



# Geriatric Care for Older Adults Associated with HIV, AIDS and Other Health Issues

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## 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

immunodeficiency syndrome than HIV alone. We will examine the most common chronic diseases and conditions associated with aging and HIV. Although the incidence of falls in older adults living with HIV is similar to or lower than that in people without HIV, assessment of falls is appropriate, particularly in high-risk older adults living with HIV. HIV also affects motor skills and memory loss, particularly in advanced cases. ART does not cross the blood-brain barrier, leading to significant neurocognitive impairments with age. The etiology of HIV and cardiovascular disease is multifactorial, including the effect of ART. Pitavastatin and pravastatin cause fewer interactions with ART for HIV to reduce the risk of opportunistic infections and can cause several bone-related abnormalities including low bone mineral density, osteoporosis, and fractures. The oral health status of HIV-infected patients is often inadequate, and the presence of dental care managers can improve clinical outcomes and increase medication adherence. In addition, older people living with HIV have an increased risk of death if they are infected with the 2019 coronavirus disease.

## Conclusion

Therefore, the provision of comprehensive medical care and psychosocial support from an interdisciplinary team can have a significant impact on their lives. Even if the disease is well controlled, people living with HIV can develop age-related diseases at a later age. HIV and its treatment can also affect other parts of the body, such as the brain and heart. For example, people with HIV are much more likely to develop cardiovascular disease than people without HIV. Older people with HIV are also at increased risk of dementia, diabetes, osteoporosis, and some cancers. They are also more likely to fall off. Older adults living with HIV often suffer from mental illnesses, particularly depression and addiction, and tend to withdraw.

## Acknowledgment

None

## Conflict of Interest

None

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