

Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome in Older Adults

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KEYWORDS

- Human immunodeficiency virus • Acquired immunodeficiency syndrome
- Antiretroviral therapy • Immunocompromised host • Epidemiology

KEY POINTS

- The population of older human immunodeficiency virus (HIV)-infected patients is increasing. By 2020, more than 50% of HIV-infected persons in the United States will be older than 50 years of age.
- Untreated older HIV-infected patients progress more rapidly to AIDS with higher mortality rates.
- Patients up to age 64 should be routinely offered HIV testing; testing up to age 75 is recommended for adults who might transmit HIV to others.
- The occurrence of comorbidities not traditionally associated with HIV infection now exceeds that of AIDS-related events and are especially relevant to older patients.
- Antiretroviral therapy should be offered to all HIV-infected patients regardless of age, symptoms, CD4+ cell count, or HIV viral load. Early treatment is especially important in older patients.

INTRODUCTION

The development of better tolerated and more efficacious combined antiretroviral therapy (ART) has transformed what was once an inexorably progressive illness into a manageable chronic disease for which life expectancy has begun to approach that of the general population. This substantial increase in survival has led to a steady increase in the number of HIV-infected individuals who are older than 50 years of age. This demographic change is coupled with substantial clinical issues unique to older

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human immunodeficiency virus (HIV)-infected persons and provides important challenges to clinicians caring for older patients.

EPIDEMIOLOGY

In 2012, 40% of all HIV-infected persons in the United States were 50 years of age or older; by 2020, more than 50% of HIV-infected persons will have reached this age.^{1,2} Aging of the HIV-infected population is not unique to the developed world. The World Health Organization estimates that as of 2014, there were 4.2 million people in the world living with HIV who were older than age 50; most of these people are in Sub-Saharan Africa (Fig. 1).³

NATURAL HISTORY OF HUMAN IMMUNODEFICIENCY VIRUS INFECTION IN OLDER PATIENTS

After infection, initial plasma HIV-1 RNA levels (viral load) are higher and CD4+ cell counts are lower in older patients than in younger patients. Subsequently, the rate of decline of CD4+ cells is greater in older patients, resulting in a more rapid progression to AIDS and death. Although the major complications of HIV infection generally occur after the CD4+ count decreases to less than 200 cells/ μ L, older individuals have higher rates of AIDS-defining events than do younger individuals at any given CD4+ cell count.⁴

DIAGNOSIS OF HUMAN IMMUNODEFICIENCY VIRUS INFECTION AND CASE IDENTIFICATION

The US Preventive Services Task Force recommends that all patients aged 13 to 64 be offered HIV testing at least once per lifetime as a part of routine medical care and regardless of known or perceived risk.⁵ An exception to the recommendation was made for populations in which the prevalence of undiagnosed HIV infection is known to be less than 0.1%. Furthermore, the American College of Physicians (ACP) recommends offering testing up to age 75 for persons who might, if infected, transmit HIV to others.⁶

In addition to once-per-lifetime testing, high-risk individuals, such as men who have sex with men, injection-drug users, and sex partners of HIV-infected persons, should have annual or more frequent testing. Targeted testing is also indicated for patients with a potential recent high-risk event or with unexplained symptoms consistent with HIV infection, including weight loss, unexplained dementia, mucosal candidiasis, or AIDS-defining opportunistic infections or malignancies.

As of 2012, 13% of the estimated 1.2 million persons infected with HIV in the United States remained unaware of their diagnosis; 5% of the undiagnosed population was 55 years of age or older.⁷ Among HIV-infected individuals over the age of 50 to 55, the median duration of infection before diagnosis is estimated to be 6.8 years.⁸

Delayed testing for HIV infection in older patients stems from several different factors. Because of a lack of awareness, older individuals are less likely to request HIV testing, and health care providers are less likely to offer routine testing. Finally, targeted testing is often delayed because older HIV-infected individuals often present with nonspecific manifestations, such as gradually worsening weight loss and fatigue that mimics other maladies.⁹

Delays in testing contribute to the fact that older HIV-infected patients are more likely to have progressed to full-blown AIDS when they are diagnosed (Fig. 2) and are much more likely to die within 1 to 3 years of their diagnosis than are younger adults (Fig. 3).²

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