HealthHIV
STATE OF
Aging with HIV™
Fifth Annual National Survey

The Geriatric Burden Index: Cumulative Burden and Its Association with Quality of Life Among People Aging with HIV

Poster 42

Geroscience

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Each additional GBI point lowered the odds of good quality of life (**OR 0.96**, 95% CI 0.93 to 0.99). At the observed mean of 52 the cumulative OR was **0.12** (0.02 to 0.59): 88% lower odds than no burden.

Mean GBI **52.0** (SD 26.7) at mean age 61.2: the burden expected at ages 75 to 80 in the general HIV-negative population.

Mutually adjusted, the GBI predicted good quality of life, good physical health and high stress. The structural and minority stress indices predicted high stress but not quality of life or physical health: they reach health **through stress**.

BACKGROUND AND AIM

Geriatric syndromes appear 15 to 20 years earlier among people with HIV than among peers without it, and immune age can exceed chronological age by 20 or more years. No routinely reportable composite quantifies cumulative geriatric burden or separates it from co-occurring structural and minority-stress exposures. We built the Geriatric Burden Index (GBI) and tested whether it predicts quality of life (QOL) in a dose-dependent way.

METHODS

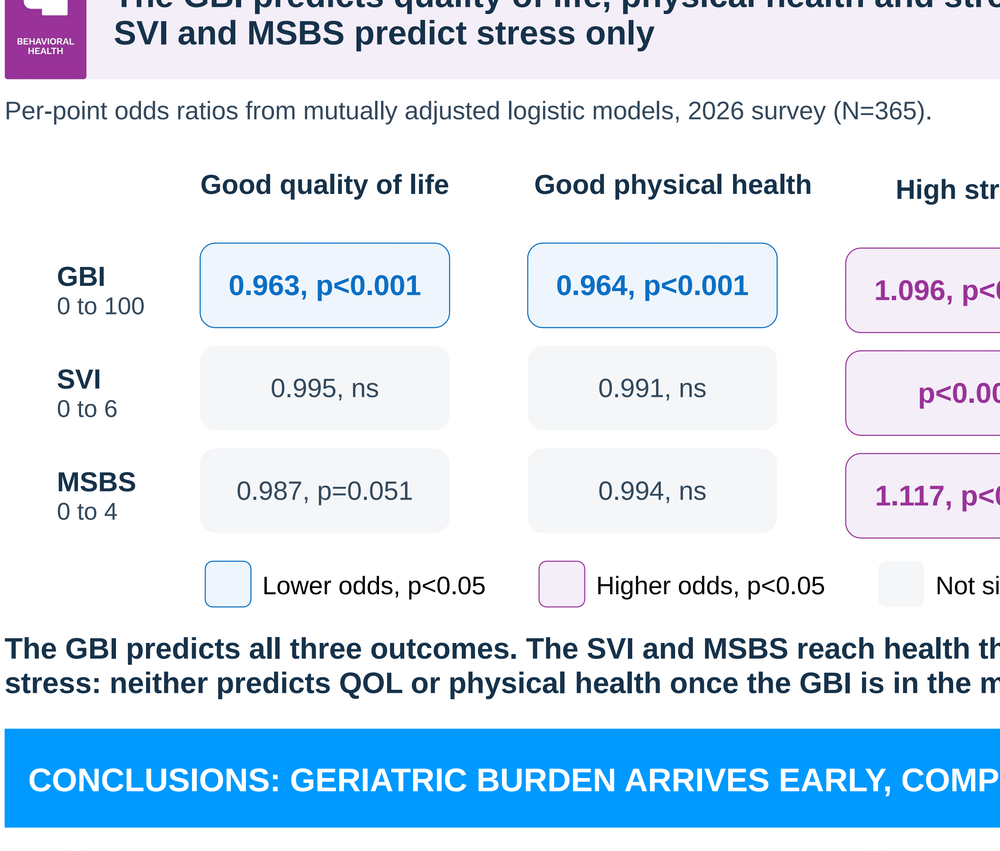
- HealthHIV's State of Aging with HIV National Survey, February to March 2026, REDCap: 365 people with HIV aged 50 and older and/or living with HIV 15 or more years; pooled analyses use five surveys (2020 to 2026; N=2,163).
- The GBI, aligned with the geriatrics 6Ms, is rescaled to 0 to 100. The Structural Vulnerability Index (SVI, 0 to 6) and Minority Stress Burden Score (MSBS, 0 to 4) were entered alongside it against good QOL, good physical health and high stress.
- Multivariable logistic regression (N=365), adjusted for sociodemographic and clinical covariates, estimated per-point odds ratios (OR); the cumulative OR is the per-point OR raised to the GBI score.

HIV AND GERIATRIC CARE

HIV AND GERIATRIC CARE DOMAIN

Five components, aligned with the geriatrics 6Ms

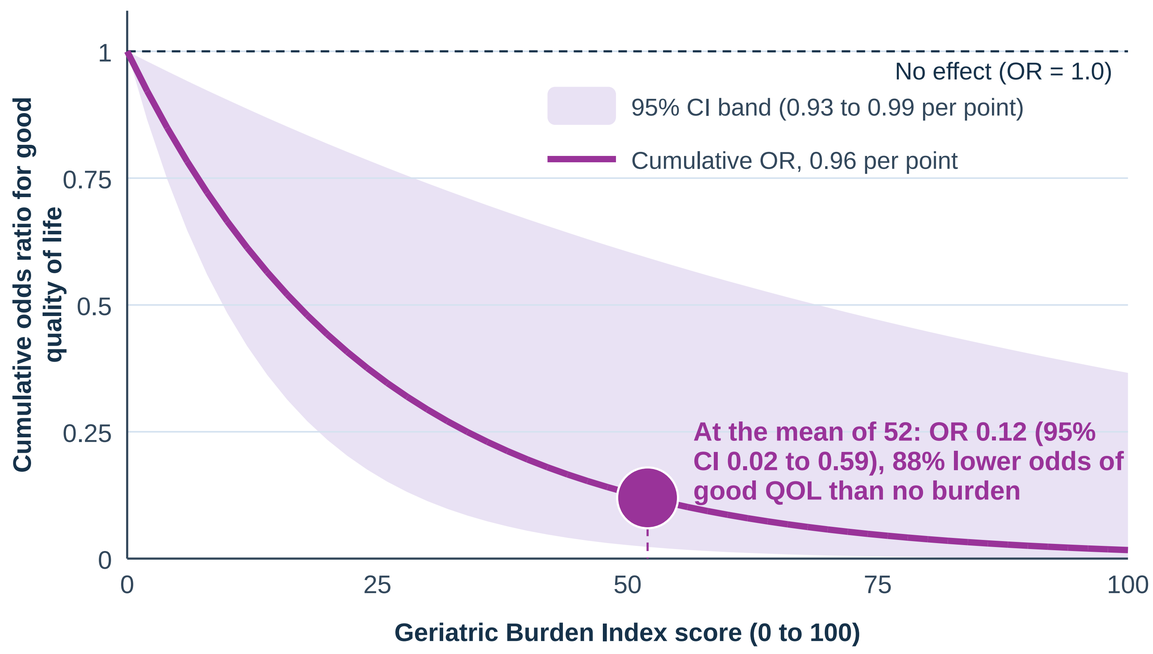
Equally weighted and rescaled to 0 to 100: mobility limitation, activities-of-daily-living (ADL) need, chronic medication burden, perceived stress and lifetime AIDS diagnosis.



COMORBIDITIES

COMORBIDITIES DOMAIN

Harm compounds with each point: the cumulative odds of good quality of life



Per-point OR 0.96 (95% CI 0.93 to 0.99), multivariable logistic regression, 2026; the curve is the per-point OR raised to the GBI score.

BEHAVIORAL HEALTH

BEHAVIORAL HEALTH DOMAIN

The GBI predicts quality of life, physical health and stress; the SVI and MSBS predict stress only

Per-point odds ratios from mutually adjusted logistic models, 2026 survey (N=365).

	Good quality of life	Good physical health	High stress
GBI 0 to 100	**0.963, p<0.001**	**0.964, p<0.001**	**1.096, p<0.001**
SVI 0 to 6	0.995, ns	0.991, ns	**p<0.001**
MSBS 0 to 4	0.987, p=0.051	0.994, ns	**1.117, p<0.001**

Lower odds, p<0.05 · Higher odds, p<0.05 · Not significant

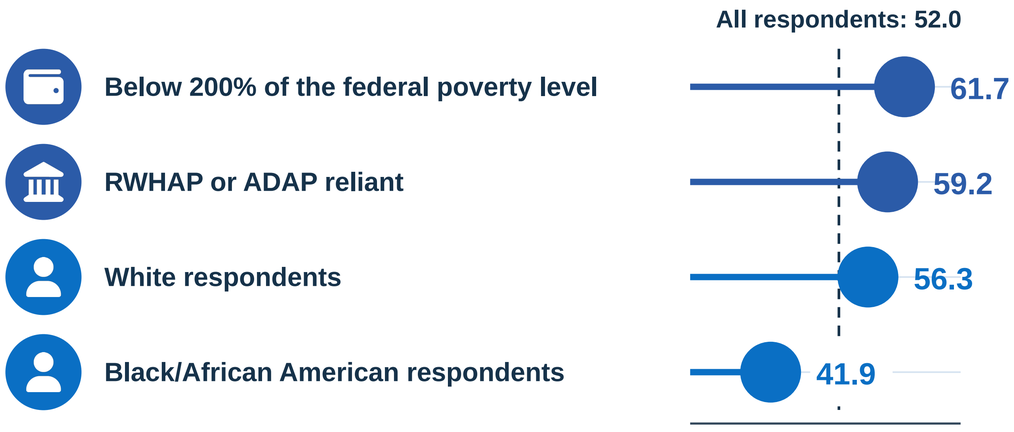
The GBI predicts all three outcomes. The SVI and MSBS reach health through stress: neither predicts QOL or physical health once the GBI is in the model.

ACCESS AND PAYMENT

ACCESS AND PAYMENT DOMAIN

Socioeconomic burdens are not evenly distributed

Mean GBI by subgroup, 2026; the dashed line is the full-sample mean of 52.0.



Low income and safety-net reliance mark the heaviest burden; Black/African American respondents reported the lightest.

CONCLUSIONS: GERIATRIC BURDEN ARRIVES EARLY, COMPOUNDS WITH EACH POINT, AND FALLS HARDEST ON LOW-INCOME RESPONDENTS

One composite score quantifies accelerated aging

and predicts quality of life in a dose-dependent way. Harm compounds with each point.

The burden expected in the late seventies is present at 61

Mean GBI 52.0 at mean age 61.2.

Screen for frailty from age 50

and align Older Americans Act eligibility with biological aging at 50 (S.2120).

Limitations: cross-sectional, self-reported associations, not causal; internalized minority stress was not measured. The source report gives the SVI coefficient for high stress inconsistently (OR 0.964 vs. 1.04 per point), so only its significance is shown. RWHAP = Ryan White HIV/AIDS Program; ADAP = AIDS Drug Assistance Program; ns = not significant.

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

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