- [Texas Health and Human Services – Person-First Language](#)
- [South Dakota Department of Health – 2025 HIV/AIDS Surveillance Report](#)
- [Cleveland Clinic – Beers Criteria](#)
- [AGE OPTIONS – Turning Up the Volume on Ageism](#)