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Background

People 50 or over with HIV are considered older adults. We hypothesize that there should be differences among them according to their chronological age and the year of HIV diagnosis.

Objective

The purpose of the study is to evaluate differences among older adults with HIV according to their chronological age and the year of HIV diagnosis

Methods

Prospective multicenter cohort study, the FUNCFRAIL study (Spain). Patients 50 or over with HIV were included. We recorded sociodemographic data, HIV-related factors, comorbidities, frailty, physical function, and quality of life Stratified by chronological age (50–54, 55–64 years, and ≥ 65) and by the year of HIV diagnosis (before 1996 [long-term survivors or LTHS] and after 1996 [HAART-era group]).

Results

No significant differences in immunovirological status were found based on the year of HIV diagnosis.



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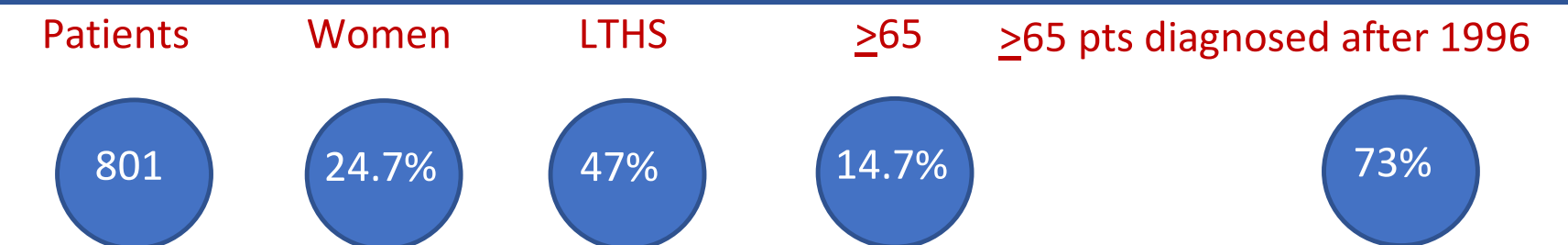
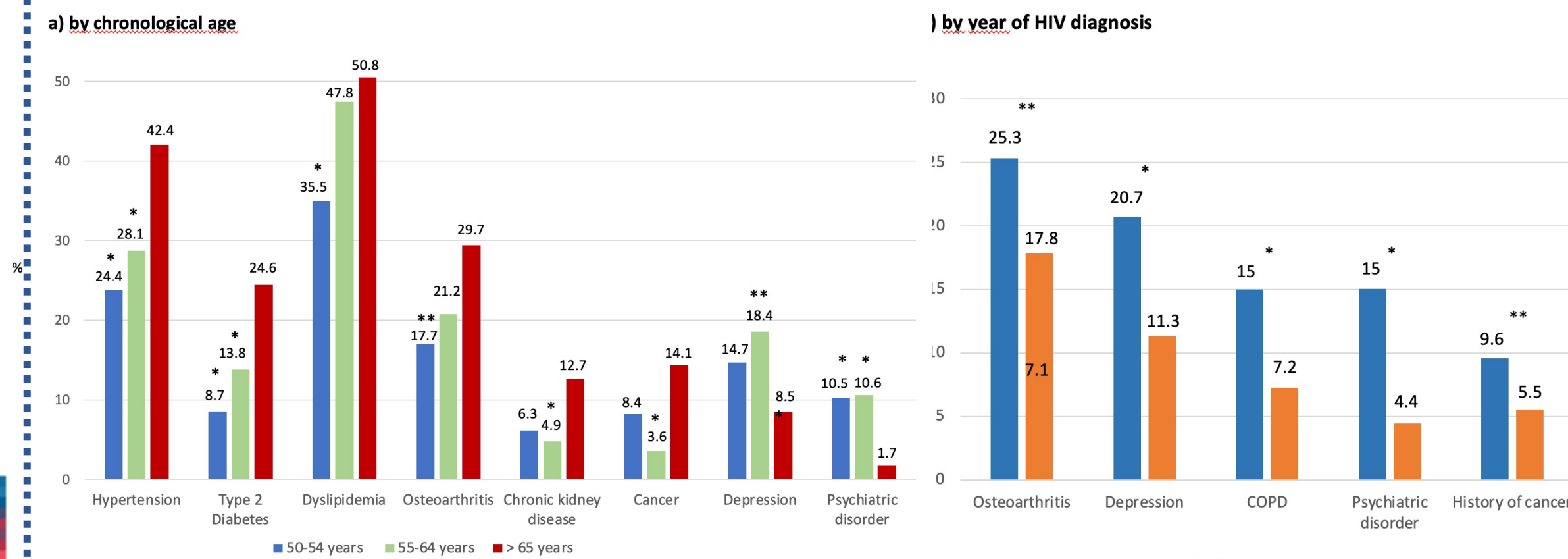
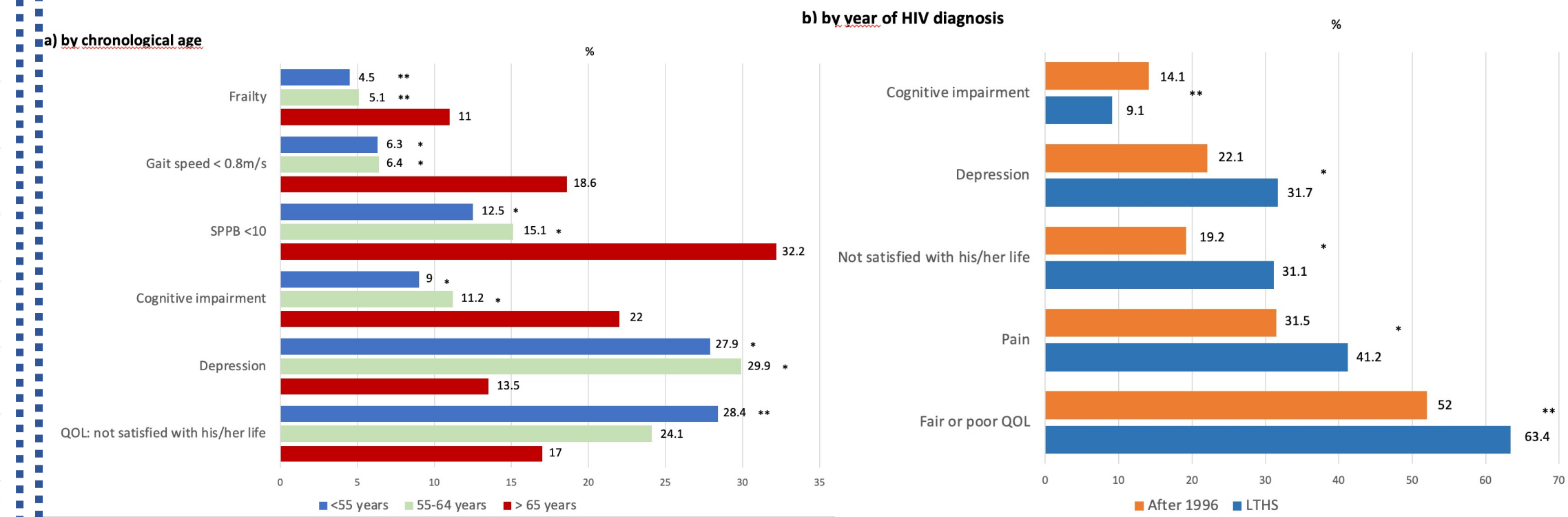


Figure 1: Comorbidities



* Significant difference with respect to 65 or over group ($p < 0.005$) ** Significant difference with respect to 65 or over group ($p < 0.01$)

Figure 2: Frailty, physical function, other geriatric syndromes, and quality of life



* Significant difference with respect to 65 or over group ($p < 0.005$) ** Significant difference with respect to 65 or over group ($p < 0.01$)

Conclusions

It is important not to consider older adults with HIV as a homogeneous group. We must distinguish them according to the clearly differentiated profiles that emerge from our work to design approaches focused on their specific needs.

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Declaration of interest :

Nothing to declare.