

## Aging With HIV: Optimizing Care for Older Adults



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## Financial Relationships With Ineligible Companies (Formerly Described as Commercial Interests by the ACCME) Within the Last 2 Years

Dr Walker reported no relevant financial relationships with  
ineligible companies. (Updated October 31, 2025)

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## Learning Objectives

After attending this presentation, learners will be able to:

- Identify key themes and questions in HIV and aging that  
researchers are currently working to address
- Utilize evidence-based geriatric screening tools to identify  
patients at the highest risk for morbidity or mortality
- Optimize pharmacotherapy for older adults with HIV based on  
the latest updates in the field

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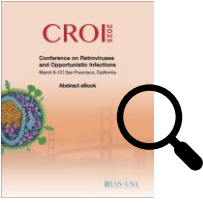
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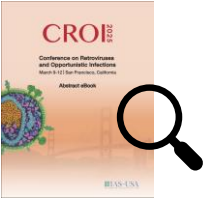
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# Aging updates from CROI 2025



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# Aging abstracts from CROI 2025

179. Frailty Is Associated With Higher MACE Incidence but Does Not Appear to Modify Pitavastatin Effects

180. Prognostic Value of Epigenetic Age Acceleration in People With Well-Controlled HIV Infection

181. Semaglutide Stabilizes Epigenetic Aging in People With HIV-Associated Lipohypertrophy

300. Understanding NLRP3 Inflammasome activation at the intersection of HIV and Aging

593. The Effects of Depression and Antidepressants on Cognition and Brain Volume in PWH and PWoH

599. Polypharmacy is associated with neuronal injury in PWH (HAILO)

613. Epigenetic Modifications Predictive of Cognitive Frailty in Cocaine-Using People Living With HIV

617. High Anticholinergic Burden and Poor Sleep Quality in People With HIV

634. No Evidence of a Detrimental Effect of Pitavastatin on Neurocognitive Function Among People With HIV

633. Plasma Neopterin as a Potential Biomarker for Neurocognitive Impairment in Aging People With HIV

634. A blip or a trend? Interpreting fluctuations in cognition over time in older adults with HIV

635. Obstructive sleep apnea contributes to cognitive difficulties among older adults with HIV

636. Association of delayed HIV diagnosis or ART initiation with risk of age-associated dementia

637. Incidence and Risk Factors for Neurocognitive Disorders Among Persons With HIV in Washington, DC

638. Systemic Immune Inflammation Index Links To Slower Brain Disorder Speed in Older People With HIV

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# Common research / clinical questions

Do newer ART regimens work the same/as well in older adults?

How do we optimize non-ART medications for older adults with HIV? (especially statins, polypharmacy, and GLP-1 agonists)

How do we identify the older patients at greatest risk for frailty, falls, and fractures?

How do we prevent and detect neurocognitive decline in long-term survivors?

How do we overcome CNS reservoirs of HIV in the quest for a cure?

How do we improve QoL for people with HIV as they age?

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### The 4M's of Geriatrics

Framework for assessing health system preparedness

HIV-specific clinical framework

Starting point for describing the role of a geriatrician

Age-Friendly Health Systems  
An initiative of The John A. Hartford Foundation and the Institute for Healthcare Improvement (IHI) in partnership with the American Geriatrics Society (AGS) and the National Health Association of the United States (NHAUS).

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### Medications

*Do newer ART regimens work as well in older adults?*

- Not a guarantee!
- Decreased renal clearance
- Redistribution of total body fat (↑ then ↓), water (↓), and lean mass (↓)
- Higher side effect risk

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### Medications

**BFTAF Elderly Switch Study #660**  
520 virally-suppressed Kenyan adults ≥60  
Randomized to BIC/FTC/TAF vs current 1<sup>st</sup> line regimen  
95% were on TDF  
A subset received BMD screening (296), 60% had osteoporosis

**At week 96:**

- No difference in viral suppression (>97%)
- No difference in BMD
- No difference in AE's
- More discontinuation in control group (renal dysfunction)
- No difference in average weight gain but more patients with >5% weight gain with BIC/FTC/TAF (13% vs 6%).

Conclusions: "A first line switch strategy to B/F/TAF was effective and safe in a population of older African adults and associated with less requirement for treatment modification due to declining kidney function compared to current ARV regimen."

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### Medications

**Long-acting CAB/RPV in older people with HIV in the GEPP0 cohort #677**

Large Italian cohort study of older adults with HIV

Included 72 patients who started LA CAB/RPV

Mean age 67 with ~20 years ART

Low burden of NNRTI resistance (2%)

Multimorbid (62%) with polypharmacy (32%)

At median follow-up 17mo:

- 92% were still receiving LA CAB/RPV
- No virologic failure
- 6 discontinuations (muscle pain, palpitations/paresthesia, patient choice, death, HBV flare, and clinician choice)

\*Similar results in the RELATIVITY Cohort out of Spain despite higher burden of resistance mutations (Troya et al 2025)

Conclusions: "Our results suggest that the LA CAB+RPV combination is effective and safe in OPWH despite a long history of ART and a high prevalence of multimorbidity and polypharmacy. Older age should not be a barrier to the LA regimen..."

Slide 10

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### Medications

*How do we optimize non-ART medications for older adults with HIV?*

- Statins
- High-risk meds
- Polypharmacy
- GLP-1 agonists

Slide 11

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### Medications

**Statins**

Time-to-benefit for primary prevention of MACE ~3 years in high-risk patients

Time-to-benefit in REPRIEVE also ~3 years (median age 50)

Effective for primary prevention in older adults and well-tolerated

Professional opinion: Statins are likely under-prescribed in older adults with HIV (#851) and over-prescribed in the final years of life

REPRIEVE updates from CROI

Pitavastatin appeared most effective in the patients with pre-existing plaques (#178)

Frailty increased the risk of MACE but did not modify pitavastatin's effect (#179)

No apparent harm from pitavastatin on cognition (#624)

Statins may be protective against incident frailty?? (#877, \*non-REPRIEVE)

Grimshaw et al 2023 Slide 12

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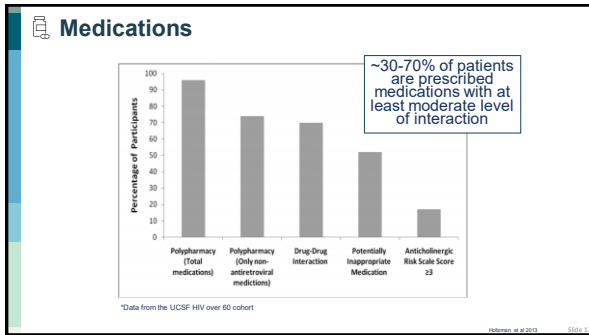
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### Medications

#### GLP-1 agonists in older adults

| Pros                                                                                                                                                                     | Cons                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <b>Weight loss</b><br>Effective for diabetes<br>Low hypoglycemia risk<br>Cardiovascular benefits<br>Steatohepatitis treatment- #757<br>Reduction in alcohol use? - #1152 | <b>Weight loss - #863</b><br>GI side effects<br>Slowed gastric emptying<br>Lack of durable effect - #862<br>Cost/access |

**GLP-1 have proven efficacy for diabetes, weight loss, and CVD with caveats:**  
 Adults >75 are not well-represented in these trials  
 High concern for muscle mass loss and regaining fat after discontinuation  
 Potential for a "U-shaped" morbidity curve (how much weight loss is too much?)

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### Mobility

*How do we identify the older patients at greatest risk for frailty, falls, and fractures?*

Frailty confers increased risk of disability, institutionalization, and mortality  
 2.4x greater risk of death (CNICS cohort - #878)

Costs of frailty, falls, and fractures is astronomical  
*"Among PWH in the US ≥40, we projected that preventing pre-frailty and frailty would result in 2.9 million life-years gained and \$16.2 billion saved."* - #879

Frailty is modifiable!

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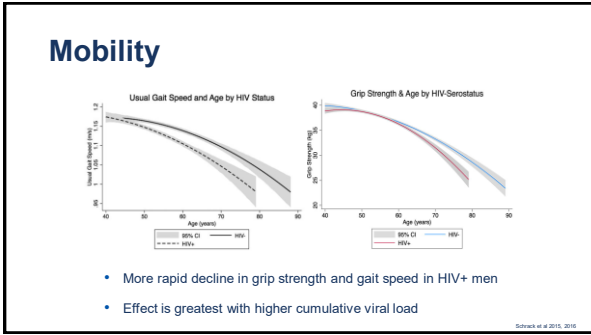
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### Mobility

How to best screen for frailty remains unknown - #883

- Gait speed
- Timed-up-and-go
- Timed chair stands
- Grip strength
- Frailty indices

*Functional outcomes increasingly included in clinical trials (#182, 599, 872, 874...)*

Kelly et al 2020 SSFp 15

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### Mobility

- Exercise interventions have the strongest evidence base
  - Resistance exercises, tai chi, and mixed-modality likely best
- Create strong PT/OT relationships
- Identify local low-cost programs
- “Prescribe” exercise plans

\*Don't forget to screen for falls!

Have you fallen 2 or more times in the last year?

Do you have trouble with balance?

Are you afraid of falling?

SilverSneakers

SSFp 20

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## Mentation

*How do we detect and prevent neurocognitive decline in long-term survivors?*

- HIV increases the risk of age-associated dementias and carries added risk for HAND
  - Higher risk with delayed initiation of ART (HR 1.2) - #636
- Rates of HAND may be ~30% even with ART
  - Subcortical impairment in processing and attention + psychomotor slowing
  - Only proven treatment is ART

Hansen et al 2019 - 15542-1

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## Mentation

Screening for Dementia / HAND warranted only if there are signs/symptoms

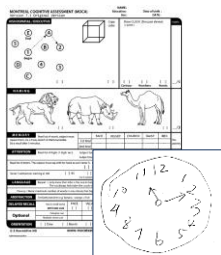
### Mini-Cog

- Clock draw + 3-item recall
- Prompts further testing

### MOCA

- Takes ~10-15min
- More sensitive for HAND than MMSE, SLUMS, etc.

Increasing interest in biomarkers as signs of neuronal damage - #180, 673, 868...



Slavin 2019

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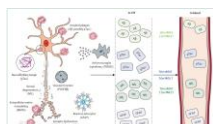
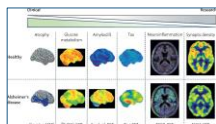
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## Mentation

**Neuropsych testing** remains the current "gold standard" for differentiating HAND from neurodegenerative diseases

Advances in neuroimaging and biomarkers are increasingly demonstrating utility for dementia diagnosis in clinical care, especially with multiple therapies in the research pipeline



Hansen et al 2019 - 15542-1

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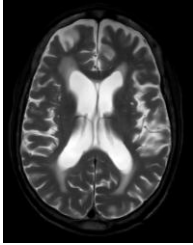


## Mentation

Dementia workup and management requires complex network of expertise & support

- Neuroimaging (MRI preferred)
- Neuropsych testing
- Neurology/geriatrics referral
- Cognitive therapy (SLP/OT)
- Driving Assessments (OT)
- Area Agency on Aging
- Adult Protective Services

*Do you have an access point for dementia care services?*



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## What Matters Most

*How do we improve quality of life for people with HIV as they age?*

Major themes from CROI:

Functional and sensory impairment - #884

Psychosocial well-being

Sexual health - #33-35

Substance use

Alternate services models - #1325

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## What Matters Most

Where to even start?

- Screening for depression, anxiety, sexual health, sensory impairment, and functional impairment.
- Ensuring goal-concordant care
- Ensuring healthcare access
- Patient-reported outcomes in clinical trials

*Patients trust their HIV care teams and want HIV clinicians to maintain a leadership role in their care*

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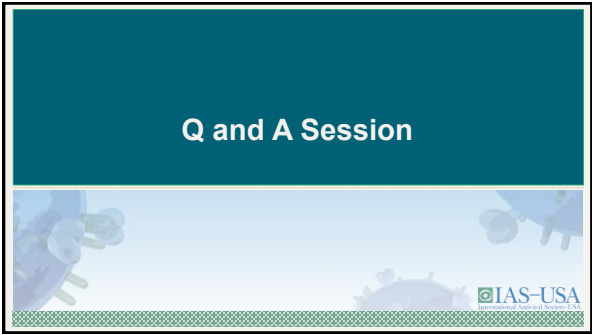
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