

***“People ageing with HIV have special needs that need to be acknowledged more across the testing and treatment continuum.”***

The European AIDS Treatment Group (EATG – [www.eatg.org](http://www.eatg.org)) runs a comprehensive project to explore, from the patients' perspective, different aspects of ageing with HIV from childhood to mature ages<sup>1</sup>. Following a series of webinars, the EATG organized the first conference about the special biomedical and social particularities and needs of people living with HIV older than 50 years of age in Berlin between 31 March and 3 April 2016. The Ageing with HIV – A Lifecycle Approach project continues with additional webinars and conferences discussing key issues concerning children and HIV, and adolescents and young adults living with HIV in the next 18 months.

With the rate of people living with HIV (PLHIV) over the age of 50 years constantly increasing, and also the rate of new HIV diagnoses in this age group growing constantly<sup>2</sup>, there is an stronger need to consider the biomedical and social, treatment related and political needs of this population systematically and in a targeted way. The EATG's "Ageing with HIV" project is a unique initiative of the communities of PLHIV in Europe to bring together researchers, medical professionals, regulators and the patient community to understand and define the information already available and the different challenges and gaps that are faced in this area.

More than 90 participants gathered in Berlin, Germany for an intensive meeting of three and a half days. Thirty-seven presentations and two comprehensive panel discussions explored the implications of living with HIV over the age of 50 including epidemiology, testing, co-morbidities, co-infections, stigma and other social matters, polypharmacy and other pharmacological challenges, mental health, specific groups, quality of life, palliative and end-of-life care. Biomedical discussions were complete with comprehensive considerations of political and social needs and asks.

*“In fact the UN Sustainable Development Goal 3 about ending the HIV epidemic as a public health threat by 2030 gives the right political framework for us to tackle in more detail what needs to be done. Specific HIV campaigns for testing in this age group must be complemented with making the health care systems more aware of the special needs that people living with HIV have in a population that is ageing anyway. A comprehensive care model for ageing PLHIV would be advisable”,* states Bryan Teixeira, Chair of the EATG Policy Working Group.

*“The need to take an ever increasing amount of medication, the unclear processes of ageing with HIV, the political and medical legacy of the early decades of the epidemic all raise universal and pressing questions for this age group that the community of PLHIV tries to help answer by channelling these questions to the researchers and decision makers”,* points out Nikos Dedes, Vice Chair of the Board of Directors of the EATG and long-time advisor to UNAIDS and the European Medicines Agency.

Some of the key findings of the conference pointed out how HIV treatment drugs are developed with primarily a younger population in mind: people with HIV aged 50 or older often have other diseases that may affect the way drugs work in their bodies. Specific studies on drug-drug interaction and on renal function in elderly people living with HIV are needed, as well as the parallel, holistic consideration of biological and social factors in the lives of PLHIV, the need to focus more on specific populations such are older women, migrants and trans\* persons, and the need to educate health care providers about ageing related issues, co-morbidities and polypharmacy. Maintaining a healthy lifestyle, including physical exercise and smoking cessation were also mentioned several times as key factors. Special attention is needed as very few HIV tests are performed in the 50+ age group, and the rate of late presenters is alarmingly high.

There seems to be a clear need for more collaborative working between geriatric and HIV specialists, and there is a need for ensuring that general practitioners get access to the fruits of this collaboration. This not only involves new ways of working but further changes and strengthening of healthcare systems. However, all of these skills and knowledge also need to be adapted to the different health and regulatory systems across the WHO Europe region, including resource poor settings.

The detailed report of the conference and in-depth analyses will be available on the EATG and the Ageing with HIV websites. All presentations are online already<sup>3</sup>. You can also follow the latest developments on social media by joining the EATG's Ageing with HIV Facebook page<sup>4</sup> or following the #AgeingHIV hashtag on Twitter.

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<sup>1</sup> <http://www.ageingwithhiv.com/>

<sup>2</sup> <http://goo.gl/hi985e>

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<sup>3</sup> <http://www.ageingwithhiv.com/#!presentations/nhjrj>

<sup>4</sup> <https://www.facebook.com/ageingwithhiv/>