

## Preparing ourselves for the future

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In ten years time over half of Australia's positive population will be over the age of 55. What this means exactly for the community, ageing and health sectors is something 60 agency representatives from around the country came together to discuss at NAPWA's recent think tank on 'HIV & Ageing'.

David Menadue's personal reflections set a human tone for the day. As someone living with HIV into his fifties, David counted off the conditions he has collected in recent years – [diabetes](#) [1][Diabetes mellitus] A disorder in which sugars in the diet cannot be metabolised into energy due to a lack of the enzyme insulin. Late-onset diabetes mellitus may be a long-term side effect of some anti-HIV drugs., risk of cardiovascular disease, earlystage kidney disease, bone and joint problems, gout. These complications and their apparent cascading effect is something Edwina Wright, infectious diseases specialist from The Alfred, touched on in her [clinical](#) [2]Pertaining to or founded on observation and treatment of participants, as distinguished from theoretical or basic science. overview. Having HIV does put you at greater risk of contracting a range of non-AIDS related conditions as you get older. And having one increases the chances of you getting another.

In separate presentations, John Murray and James Jansson, both from the National Centre in HIV [Epidemiology](#) [3]

It was good to hear how well many people with HIV are doing. Wilo Muwadda alluded to this in his Welcome to Country when he talked about the glowing health of many of his positive Aboriginal peers. The truth is that many of us are taking better care of ourselves because of our condition. PLHIV tend to go to the doctor for regular health monitoring and this allows our clinicians to more efficiently screen us for and manage any conditions earlier – particularly the 'over-fifty' ones such as prostate and bowel cancer. As well, we are more prone to the reminders to stop smoking, eat less animal fats, exercise more and drink less alcohol. All of which do have a profound positive impact on life-expectancy regardless of serostatus. And the constant reminding does appear to have a positive compounding effect.

The fact that many positive people still smoke is a phenomenon that cannot be addressed simply, as Dr Wright pointed out. If the positive community is to tackle smoking as well as alcohol and diet issues, we need to take both a creative and a realistic approach, she says.

'We must ask ourselves what is important, and if it is health, then we should embrace the changes we need to make.'

Also, if we are to expect our HIV doctor to manage our complexities then we must strive to be candid with them about what is going on in our lives. In short, we need to take firmer control of our health and work more closely with our health professionals.

But how well-equipped is our health system to cope with what sometimes seems like an endless list of possible complications? And are the community and ageing sectors prepared for an onslaught of older PLHIV? Clearly, cooperation between all three is needed. This kind of collaboration was described by the partnership in Queensland. Simon O'Connor (QPP), Paul Martin (QAHC) and Gary Boddy (Queensland Health) detailed efforts occurring there to better understand the nature and implications of their ageing positive population. This was particularly pertinent as John Murray had earlier provided compelling evidence of the migration to Queensland of many HIV positive people.

In the afternoon of the think tank, we broke into three discussion streams to examine various fictional case-studies focussing on the psycho-social issues, policy or clinical dimensions, respectively. Each group fed back discussions to a lead rapporteur and a final summary was provided that sorted the various themes into implications for services, people and what planning needs to occur in order to improve future options.

As we age, HIV may continue to confound and to complicate. Fortunately, as this day attested, we have a dedicated bunch of professionals working in the sector to help us face whatever may lie ahead.

- [ageing with HIV](#)

**Links:**

[1] <http://www.napwa.org.au/glossary/term/95>

[2] <http://www.napwa.org.au/glossary/term/475>

[3] <http://www.napwa.org.au/glossary/term/490>

[4] <http://www.napwa.org.au/glossary/term/689>