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AIDS---STIs/Article/03-22/How-to-Manage-Care-for-Aging-Patients-With-HIV/66572&title=Infectious Disease Special Edition - How to Manage Care for Aging Patients With HIV&summary=Florida-based physician Jonathan S. Appelbaum, MD, started caring for patients with HIV in 1985, shortly after the AIDS epidemic began.)

## HIV-AIDS / STIs (/Section/HIV-AIDS---STIs/214)

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# How to Manage Care for Aging Patients With HIV

**By Jillian Mock**

Florida-based physician Jonathan S. Appelbaum, MD, started caring for patients with HIV in 1985, shortly after the AIDS epidemic began. As he has aged over the years, so have many of his patients, piquing his medical interest in the intersection of HIV and aging.

“We’ve seen our patients do better and live longer, and we’ve also seen older patients continue to get newly infected with HIV,” said Dr. Appelbaum, a geriatrician, an internist and a professor in the Department of Clinical Sciences at the Florida State University College of Medicine, in Tallahassee.

Today, effective antiretroviral therapies mean patients with HIV are living almost as long as their contemporaries without HIV. More than half of the population of people living with HIV in the United States are 50 years of age or older, according to the CDC

(<https://www.cdc.gov/hiv/group/age/olderamericans/index.html>

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“HIV in general is aging,” said Margaret Hoffman-Terry, MD, an infectious disease physician and internist with a focus on treating patients with HIV at Lehigh Valley Health Network in Allentown, Pa. Managing care for older adults with HIV presents a unique challenge for healthcare providers, who need to screen for comorbidities, implement team-based and holistic care models, watch out for polypharmacy, and consider the barriers these patients face to receiving sufficient care.



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Older patients with HIV are unique in several ways. For one, they tend to develop the traditional issues of aging earlier than the general population, Dr. Appelbaum noted. They are also more prone to multimorbidity, he said, with intersecting diseases like diabetes, hypertension and HIV interacting with one another in unique ways that can be challenging to treat. And these patients are more likely to develop geriatric syndromes, including an increased risk for falls, cognitive decline, and issues with their bones, kidneys and liver.

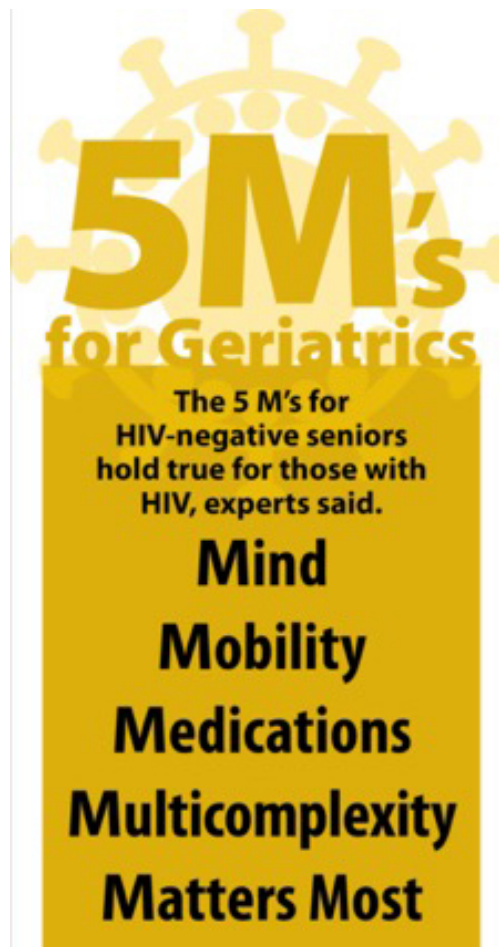
Why these patients seem to experience age-related health problems earlier is still unknown. “There’s always been this debate about whether people with HIV [start to] age younger, or whether what we see in reality are multiple comorbidities related to the virus and its treatment along with lifestyle that make it appear that way,” Dr. Hoffman-Terry said.

Providers can monitor common health risks in this patient population. In her practice, Dr. Hoffman-Terry said they aggressively screen patients for cancers, particularly lung and colorectal, which are common in people with HIV. These patients also tend to develop kidney diseases earlier and experience neurocognitive dysfunction at earlier ages, so Dr. Hoffman-Terry and her colleagues screen for those issues regularly. Heart disease and osteoporosis also are common issues to watch.

Smoking is a huge issue, and it is important to encourage smoking cessation as much as possible. “While most of my patients do make it into old age, it’s often with a collection of different problems,” she said.

When treating older patients with and without HIV, it’s also important to keep in mind what matters most to each patient, according to Dr. Appelbaum. A patient’s goals may not be the same as a

provider's goals, he said. Knowing what patients want can help providers decide which screenings and medications to prioritize for their patients.



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Source: Health in Aging Foundation.

[https://www.va.gov/covidtraining/docs/HIA\\_TipSheet\\_Geriatric\\_5Ms\\_19.pdf](https://www.va.gov/covidtraining/docs/HIA_TipSheet_Geriatric_5Ms_19.pdf)

Keeping a close eye on prescribed medications is also an important part of caring for this patient population. Older patients already are going to be on more medications and have more comorbidities to manage than younger patients, said Milena Murray, PharmD, MS, an associate professor of pharmacy practice at Midwestern University College of Pharmacy in Downers Grove, Ill., and author of the ARTClass column on page 65, making drug–drug interactions and polypharmacy a particular concern.

Pharmacists need to look at patients' entire lists of medications to treat multiple conditions and do a drug interaction check, Dr. Murray said. Deprescribing or changing prescriptions can quickly become complicated, she noted. Pharmacists have to look out for problematic drug–drug interactions, and what Dr. Murray calls, "reverse drug interactions." For example, if a patient is on an HIV medication that makes their blood pressure medication more effective, changing the HIV medication will reduce the effectiveness of the blood pressure drug.

Pharmacists also need to keep in mind that there often are not great data about how certain drugs

Pharmacists also need to keep in mind that there often are not great data about how certain drugs work in older groups, as people older than 70 years of age are rarely included in clinical trials, according to Dr. Murray. When that's the case, pharmacists and providers may not always realize that the symptom they are seeing is from a particular medication and try to treat it with a new drug, instead of changing the original medication.

A collaborative, team-based approach ensures that older patients with HIV are treated comprehensively and successfully, Dr. Appelbaum said. A care team for these patients should include a geriatrician or primary care provider working in a team with physical therapists, mental health providers, pharmacists, social workers, specialists (e.g., cardiologists, urologists) and other team members to evaluate patients and devise a care plan, he said.

Unfortunately, patients living with HIV face significant barriers to receiving the kind of care they need. Insurance can complicate which medications patients can afford and receive, Dr. Murray said. And issues like housing and food insecurity can always be a challenge for older patients, she said.

Sometimes the barrier is getting a diagnosis in the first place. Many patients infected with HIV later in life can go through months of workups before finally receiving a diagnosis. "Just because someone is over 40 doesn't mean they don't have a sex life anymore," Dr. Hoffman-Terry said.

Once diagnosed, access to competent care can also be an issue. A patient's infectious disease physician may not be equipped to provide primary care, and the patient's primary care doctor may not be well versed in treating HIV, Dr. Appelbaum explained. There's also a shortage of geriatricians, and even fewer geriatricians who can deal with the complications of HIV, he said.

Patients living with HIV also face stigma from the general population and healthcare professionals, Dr. Appelbaum said. Because of this stigma, older gay men living with HIV may not have solid social support systems, and may struggle with depression, loneliness and substance abuse, he said. Mental health is a major concern for this patient population, Dr. Hoffman-Terry agreed.

"I think it's really important to consider that this population, while it's different than other populations living with or without HIV, it's not different in the way that we need to consider the entire patient," Dr. Murray said.

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*Drs. Appelbaum and Murray reported relationships with Merck, ViiV Healthcare and Theratechnologies, Dr. Hoffman-Terr with Gilead and ViiV.*