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PRESENTATION OF HIV/AIDS INFECTION IN OLDER ADULTS

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It is commonly assumed that older adults are not at risk for HIV/AIDS. In reality, about 10% of AIDS cases are among people older than 50. According to the United States Centre for Disease Control and Prevention (CDC), in the year 2018, over half of the people of the US citizens diagnosed with HIV were aged 50 and older. Understanding the unique clinical presentation of HIV infection in older adults allows for the better understanding of these patients.

People older than 50 lack an awareness of the risk of HIV/AIDS, and as a result, many individuals with these conditions are undiagnosed. Major manifestations of HIV/AIDS in elderly adults include *Pneumocystis carinii* pneumonia, herpes zoster, tuberculosis, cytomegalovirus, oral thrush, *Mycobacterium avium* complex, and HIV dementia. Elderly HIV-positive women have special health concerns, such as cervical cancer.

Older people living with HIV also have an increased risk of dementia, diabetes, osteoporosis, frailty, and some cancers. Studies have found that vision impairment is highly prevalent in older adults and affects many functional domains. Older studies from the pre-effective HIV treatment era examining the impact of AIDS on vision and eye disease outcomes found impaired contrast sensitivity and color vision to be more common among HIV+ persons, and cataract to be twice as prevalent in AIDS.

On the topic of mental health, loneliness, stigma, depression and social isolation are key factors that affect older adults living with HIV (Greene et al., 2018). These patients have a higher likelihood of reporting depression and report fewer social connections. Most of these factors were exacerbated by the COVID-19 pandemic. Furthermore, people aging with HIV have an increased mortality risk when co-infected with COVID-19.

Another problem associated with aging is that, hepatic and kidney function typically decline, suspected at least in part due to the loss of functional tissue of these excretory organs due to aging. This makes the course of treatment significantly more arduous and complicated in attempts to avoid drug toxicity.

Antiretroviral therapy has resulted in significant reductions in HIV-associated complications by recovering the CD4+ T cell count, but there seems to be no clear distinction in this recovery between older and younger age groups.

To conclude, it is safe to say that HIV presentation is significantly different compared to that of younger patients, due to the above-mentioned reasons and old age is definitely not a safety net against STDs. With Anti-Retroviral Therapy nowadays it can be assumed that more and more people with HIV are living longer and getting older, hence the number of older people living with HIV is likely to increase.