

HIV and Aging in Canada: Psychosocial considerations

The psychosocial effects of HIV and aging—much like the physiological effects—are closely inter-related. They include:

- depression;
- cognitive changes;
- coping with loss; and,
- anxiety.

People living with HIV are more likely to experience mental health issues than those who are not living with HIV,¹ and people with severe mental illness are at higher risk for HIV infection.²

Similarly, people over the age of 69 are more likely to experience a mental health condition, whether it be dementia or an anxiety or mood disorder.³

Depression⁴

Depression is quite common in people living with HIV of all ages. One Ontario study found that over half of the 300 people living with HIV they studied were depressed.⁵ Similarly, almost 40% of adults over the age of 50 in a New York City study of almost 1000 people experienced symptoms of depression.⁶ Finding out you have HIV or experiencing HIV symptoms can take a toll on your mental health and quality of life.^{7,8} In fact, people with chronic illnesses often experience mood and/or anxiety disorders.³ This may be compounded by the social isolation, stigma, health conditions and financial difficulties that some people experience as a result of aging and/or of living with HIV.^{6,9} Signs of depression include changes in your sleep patterns or appetite, feeling unexplainably fatigued, sad or hopeless, and feeling a lack of interest in the things you usually enjoy.¹⁰

An association has been identified between chronic de-

pression, stress and trauma and HIV disease progression. Poor mental health may weaken the immune system and increase viral load.¹¹

There is a link between depression and a number of comorbidities (see the companion factsheet on HIV and aging: Physiological effects and considerations). In fact, many conditions may cause depression and/or show similar symptoms to depression. Many of these causes can be treated.

They include:¹²

- some anti-HIV and anti-hepatitis drugs;¹³
- vitamin, mineral or hormonal imbalances (testosterone, vitamin B12);
- thyroid hormone imbalances (especially in women);
- anemia (iron deficiency) and resulting fatigue;¹⁴ and,
- substance use.

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Cognitive changes

Over time, some people living with HIV find they have trouble focusing, remembering things and processing information. These are called cognitive changes. These changes may be mild or they may interfere with activities and the ability to function on a day-to-day basis.¹⁵ Both HIV and aging affect the brain.

Even in the absence of HIV, aging affects the structure and function of the brain, slowing it down, making it less accurate and reducing its capacity to store and retrieve memories. This decline can range from mild to severe.¹⁶ According to the Canadian Institutes of Health Research (CIHR), one in four Canadian adults over the age of 65, and two in three Canadian adults over the age of 85 experience some form of cognitive impairment.¹⁷ The most severe impairment is dementia. Alzheimer's disease is one common cause of dementia.¹⁸

Dementia is a brain disorder that can affect memory, behaviour, communication and ability to think clearly. It can have a serious impact on daily activities, quality of

Coping with loss

As HIV-positive people are living longer, they are able to experience middle age and beyond. However, living with a chronic illness like HIV and the additional challenges of aging can be difficult. Losses that may occur as a result of being HIV-positive—such as the loss of health, employment, income, futures once envisioned, youthful good looks or the loss of friends who have died because of AIDS—can affect quality of life.^{28,29}

Perceptions of death and dying are changing as HIV-positive people are living longer and aging with the disease.

life and even the ability to live independently. The risk of developing dementia increases with age.¹⁹ Fortunately, the rate of more severe forms of HIV-associated neurocognitive disorders like dementia has greatly declined since more effective anti-HIV drugs became available in the mid-1990s.²⁰ However, individuals living with HIV and receiving treatment are still vulnerable to milder neurocognitive impairments.²¹

The cognitive changes that people living with HIV may experience are sometimes called HIV-associated neurocognitive disorder (HAND). HAND has been linked to: challenges with medication adherence, difficulty with driving, finances, meal preparation and employment, stress on relationships, and shorter survival.^{22,23,24,25}

Many people living with HIV experience cognitive changes. According to some studies, neurological impairment is present in one quarter to one half of HIV-positive patients.^{26,27} However, many people have lived with HIV for decades and experience no cognitive problems at all.

Anxiety

Perceptions of death and dying are changing as HIV-positive people are living longer and aging with the disease. While HIV infection itself may be less of an immediate threat to health and life, other illnesses and conditions related to aging become more common. This may lead to anxiety associated with fears of aging and its implications (for example: worsening health, housing options, social isolation, and discrimination linked to age). Financial security and retirement can also be a source of anxiety.³⁰ For example, many older Canadians living with HIV may not have anticipated living so long, and therefore may not have made financial plans for retirement. Anxiety and worry are problematic when they begin to interfere with day-to-day function. Fortunately, anxiety disorders can be treated using therapy, medication, or both.

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