

# HIV and Aging in Canada: an Introduction

Both the general Canadian population and Canadians living with HIV are aging.

It is estimated that the percentage of seniors (age 65 and older<sup>1</sup>) will almost double in Canada within the next 25 years: from 14.1 per cent in 2010 to 23-25 per cent by 2036.<sup>2</sup> HIV-positive Canadians are aging as well. The number of older Canadians living with HIV is increasing, both because HIV-positive Canadians are living longer thanks to improved treatment options, and because some Canadians receive an HIV diagnosis later in life.

As a result of these circumstances, the intersection of HIV and aging is becoming more frequent than ever. There are specific physical and psychosocial issues related to HIV and aging that present particular challenges to effective prevention, care, treatment and support.

When discussing HIV and aging, it is important to keep in mind that different groups require attention<sup>3</sup>:

1. Canadians who have known they were HIV-positive for many years, and who are now over 50 years of age;
2. Canadians over 50 who have recently been infected and diagnosed with HIV;
3. Canadians over 50 receiving a late diagnosis, but who were infected years before; and,
4. Canadians over 50 who are at risk of HIV.

## Older Canadians living with HIV

### HIV incidence (new cases of HIV per year)

HIV test reports among older Canadians have increased steadily from around 10 per cent of all test reports in 1999<sup>3</sup> to around 19 per cent in 2011<sup>4</sup>.

Sexual contact is the main risk factor for acquiring HIV among older Canadians. Heterosexual contact and sex between men each represented about 35 per cent of cases in 2011 among older Canadians (where risk factors were reported). The majority of the remaining 30 per cent is split evenly between injection drug use and "NIR" (no identified risk)<sup>4</sup>.

Men represent over 80 per cent—or 4 out of 5 new HIV cases—among older Canadians<sup>4</sup>.

### HIV prevalence (number of Canadians living with HIV)

The number of older Canadians living with HIV has risen over the past decade and a half. Throughout most high-income countries, access to highly active antiretroviral therapy and other treatment options has improved the likelihood of surviving into old age for most people who become HIV-positive<sup>3</sup>. This fact may contribute to the increasing number of older Canadians living with HIV.

### AIDS Diagnosis

Over one in four reported AIDS cases (26 per cent) were among older Canadians in 2011<sup>4</sup>. Among all reported AIDS cases since 1979, more than half of reported AIDS cases among older Canadians (52 per cent) were among gay men and other men who have sex with men (MSM); one in five were among people who acquired HIV through heterosexual contact (20 per cent).<sup>4</sup>

Published by:



In association with:



Funded in part by:



Updated: November 2013

## Is it HIV, age or treatment?

Several inter-related factors affect the health of older Canadians living with HIV<sup>5</sup>, including:

- the effects and evolution of HIV itself on the body;
- HIV treatment (including long-term toxicities on organs and systems);
- the aging process itself;
- other health conditions (for example: conditions associated with aging, hepatitis C, menopause);
- treatment for those other health conditions; and,
- modifiable risk factors (diet, smoking, alcohol and drug use, exercise, nutrition).

A range of social determinants of health also play a key role in how HIV and aging affect Canadians, including housing, income support, employment, food security, gender and social exclusion<sup>6</sup>.

## Further reading

1. CATIE. HIV and Aging. 2010 booklet. Available at [www.catie.ca](http://www.catie.ca)
2. CATIE. “Chapter 18: HIV and aging,” *Managing Your Health*. 2009. Available at [www.catie.ca](http://www.catie.ca)
3. *Pocket Guide on Aging for Women Living with HIV*. Positive Women’s Network. 2012. Available at: [http://www.catie.ca/sites/default/files/PG-on-Aging-2012-\(web\).pdf](http://www.catie.ca/sites/default/files/PG-on-Aging-2012-(web).pdf)
4. Canadian Working Group on HIV and Rehabilitation. HIV and Aging webpages. Available at <http://www.hivandrehab.ca/EN/HIV%20and%20Aging/HIVandAging.php>
5. Gay Men’s Health Crisis (U.S.). *Growing older with the epidemic: HIV and aging*. 2010. Available at [www.gmhc.org](http://www.gmhc.org)
6. Public Health Agency of Canada. “HIV/AIDS Among Older Canadians,” *HIV/AIDS Epi Updates*. 2010. Available at <http://www.phac-aspc.gc.ca/aids-sida/publication/epi/2010/6-eng.php>

## References

1. While being over 65 years of age is generally considered to be “older”, in the context of aging and HIV “older” commonly refers to being over 50 years of age. There are several reasons for this, including the lower life expectancy of people who are HIV-positive compared to the general population, as well as the accelerated aging effects that may be associated with HIV infection and treatment.
2. “Seniors,” *Canada Year Book*. Statistics Canada. 20 December 2012. <http://www.statcan.gc.ca/pub/11-402-x/2012000/chap/seniors-aines/seniors-aines-eng.htm>
3. “HIV/AIDS Among Older Canadians,” *HIV/AIDS Epi Update*. Public Health Agency of Canada. July 2010. [http://www.phac-aspc.gc.ca/aids-sida/publication/epi/2010/pdf/EN\\_Chapter6\\_Web.pdf](http://www.phac-aspc.gc.ca/aids-sida/publication/epi/2010/pdf/EN_Chapter6_Web.pdf)
4. *HIV and AIDS in Canada: Surveillance Report to December 31, 2011*. Public Health Agency of Canada. 2012
5. Justice, A.C. (2010). “HIV and Aging: Time for a New Paradigm,” *Current HIV/AIDS Reports*, 7, 69-76.
6. Roger, K, Mignone, J., & Kirkland, S. (2013). “Social Aspects of HIV/ AIDS and Aging: A Thematic Review,” *Canadian Journal of Aging*, 32 (3).

## Stigma and Discrimination

Older Canadians living with HIV face multiple forms of overlapping stigma and discrimination. In addition to facing ageism and HIV-related phobia, they may also face sexism, racism and homophobia<sup>6</sup>.

For example gay men and other MSM represent the largest proportion of older Canadians living with HIV. They may hide their sexual orientation and/or their HIV status from health care providers because of fear of negative attitudes. They may also face homophobia or HIV-related phobia within health care and social support settings, including retirement homes and long-term care facilities. Older Canadian women living with HIV often face a health care system that is not suited to their needs. Older Canadians living with HIV from Aboriginal and ethno-cultural communities may face HIV-related phobia and homophobia within their own cultural communities, while also facing racism when they access a range of care and support services outside these communities.

All of these circumstances compromise prevention, care, support and treatment efforts, as well as contributing to social isolation and depression.

## HIV and aging factsheet topics

For more information, please consult other Canadian AIDS Society factsheets which discuss:

- Physiological issues (inflammation, the immune system, co-morbidities, sexual health)
- Psychosocial issues (cognitive impairment, depression, social isolation)
- Care, support and treatment
- Prevention
- Taking action