

RAP* Time



RURAL CENTER *for* AIDS/STD PREVENTION

A JOINT PROJECT OF
INDIANA UNIVERSITY, UNIVERSITY OF KENTUCKY,
AND UNIVERSITY OF ARIZONA

*Rural AIDS/STD prevention. rap (rap) v. *Slang*. To talk freely and openly

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With proper treatment, life expectancy of HIV+ persons is approaching those negative

The life expectancy of persons living with HIV infection has dramatically increased largely resulting from effective antiretroviral therapy (ART). The life expectancy continues to dramatically improve and the number of persons living with HIV has never been higher. UNAIDS estimates the number of persons worldwide living with HIV to be 34.2 million.

ART has substantially reduced HIV-related mortality and morbidity resulting in HIV being increasingly considered a chronic illness with a near-normal lifespan being achievable with proper medical care.

This project reviewed the latest scientific literature on the estimates of life expectancy and suggested implications for future research and medical care.

Methodology

Life expectancy is 'the average number of years an individual of a given age is expected to live if current mortality rates continue to apply.'

In recent years there has been numerous research papers estimating estimated life expectancy of persons living with HIV involving

several methods of estimating expectancy. This project reviewed numerous studies that utilized accepted life expectancy estimation models.

Outcomes of the Study

Major findings include:

- Someone recently acquiring HIV has nearly the same life expectancy as that of an HIV-negative person, providing they are diagnosed early, have extensive access to HIV care and treatment (ART), and maintain good adherence.
- Even under ideal conditions life expectancy of HIV+ persons is unlikely to be equal of HIV- persons even if the CD4 count has been maintained at a high level.
- HIV will become more prevalent among older persons.
- Earlier HIV diagnosis is one of the most important factors associated with better life expectancy.
- Life expectancy can be improved with higher testing rates, prompt HIV diagnosis and enrollment in quality medical care, and better ART regimens and treatment strategies.
- Adoption of healthier lifestyles,

such as reduction in rates of smoking, alcohol abuse, and recreational drug use can have a major impact on improving life expectancy.

- Age-specific guidelines for HIV care are needed.
- Enhanced prevention measures are needed, especially for the older population of HIV infected persons.
- The demand for cheaper HIV generic drugs will increase.
- The effects of aging in HIV-infected persons need further research.

Implications for Prevention

This study found that an individual living with HIV who achieves viral suppression on ART is approaching that of HIV-negative persons although it is unlikely to be equal. Modelling studies suggest that life expectancy could rise further.

Early diagnosis is one of the most important factors to achieving better life expectancy.

SOURCE:

Nakagawa, F, et al. (2013). Life expectancy living with HIV: Recent estimates and future implications. *Current Opinions in Infectious Diseases*, 26, 17-25.

An HIV+ 20 year-old on ART can expect to live to early 70s

Combination antiretroviral therapy has significantly increased survival among HIV-patients in the United States and Canada. However, gains in life expectancy are not well documented.

Participants (N=23,000) were from the North American AIDS Cohort Collaboration on Research and Design, aged ≥ 20 years and on ART. Their medical records were from 2002 to 2007.

A 20-year-old person on ART today in the U.S. or Canada would expect to live into their early 70s, a life span approaching similar age of persons in the general population in 2009. The overall life expectancy for HIV-infected North Americans was age 63. The expectancy increased from 36.1 years in 2000-2002 to 51.4 years in 2006-2007.

U.S. HIV-infected gay men had a life expectancy of 77 years. HIV injecting drug users and people of color had lower life expectancy of 49 and 58, respectively.

SOURCE: Samji, H., et al. (2013). Closing the gap: Increases in life expectancy among treated HIV-positive individuals in the United States and Canada. *PLoS* 8(12): e81355. doi:1371/journal.pone.0081355.

Older persons living with HIV fare better than younger persons

HIV-infected individuals living with HIV have increasingly longer life spans. This study compared life quality measures of two groups of HIV+ persons: younger than 50 and older than 50. The average participant was low-income, 48 years old, African American and had managed their disease for nearly 14 years.

Findings revealed that participants younger than 50 years felt more separation from family and friends than the older group with stigma being a large part of the problem. The older participants reported being less stressed and had created valuable social networks for support.

Participants felt 30-40 percent more stress than uninfected individuals and women were more stressed than men. Many older patients who had been HIV+ for a longer time were willing to assist younger patients in managing their illness.

Interventions from healthcare, social services, and counseling may help younger HIV+ persons cope with disease-related stress and isolation.

SOURCE: Webel, A. R., et al. (2013). Age, stress, and isolation in older adults living with HIV. *AIDS Care*, doi: 10.1080/09540121.2013.845288.

Physicians not providing information on sex to teen patients

Pediatric and family medicine visits at 11 North Carolina clinics of 253 12-17 years olds were audio recorded. Researchers listen to recordings for conversations about sexual activity, sexuality and dating. Physicians mentioned sex in 65% of visits and sexuality talk lasted an average of 63 seconds. None of the teenagers began the discussion on sex.

SOURCE: Alexander, S. C., et al. (2013). Sexuality talk during adolescent health maintenance visits. *JAMA Pediatrics*. doi: 10.1001/jamapediatrics.2013.4338.

20 million new STI occur each year in US

CDC estimates that nearly 20 million new sexually transmitted infections occur every year in the USA with half among young individuals ages 15-24 years. Each of these infections increases a person's risk for HIV infection and also threatens their immediate and long-term health and well-being. STDs drain the health care system, costing the nation almost \$16 billion in health care costs yearly.

SOURCE: CDC. (2014). CDC Fact Sheet: Reported STDs in the United States. Atlanta, GA.

RAP* Time is a monthly AIDS/STD prevention bulletin published by the Rural Center for AIDS/STD Prevention (RCAP) at Indiana University, Bloomington. RCAP is a joint project of Indiana University, University of Arizona, and University of Kentucky. The major focus of RCAP is the promotion of HIV/STD prevention in rural America, with the goal of reducing HIV/STD incidence.

The opinions expressed here do not necessarily represent those of the cooperating universities.

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