HIV Epidemic in Australia – 1980s

- First infections probably late 1970s, early 80s
- First described 1981
- First ‘Australian’ case 1983
- Hundreds of infection per year early 80s, decreased when awareness of HIV grew
- Average age of diagnosis late 1980s mid 20s
- No treatments then ineffective treatments
- 50% progressed to AIDS within 10 years of infection – progression faster if you were older
- HIV and AIDS then described as a ‘young persons disease’
- Less then 25% of people with HIV over 40
HIV Epidemic in Australia 1990s

- Deaths from AIDS 1990-1996 over 500 per year (600+ in peak years) – about 50% of total deaths during these years
- The epidemic gets ‘older’ – people with HIV get older, people diagnosed with HIV get older – by end of the decade average age of diagnoses mid 30s
- 1996 – combination treatments arrive – HIV disease slowly becomes a ‘chronic manageable illness’ but initial treatments have side effects and issues with resistance (since that time treatments have slowly but significantly improved and the number of options hugely increased)
- New diagnoses average about 700 per year
- Still predominantly seen as young persons disease – though >40% over 40 and >15% over 50 by end of the century
HIV Epidemic in Australia – this century

- HIV treatments continue to improve
- Death rate has fallen dramatically – people with HIV die from other causes
- Average age of diagnosis almost 40 by 2010
- New diagnoses increase to over 1000 per year – biggest increase in people over 40
- AIDS invisible – response wound back
- 33% of people with HIV over 50, will be over 50% this decade, 15% per year increase in people with HIV over 65
- HIV changes from a young persons disease to an infection you get when you are younger that dramatically affects your health when you’re older
- The condition known as ‘premature ageing’ is described and begun to be understood
- Typically in established HIV General Practice waiting rooms it now becomes rare to see people under 40
Premature ageing

- Ageing as ‘disease’
- “Premature ageing’ a disease?
- Causes of premature ageing
  - Genetic factors
  - Lifestyle factors
    - Smoking
    - Alcohol
    - Drug use
    - Lack of exercise
    - Diet
  - HIV itself (inflammation)
- The average 55 year old with HIV has more typically ageing related comorbidities than a 75 year old without HIV
Ageing or HIV – between a rock and a hard place?

- Typically State AIDS Bureau see the typical co-morbidities associated with HIV as ‘not HIV’ even though their increased incidence in younger people is directly caused by HIV infection.
- Typically ageing bureaucracies don’t see 55-yr olds who when they have had HIV infection for 25 plus years have an effective biological age of 75 as ‘ageing’.
- Although there is a huge lot of work occurring to gear up services for older people with HIV, the current models and strategies do not have the capacity to deal with the coming prevalence of premature ageing and there has been little effective planning for what is coming – where death rates of people with HIV will grow to >1000 per year during the next decade (up from 150-200 currently) and where the medical and treatment costs for the last years of a person with HIVs life will be significantly increased because of the increased incidence and severity of typically ageing-related co-morbidities – and the additional costs will probably be greater than those incurred by AIDS from 1990-1996.
HIV and premature Ageing – denial and myths

- Denial about AIDS early 1980s
- Denial 2010 – we’ve been here before
- It’s caused by ‘bad’ treatments – New York cohort
- There’s now a lot of people in their 50s and we’re coping
- A ‘beat-up’ for funding
- It’s just ‘normal ageing’
HIV and premature ageing – some medical service issues

- Fundamental change in role of GP – pharmacologist to gerontologist
- HIV medical workforce issues
- Poly pharmacy issues
- Lack of treatment guidelines for HIV and co-morbidities
- Numbers of different specialists
- Lack of self-patient care programs
- Over occupying acute-care hospital beds because of lack of alternative facilities
- A focus on prevention – lifestyle as important as treatments? Perceptions of what HIV means
- Looming casemix funding issues
HIV and premature ageing – policy and service issues

- Definition of ‘ageing’
  - Access to pension / other benefits
  - ‘Premature ageing’ and DSP
- Employment and ‘premature ageing’
- Aged care
- Recreational therapy / meaningful lives
Premature ageing and HIV – social issues – talking with the first generation of ‘older’ people with HIV

- Old? You’re kidding (language)
- Isolation / diminished view of the world
- Reoccurrence of (unresolved?) grief and loss
- Transition into ‘retirement’ – models and stories of success
- Lack of family support
- Reliance on health system
- Appropriateness of HIV services
- Huge fears about Aged Care
- Control of end of life (suicide / euthanasia)
Challenging ageing discourses

- Ageing as disease
- Ageing as a burden
- Utilising all this talent
- It isn’t all bad! Ageing disgracefully