

HIV and aging: a personal perspective

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Life has become more complicated in terms of monitoring my health as I've progressed into my fifties, with an ever-increasing number of co-morbidities to contend with. While clearly I am not spending time in hospitals as I was in the 1990s, thanks to highly active antiretroviral therapy, I do have just as medicalised a condition now as ever.

Apart from my HIV doctors, I attend six different specialists to help me with diabetes; I have an increased risk of cardiovascular disease, early stage kidney disease, an increased risk of eye complications (from diabetes), bone and joint problems and recently, I had to add a rheumatologist to the list after a diagnosis of gout. I have no doubt that all these conditions have some link to HIV and/or the treatments I take for it. Keeping up with the polypharmacy or the various medications required for each condition is one thing – watching the various specialists spending ages looking up interactions between the drugs and hoping they get everything right is a worry as well.

One of the ever-present dilemmas about living with HIV for me has been trying to determine whether a symptom or side-effect is in fact related to the virus or not. Is my ever-present arthritis something that might have happened to me in my fifties, anyway? Is the weird fat distribution in my body actually caused by antiretrovirals as some clinicians say, or is it a fifties paunch that comes with drinking too many lattes and eating too many pastries?

There are more serious co-morbidities occurring in friends in their forties and fifties that worry me more, though. The prevalence of strokes and cardiac problems among HIV-positive people in my friendship networks has been alarming to me. While there is no doubting that such things happen at younger ages in the general community, the studies that are now showing we are three times more vulnerable to strokes, for instance than the rest of the population is a cause for concern. When researchers suggest there may be a link with some HIV treatments (as well as the inflammation caused by the virus itself), then we are left with difficult decisions to make. Change your regimens, which are often working well, or take a risk

that the new treatments are found to be problematic down the track, too.

Many of my HIV-positive peers point out that we are aging anyway and have to expect some level of extra health complications with it – and when I speak about research on premature aging someone will inevitably mention a friend who is in their sixties and has lived with the virus for 20 years with no complications. Of course many of us are doing well and why some will age more quickly than others is possibly as much to do with genetics as anything else.

As someone living with HIV, reading the research material on aging that is starting to appear in scientific journals, is quite confronting. I did not know that HIV itself, even when controlled, is a driver of a range of co-morbidities. There is a perception in the community that HIV treatments have turned it into a manageable illness – this may not be entirely true.

Many of us who have lived a long time with HIV, including the periods of ineffective treatments or none at all, may not be surprised to discover that the virus has done considerable lasting damage to our internal organs. High doses of toxic drugs, particularly in the 1990s, have put extra pressure on various organs.

As I have got older the number of medications I take each day for various conditions has increased. Likewise as more HIV-positive people have gone back to work and given up health care cards, cost pressures associated with their medications have increased. Without a health care card a month's supply of a single Pharmaceutical Benefits Scheme (PBS) drug is \$34.20. While government argues that there is a PBS Safety Net to help with these pressures, those on less than average incomes find meeting this cost of \$1317.20 per year a real difficulty.

One thing is certain to me: people with HIV who are experiencing accelerated aging worry about the future. Those who have experienced the vulnerabilities of an AIDS-defining illness, for instance, want to avoid ever living with the uncertainty that brought into their lives again.