

THE CHANGING FACE OF HIV



Treatment advances mean the average age of people living with HIV (PLHIV) is steadily increasing¹

Improvements in care since the introduction of antiretroviral (ARV) treatment have led to higher survival and increased life expectancy in those starting ARVs²



Life expectancy for a 20 year old starting ARV treatment between 2008 and 2010, is 78 years²

PLHIV MAY TAKE MANY MEDICINES ACROSS THEIR LIFETIME



PLHIV typically take medicines comprised of multiple drugs and have to stay on treatment for life



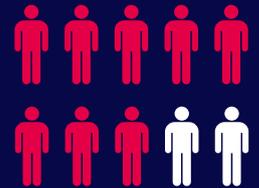
PLHIV have a higher risk of complications associated with ageing



By 2030, more than 80% of PLHIV will have at least one age-related non-communicable disease, such as high blood pressure, high cholesterol or diabetes³

1/3

Approximately one in three will have at least three age-related diseases³



82% (1,731/2,112) of PLHIV take at least one non-HIV pill daily⁴

*Findings from the Positive Perspectives study, an international study conducted by ViiV Healthcare in collaboration with an international, multi-disciplinary Advisory Committee that included HIV physicians, PLHIV and patient group representatives

CONCERNS ABOUT MULTIPLE MEDICATIONS

>68%

(1,425/2,112) of PLHIV worry about the long-term effects of HIV medicines⁴



57% (1,195/2,112) of PLHIV are concerned about taking more medicines as they grow older⁴



PLHIV who take multiple medicines have less favourable health outcomes and poorer health-related quality of life⁴

73%

(1,544/2,112) of PLHIV are open to taking an HIV treatment with fewer medicines, as long as their viral load remains suppressed⁴

EMOTIONAL WELLBEING WHILE LIVING WITH HIV



Thanks to innovations in ARV treatment, HIV is now a long-term condition



As PLHIV are living longer, healthier lives, it is important to discuss the prospect of long-term medication on health and emotional wellbeing



New treatment options for PLHIV aim to address worries about taking HIV medicines over a lifetime

1 Harris TG, Rabkin M, and El-Sadr WM. Achieving the fourth go: healthy aging for people living with HIV. AIDS. 2018 Jul 31; 32(12): 1563–1569. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6082594/>. Accessed May 2020 2 The Lancet. Survival of HIV positive patients starting antiretroviral therapy between 1996 and 2013: a collaborative analysis of cohort studies. Available at: [https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018\(2017\)2930066-8/fulltext?elsca1=tlpr](https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(2017)2930066-8/fulltext?elsca1=tlpr). Accessed May 2020 3 Smit M, Brinkman K, Geerlings S, et al. Future challenges for clinical care of an ageing population infected with HIV: a modelling study. Lancet Inf Dis 2015;15:810-18. 4 Okoli C, de los Rios P, Eremin A, Brough G, Young B, Short D. Relationship Between Polypharmacy and Quality of Life Among People in 24 Countries Living With HIV. Prev Chronic Dis 2020;17:190359. DOI: <http://dx.doi.org/10.5888/pcd17.190359>