

## Introduction

HIV is a virus that damages and weakens the body's immune system, the system the body uses to fight infection and disease. Having HIV puts a person at risk of other life-threatening infections and certain types of cancer. When the body can no longer fight off infections and some other diseases, HIV can lead to a serious illness called AIDS. When someone has AIDS, they are more likely to get infections and are more susceptible to unusual forms of cancer and other serious illnesses. But with early and uninterrupted treatment, a person with HIV may never develop AIDS. A growing number of older people are living with HIV/AIDS. One reason is that improved treatments are helping people with the disease live longer. Almost half of the people living with HIV in the United States are 50 years of age or older. Many of them were diagnosed with HIV in their youth.

## Description

Nevertheless, thousands of older people become infected with HIV every year. Older people are less likely to get tested than younger people, so they may not know they have HIV. The signs of HIV/AIDS can be confused with the pains of normal aging. Older adults may be struggling with other illnesses and pains. Normal aging can mask the signs of HIV/AIDS. Some older people may feel embarrassed or afraid to get tested. Also, doctors don't always think about testing older people for HIV. Some people may not have access to quality healthcare facilities and services, which may limit their treatment options. By the time the older person is diagnosed, the virus may be in the terminal stages and more likely to progress to AIDS. It is important for people living with HIV to start treatment as soon as possible after diagnosis. Treatment can help reduce blood levels of HIV to undetectable levels. If HIV is undetectable as a result of treatment, the chance of transmission of the virus to a sexual partner becomes very small. This is called treatment as prevention.

More people will be living with human immunodeficiency virus in geriatric hospitals because their life expectancy is similar to that of the general population with effective antiretroviral therapy. Geriatricians focus more on HIV-associated non-acquired

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