HealthHIV
STATE OF
Aging with HIV™
Fifth Annual National Survey

Polypharmacy, Antiretroviral Drug-Drug Interactions, and Geriatric Burden Among People Aging with HIV

Circe Gray Le Compte, ScD, MS, Senior Director of Research and Evaluation, HealthHIV

Poster 31

Geriatric Syndromes and Multimorbidity

Nearly all respondents were on ART (**98.7%**) and virally suppressed (**98.2%**), the highest levels in five surveys. Against that floor, **80.5%** took a chronic non-HIV medication and **22.1%** had ART adjusted for drug-drug interactions.

Mean Geriatric Burden Index **52.0** at mean age 61.2: the burden expected at ages 75 to 80 among people without HIV. Each GBI point lowered the odds of good quality of life (**OR 0.963**, p<0.001).

Substance use added a risk channel: lifetime alcohol use and healthcare discrimination, **OR 2.59** (95% CI 1.02 to 6.61); lifetime opioid use and cost-related care avoidance, **OR 3.72** (1.16 to 11.88).

BACKGROUND AND AIM

The HIV care system now delivers treatment to 99% and suppression to 98% of this sample. The clinical burden that remains is largely pharmacologic: multimorbidity accumulates one non-HIV medication at a time, and each addition adds interaction, adherence and tolerability risk where geriatric syndromes appear 15 to 20 years early. We characterized polypharmacy, antiretroviral therapy (ART) adjustment for drug-drug interactions, and their relationship to multimorbidity burden, quality of life (QOL) and care access.

METHODS

- HealthHIV's 2026 State of Aging with HIV National Survey, February to March 2026, REDCap: 365 people with HIV aged 50 and older and/or living with HIV 15 or more years, 37 states and the District of Columbia. Mean age 61.2 (SD 8.9); 53.7% with a prior AIDS diagnosis.
- The Geriatric Burden Index (GBI), 0 to 100, combines functional limitation, fall history, polypharmacy and frailty indicators (five pooled surveys, N=2,163).
- Multivariable logistic regression: odds ratios (OR) with 95% confidence intervals (CI) for good QOL per GBI point, and for lifetime substance exposure (any vs. never) against care outcomes, adjusted for age, low income, male gender and AIDS diagnosis (N=230 to 260).

HIV AND GERIATRIC CARE DOMAIN

Pharmacologic and functional inequities beneath the surface undermine health outcomes among people aging with HIV

ABOVE THE SURFACE

The clinical floor: treatment and suppression

98.7% taking antiretroviral therapy

98.2% virally suppressed, the highest level in five surveys

BELOW THE SURFACE

Medication and functional burden on the same people

80.5% take at least one chronic non-HIV medication

22.1% had ART adjusted for drug-drug interactions with those medications

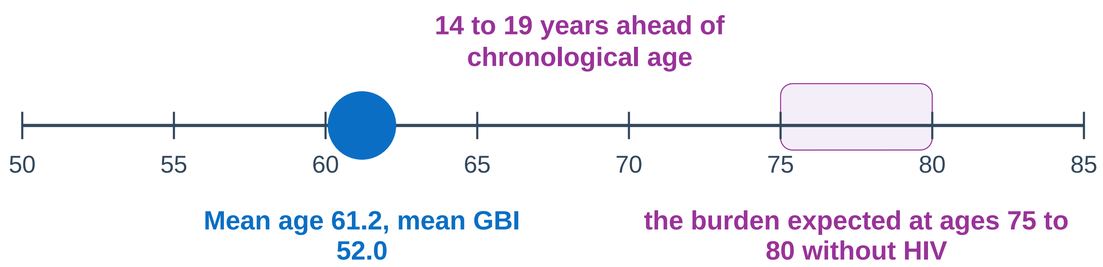
14.6% report current ART side effects (n=294)

52.0 mean Geriatric Burden Index at mean age 61.2: the burden expected at ages 75 to 80 without HIV

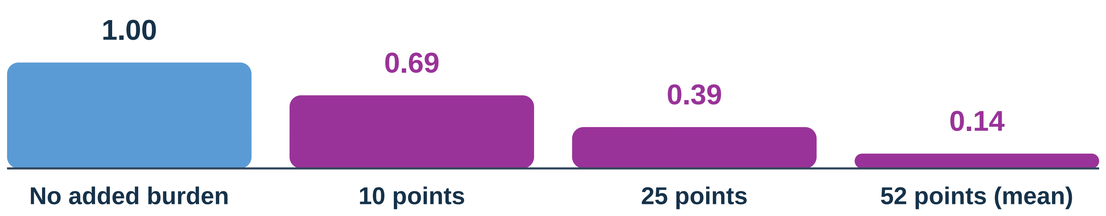
COMORBIDITIES DOMAIN

A burden profile two decades ahead of chronological age

Mean age vs. the age at the same GBI without HIV



Each GBI point lowers the odds of good QOL (OR 0.963, p<0.001)

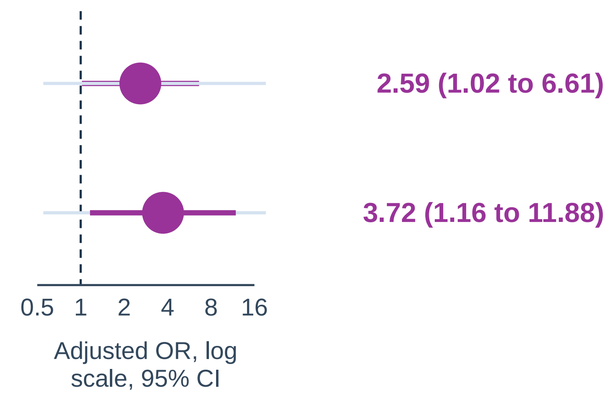


Implied cumulative odds ratio: 0.963 raised to the number of GBI points. High suppression did not offset the burden.

BEHAVIORAL HEALTH DOMAIN

Substance use adds a risk channel to care access

Lifetime exposure (any vs. never), adjusted for age, low income, male gender and AIDS diagnosis



Discrimination in care
Alcohol exposure raised the odds of reporting discrimination in healthcare 2.6-fold.

Cost-related care avoidance
Opioid exposure raised the odds of skipping care because of cost 3.7-fold.

Both interrupt medication continuity and disclosure
The estimates come from small cells with wide confidence intervals.

CONCLUSIONS: POLYPHARMACY AND DRUG INTERACTIONS PERSIST

Clinical pharmacist consultation as a reimbursable service
for people taking five or more medications; one in five has already required ART modification for interactions.

Medication reconciliation structured into routine HIV visits
so interactions are found before they force a regimen change.

Deprescribing review, explicit and scheduled
so medications do not accumulate indefinitely; four in five take chronic non-HIV medications atop a burden profile two decades ahead of chronological age.

Limitations: cross-sectional findings cannot establish causality; medication and interaction histories are self-reported without pharmacy verification; substance-use estimates come from small cells with wide confidence intervals. SD = standard deviation.

HealthHIV's State of Aging with HIV™ Fifth Annual National Survey
Full report, data tables and webinar: HealthHIV.org/stateof/agingwithhiv Contact: research@healthhiv.org

Scan for the full report

HealthHIV
HealthHIV.org