Community HERO Treatment Survey: Perceptions on Ageing Across a Global Population of People With HIV

WEPED317

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Conclusions

- Among a large, global population of people with HIV, over half perceived their current health positively, though differences existed across key subgroups, highlighting heterogeneous ageing experiences
- The most common age-related concerns were long-term chronic health conditions, brain health, and physical health
- Attitudes toward ageing varied by subgroup, with more favourable perceptions on psychosocial and psychological domains among cisgender women and less favourable views of physical changes among older adults and men who have sex with men
- Perceived overall health was associated with attitudes toward ageing, with better self-rated health associated with more positive perspectives across psychosocial, psychological, and physical domains in the Attitudes to Aging Questionnaire–Short Form
- This study represents the first application of the Attitudes to Aging Questionnaire–Short Form in a large, global population of people with HIV. As the tool was originally validated in adults aged ≥60 years from the general population,[1,2] findings should be interpreted with appropriate caution
- Overall, these findings support the need to expand HIV care toward person-centred, multidisciplinary models that address the diverse and evolving priorities of an ageing population
- Future work to validate the Attitudes to Aging Questionnaire–Short Form tool beyond the general ageing population (including people with HIV, key populations, and younger people) will be important

Plain Language Summary

- HIV medicine helps many people with HIV live long and healthy lives. As people with HIV get older, they may develop other health problems and need to take more medicines
- In this study, researchers asked people with HIV around the world to complete a questionnaire on how they feel about ageing
- Just over half of the participants said their overall health was "good" or "very good" (56%); health ratings varied across different groups of people
- The biggest concerns about ageing were long-term chronic health conditions, brain health, and physical health
- People who felt healthier overall were more likely to have positive views about ageing

Additional analyses of the survey focus on rapid antiretroviral therapy initiation (WEPED313) and treatment adherence (THPED275).

Introduction

- Effective antiretroviral therapy (ART) has transformed HIV into a manageable chronic condition, enabling people with HIV (PWH) to achieve a longer life expectancy approaching that of the general population[3,4]
- As PWH live longer, the incidence and prevalence of age-associated comorbidities and resulting polypharmacy continue to rise, with a substantially higher burden in PWH than in the general population[4-6]
- Understanding the perspectives and concerns of PWH around ageing can help to improve and tailor long-term HIV care
- The Attitudes to Aging Questionnaire–Short Form (AAQ-SF) is a validated tool that captures attitudes on ageing across key domains, including physical changes, psychological growth, and psychosocial loss; however, it has been relatively underutilised in populations with HIV[2]
  - The AAQ-SF was developed and validated for individuals in the general population aged ≥60 years,[1,2] although it has been studied in people aged 50 to 59 years.[7] Assessments in people <60 years are exploratory[8]
  - In the general population, chronic illness has been associated with poorer physical change and psychosocial loss scores, while anxiety and depression have been associated with poorer scores across all domains[2,7]
- In this study, a diverse, global population of PWH aged ≥18 years was surveyed to explore their perspectives on and concerns with ageing

Objective

- To evaluate perspectives on and concerns with ageing among a diverse, global population of PWH

Methods

- In this ongoing, multinational, observational, cross-sectional study, a quantitative 45-minute online survey was conducted using a multimodal approach, including HIV communities and databases; referrals from HIV advocacy groups, physicians, and other PWH; and social media targeting
  - Results presented in this poster reflect data collected from May 2024 to May 2025
  - People from the following non–mutually exclusive groups were included to ensure broad representation: PWH aged ≥50 years, men who have sex with men (MSM), cisgender (cis) women, and migrants
- The survey was codeveloped by investigators and community advocates representing the survey countries/regions (Canada, France, Germany, Italy, Japan, Mexico, South Africa, Spain, Taiwan, the United Kingdom, and the United States) and was translated into local languages
- PWH aged ≥18 years were eligible to participate if they had a self-reported diagnosis of HIV, resided in 1 of the survey countries/regions, and could complete the survey in 1 of the local languages
- Perceptions of current health status were assessed in the overall population, and in subgroups of interest, across categories of general health status, physical condition, psychological/mental health, degree of independence, and degree of social life
- Areas of concern with ageing were described in the overall population and subgroups of interest across 8 domains of ageing (eg, brain health [memory, anxiety, and depression] and physical health)
- Perspectives on ageing were measured using the AAQ-SF, a 12-item instrument with 4 items within each subscale of physical change, psychological growth, and psychosocial loss[2,7]
  - Physical change includes items related to health and the experience of ageing; psychological growth captures beliefs about personal growth, wisdom, and self-acceptance, providing a lifespan development perspective on ageing; and psychosocial loss captures the perceived negative experiences of ageing, including feelings of loss of social roles, relationships, or independence
  - Each AAQ-SF subscale is scored on a scale of 4.0 to 20.0, with higher scores indicating more positive attitudes toward physical change and psychological growth and lower scores indicating more positive attitudes toward psychosocial loss
  - As an exploratory end point, AAQ-SF scores were assessed in PWH aged ≥50 years, the overall population, and subgroups of interest
  - Factors associated with AAQ-SF scores were also explored using multivariable linear regression models
- The data were summarised using descriptive statistics, with continuous/discrete variables presented as counts, means (SDs), and medians (IQRs), and categorical variables presented as frequencies and percentages
- Differences between subgroups were assessed using Wilcoxon rank sum test for numerical variables and Pearson's chi-squared test for categorical variables

Results

Participant Demographic and Clinical Characteristics

- Baseline demographic and clinical characteristics of participants are summarised in **Table 1**
  - Among 2532 participants, 77% (1938/2532) reported male sex at birth, the median (IQR) age was 40.0 (33.0-51.0) years, and 93% (2355/2532) were currently receiving HIV treatment
  - The most common comorbidities were depression (33%), anxiety (33%), and hyperlipidaemia (22%), with more than half of participants (53%) taking medication(s) for comorbidities

Table 1. Participant Demographic and Clinical Characteristics

Characteristic	Overall (N = 2532)	Aged ≥50 y (n = 706)	MSM (n = 1416)	Cis Women (n = 561)	Migrants (n = 268)
Sex assigned at birth, n (%)					
Male	1938 (77)	537 (76)	1416 (100)	0	190 (71)
Female	588 (23)	166 (24)	0	561 (100)	75 (28)
Prefer not to answer	6 (<1)	3 (<1)	0	0	3 (1)
Age, y, median (IQR)	40.0 (33.0-51.0)	57.0 (53.0-61.0)	40.0 (33.0-50.0)	39.0 (31.0-51.0)	40.0 (34.0-49.0)
Living in major metropolitan/urban area or suburb of a large city, n (%)[a]	2070 (82)	551 (78)	1180 (83)	430 (77)	242 (90)
Currently receiving HIV treatment, n (%)	2355 (93)	668 (95)	1354 (96)	506 (90)	252 (94)
Type of ART taken at the time of survey completion, n (%)[b]	n = 2345	n = 667	n = 1350	n = 501	n = 251
STR	1731 (74)	497 (75)	1030 (76)	363 (72)	200 (80)
MTR	414 (18)	121 (18)	209 (15)	99 (20)	28 (11)
Injections only	122 (5)	36 (5)	91 (7)	17 (3)	22 (9)
Injections and oral pills	78 (3)	13 (2)	20 (1)	22 (4)	1 (<1)
Comorbidity, n (%)					
Depression	844 (33)	284 (40)	443 (31)	212 (38)	88 (33)
Anxiety	823 (33)	253 (36)	435 (31)	200 (36)	80 (30)
Hyperlipidaemia	550 (22)	287 (41)	309 (22)	109 (19)	56 (21)
Psychiatric illness	229 (9)	61 (9)	123 (9)	44 (8)	10 (4)
Osteoporosis or other bone disease	214 (8)	128 (18)	96 (7)	67 (12)	16 (6)
Cardiovascular disease	165 (7)	89 (13)	83 (6)	33 (6)	15 (6)
Chronic kidney disease	104 (4)	51 (7)	48 (3)	21 (4)	6 (2)
COPD	95 (4)	46 (7)	39 (3)	29 (5)	6 (2)
Taking medication(s) for comorbidity, n (%)	1344 (53)	524 (74)	719 (51)	312 (56)	126 (47)
Time since HIV diagnosis, y, median (IQR)	9 (4-18)	24 (14-32)	9 (5-16)	9 (4-24)	9 (5-18)

[a]Major metropolitan area was defined as having a population >500,000 people; urban area was defined as having a population between 100,000 and 500,000 people; suburb of a large city was defined as having a population >100,000 people.
[b]Of 2355 participants who were currently on treatment, 10 did not answer this part of the survey.
ART, antiretroviral therapy; cis, cisgender; COPD, chronic obstructive pulmonary disorder; MSM, men who have sex with men; MTR, multi-tablet regimen; STR, single-tablet regimen.

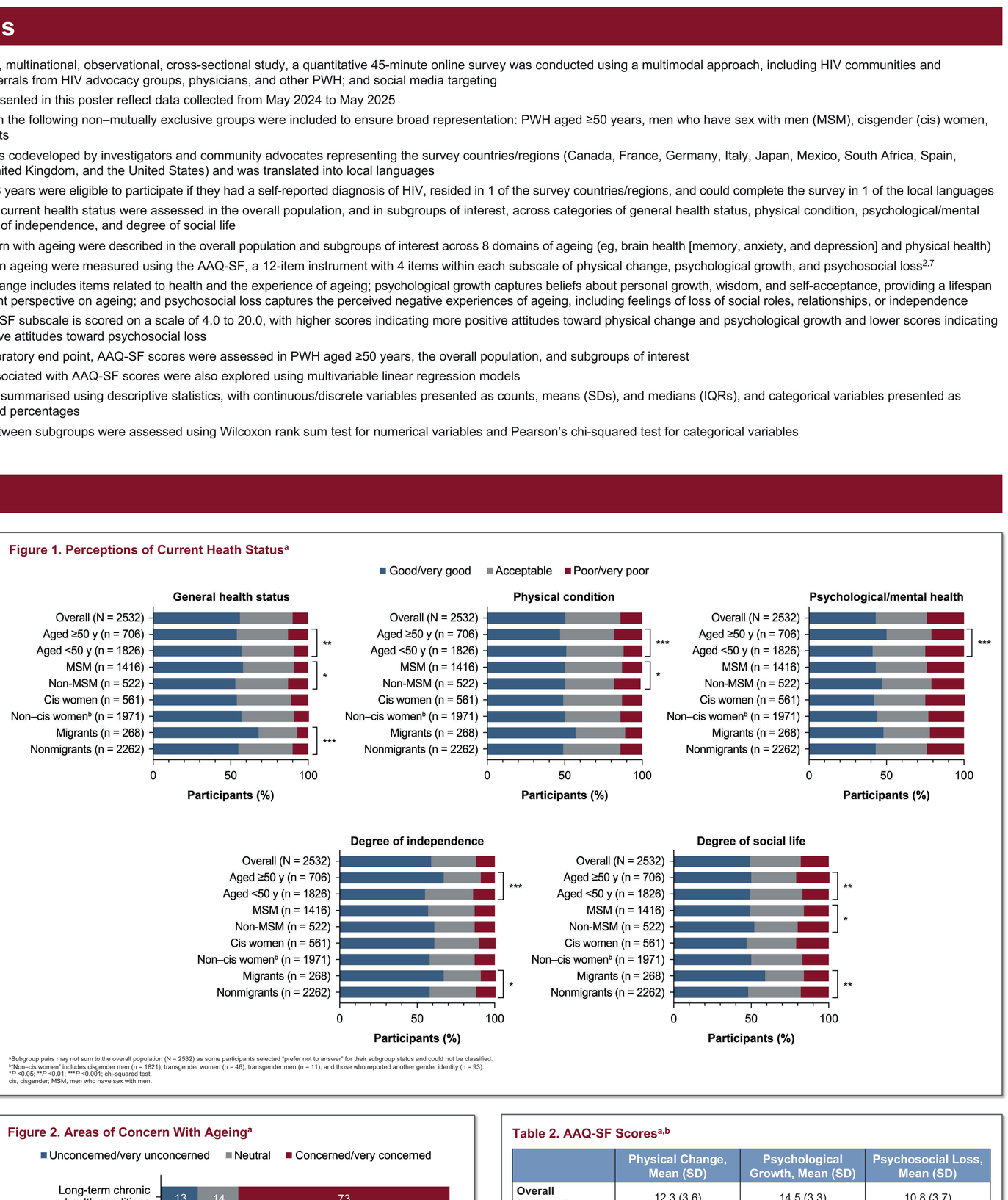
Perceptions of Current Health Status

- Overall, 56% (1419/2532) of PWH perceived their current general health status as "good" or "very good" (**Figure 1**)
  - PWH aged <50 years reported better physical condition and degree of social life but worse psychological/mental health and degree of independence compared with PWH aged ≥50 years
  - MSM reported better general health status but worse degree of social life compared with non-MSM
  - Migrants reported better general health status, degree of independence, and degree of social life compared with nonmigrants
  - Cis women and non–cis women reported similar perceptions across all domains

Concerns With and Attitudes Toward Ageing

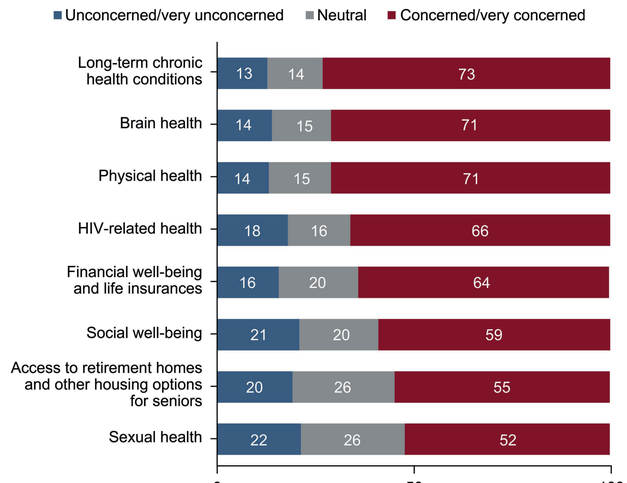
- PWH were most concerned about long-term chronic health conditions (73%; 1853/2532), brain health (71%; 1800/2532), and physical health (71%; 1800/2532; **Figure 2**)
  - These top 3 concerns were shared among PWH aged ≥50 years, cis women, and MSM; however, among migrants, the top 3 concerns were financial well-being, long-term chronic health conditions, and brain health
- As an exploratory end point, AAQ-SF outcomes were assessed in the overall population and across key subgroups of interest, including PWH aged ≥50 years
- Overall, the mean (SD) AAQ-SF subscale scores (out of 20.0) were 12.3 (3.6) for physical change, 14.5 (3.3) for psychological growth, and 10.8 (3.7) for psychosocial loss (**Table 2**)
- In linear regression models, more favourable current general health perception was associated with a more positive attitude on physical change, psychological growth, and psychosocial loss subscales (all P <0.05)
  - Additionally, cis women had more positive attitudes on the psychological growth (P <0.001) and psychosocial loss (P = 0.002) subscales than non–cis women, and older adults (≥50 years) and MSM had poorer attitudes on the physical change subscale than younger adults (18-24 years; P = 0.034) and non-MSM (P <0.001), respectively

Figure 1. Perceptions of Current Heath Status[a]



[a]Subgroup pairs may not sum to the overall population (N = 2532) as some participants selected "prefer not to answer" for their subgroup status and could not be classified.
[b]"Non–cis women" includes cisgender men (n = 1821), transgender women (n = 46), transgender men (n = 11), and those who reported another gender identity (n = 93).
*P <0.05; **P <0.01; ***P <0.001; chi-squared test.
cis, cisgender; MSM, men who have sex with men.

Figure 2. Areas of Concern With Ageing[a]



[a]Due to rounding, percentages may not sum to 100%.

Table 2. AAQ-SF Scores[a,b]

	Physical Change, Mean (SD)	Psychological Growth, Mean (SD)	Psychosocial Loss, Mean (SD)
Overall (N = 2532)	12.3 (3.6)	14.5 (3.3)	10.8 (3.7)
Subgroup[c]			
Aged ≥50 y (n = 706)	12.0 (3.7)*	14.4 (3.4)	10.4 (3.6)***
Aged <50 y (n = 1826)	12.4 (3.6)*	14.5 (3.2)	11.0 (3.6)***
MSM (n = 1416)	12.1 (3.5)***	14.0 (3.2)**	10.8 (3.5)**
Non-MSM (n = 522)	12.8 (3.8)***	14.5 (3.5)**	11.3 (4.0)**
Cis women (n = 561)	12.3 (3.8)	15.5 (3.0)***	10.4 (3.7)**
Non–cis women (n = 1971)[d]	12.3 (3.6)	14.2 (3.3)***	10.9 (3.6)**
Migrants (n = 268)	12.6 (3.6)	15.2 (3.3)***	9.6 (3.4)***
Nonmigrants (n = 2262)	12.3 (3.6)	14.4 (3.3)***	10.9 (3.7)***

[a]Each AAQ-SF subscale is scored on a scale of 4.0 to 20.0, with higher scores indicating more positive attitudes toward physical change and psychological growth and lower scores indicating more positive attitudes toward psychosocial loss.
[b]P values were obtained using the Wilcoxon rank sum test and compare scores across subgroups (ie, aged ≥50 vs <50 years, MSM vs non-MSM, cis women vs non–cis women, and migrants vs nonmigrants).
[c]Subgroup pairs may not sum to the overall population (N = 2532) as some participants selected "prefer not to answer" for their subgroup status and could not be classified.
[d]"Non–cis women" includes cisgender men (n = 1821), transgender women (n = 46), transgender men (n = 11), and those who reported another gender identity (n = 93).
*P <0.05; **P <0.01; ***P <0.001.
AAQ-SF, Attitudes to Aging Questionnaire–Short Form; cis, cisgender; MSM, men who have sex with men.

Limitations

- As this was a cross-sectional study, no causal claims could be made
- Because this was a voluntary online survey, some groups of PWH may have been underrepresented, such as older adults, individuals with limited internet access, and those with more complex health needs. In addition, responses were based on participants' own recollections and experiences, which may have introduced recall bias
- AAQ-SF outcomes in this study are exploratory since the AAQ-SF has not been validated in PWH or people aged <60 years; thus, conclusions should be interpreted with caution

References: 1. Laidlaw K, et al. *Int J Geriatr Psychiatry*. 2007;22:367-79. **2.** Laidlaw K, et al. *Int J Geriatr Psychiatry*. 2018;33:113-21. **3.** World Health Organization. HIV and AIDS. Accessed 15 May 2026. https://www.who.int/news-room/fact-sheets/detail/hiv-aids. **4.** US Department of Health and Human Services. Guidelines for the use of antiretroviral agents in adults and adolescents with HIV. Accessed 15 May 2026. https://clinicalinfo.hiv.gov/en/guidelines/adult-and-adolescent-arv. **5.** Kong AM, et al. *AIDS Patient Care STDS*. 2019;33:93-103. **6.** Paudel M, et al. *HIV Res Clin Pract*. 2024;25:2361176. **7.** Low G, et al. *Int J Environ Res Public Health*. 2023;20:7035. **8.** Pedroso de Lima M, et al. *Int J Environ Res Public Health*. 2022;19:16778.

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