

## **HIV & Aging at ICAAC 2009: #1 Issue for patients in USA**

There are some interesting data at ICAAC but yesterday Jules Levin attended a CME workshop sponsored by ASM on Comorbidities in HIV, where he said the presentations were good by Alan Landay moderator Peter Hunt moderator overview, Judy Currier on CVD, Michael Lederman immune activation, Scott Letendre neurologic impairment and Michael Siverberg on cancers. Jules said "I inserted a broader discussion into the workshop on aging & added several points on bone disease. I also added although aging & comorbidities in HIV is beginning to get more traction the NIH & NIAID should make an official project of this. There should be an overarching bringing together of the issues under an umbrella because right now investigators are working separately within their areas of concentration: senescence, activation, bone, neurologic, etc. The problem needs to be organized better and NIAID should recognize this problem for what it is. It's estimated that by 2015 50% of HIV+ individuals in the USA will be over 50, currently it's about 15-20%. We ARE approaching the first significant number of patients over 65 and the added risks associated with vascular disease in HIV for those aging associated with toxicities associated with ARTs and HIV make HIV+ individuals at significantly greater risk for aging associated comorbidities and premature death. For patients in the USA aging & HIV IS THE NUMBER 1 issue and deserves greater attention, which is why I have been covering this issue, providing education & advocating for more attention for aging and bone issues for 2 years now. Brain disorders, bone disease, insulin resistance/diabetes, kidney disease and cancers will begin to plague older HIV+ individuals in great numbers soon, the death rates I suspect will increase, and greater demand for services for aging patients will burden the system, for which we are not planning."

NATAP.org - HIV related [Bone Issues](#) and HIV and [Aging](#)

[HIV, HAART & Brain Damage & Repair](#) - (09/11/09)

[Lipodystrophy & Bone Loss](#) - (09/06/09)

[Sex Steroids & Fracture Risk in Men](#) - (09/06/09)

[Neurological Impairment Persists Despite HAART: "adjunctive therapies needed"](#) - (08/29/09)

[Insulin Resistance Is Associated With Cognition Among HIV-1-Infected Patients: The Hawaii Aging With HIV Cohort](#) - (08/29/09)

[HCV Coinfection & Neurologic Impairment](#) - (08/29/09)

[HIV and Aging: The Long-term Consequences of Successful Antiretroviral Therapy](#) - (09/11/09)

By Julian Falutz, MD, FRCPC, Director, HIV Metabolic Clinic and Senior Physician Division of Geriatrics McGill University Health Centre, Montreal General Hospital Montreal, Quebec

**"HIV patients may be considered as having many features of accelerated aging...."**

***Interactions between aging-related conditions and longterm consequences of successful HIV control will have an impact on the outcomes of older HIV patients"***

"One key area of overlap between HIV and aging involves physiological **immunosenescence and HIV-associated immunosuppression**. Similarities between these processes include: decreased thymic output, reduced naïve T-cells, changes in cytokine profiles, reduced proliferative capacity to mitogen stimulation, shorter telomere length in the cluster of differentiation (CD)8+ T-cell population, increased susceptibility to activation-induced cell death, accumulation of differentiated CD4+ and CD8+ T-cells, and increased susceptibility to common infections"

**"Mortality due to a limited spectrum of non-HIV-associated sequelae has increased"**

**"In HIV infection, immunosuppression and certain infections are risk factors for AIDS-related cancers"**

**"HIV infection is associated with certain types of renal disease"**

"Cardiovascular and metabolic complications are interrelated disorders with a known impact on HIV patients"

"**Bone** abnormalities occur more frequently in HIV-infected patients, including osteonecrosis and reduced bone mineral density"

"milder degrees of **HIV-related cognitive decline** may persist in older subjects responding to HAART,<sup>39</sup> despite penetration into the cerebrospinal fluid (CSF) by some antiretrovirals.<sup>40</sup> Aging HIV patients may be at particular **risk of Alzheimer disease** given new data demonstrating that vascular risk factors may also be involved"

"investigators suggested that HIV infection was associated with an earlier occurrence of this condition [**frailty**],<sup>42</sup> and that a low CD4 count predicted the development of this phenotype"