

Oral Communication

Aging with HIV: survival is not enough

OC2

MAPPING OF PSYCHOSOCIAL AND RELATIONAL DETERMINANTS OF HEALTHY AGING IN PEOPLE LIVING WITH HIV: THE ITALIAN HEALTHY AGING SURVEY

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10.1136/sextrans-ICAR-2026.1

Background The progressive ageing of people living with HIV (PWH) represents one of the major transformations of the epidemic in Italy. However, national data integrating quality of life, psychosocial wellbeing, stigma, intimacy, and satisfaction with health and welfare systems remain limited. The Ministerial Project ‘Healthy Aging in People with HIV’ aimed to map, at a national level, the multidimensional needs of PWH aged ≥ 50 years and to operationalize the concept of healthy aging.

Materials and Methods This study reports the results of the Italian Ministerial Project ‘Healthy Aging in People with HIV’, conducted in collaboration between the Azienda Ospedaliero-Universitaria Policlinico di Modena and 12 Italian HIV community-based associations.

In February 2026, a national quali-quantitative survey was administered via Qualtrics to PWH aged ≥ 50 years across Italy. All individuals aged ≥ 50 years were eligible. Participants were stratified into two age groups: 50–64 years and ≥ 65 years.

The survey was developed from prior focus groups and included validated instruments assessing: health-related quality of life (EQ-5D-5L), attitudes toward aging, loneliness, HIV-related stigma, satisfaction with healthcare services and welfare systems, affective/sexual satisfaction, housing preferences, and bio-psycho-social-legal needs.

Results The sample included $N = 472$ (139 women, 331 men, 2 non-binary; mean age 59.3 ± 8 years; mean duration of HIV infection 23.9 ± 12 years) people.

Participants aged ≥ 65 years reported significantly lower health-related quality of life compared to those aged 50–64 and were more likely to perceive aging as a ‘time of loss’.

Loneliness showed a strong positive association with perceiving aging as loss and a negative association with perceiving aging as growth ($R^2 = -0.23$, $p < 0.001$) or change. Longer duration of HIV infection was modestly associated with both perceiving aging as loss and growth, suggesting a complex adaptation trajectory.

Regarding intimacy, affective satisfaction was reported more frequently than sexual satisfaction (52.2% vs 41%). Difficulties in finding sexual partners were reported by 34.2% of participants, while 27.8% reported difficulties in establishing emotional relationships. Only 30.2% felt comfortable disclosing their HIV status to partners and 32.3% felt at ease in intimate communication. Nearly one-third reported having reduced or avoided emotional (29%) and/or sexual (25%) relationships.

Conclusions This first national mapping of psychosocial and relational needs among older PWH in Italy highlights loneliness, stigma, and intimacy challenges as key determinants of healthy aging. In the HIV context, healthy aging emerges as a multidimensional construct integrating physical health, psychological wellbeing, relational fulfillment, and system-level support. These findings provide an evidence base to inform person-centered care models, community empowerment strategies, and tailored policy reforms.

OC3

POLYPHARMACY AND GENDER-SPECIFIC VULNERABILITY TO COGNITIVE AND PHYSICAL FUNCTION AMONG OLDER PEOPLE LIVING WITH HIV: DATA FROM GEPO COHORT

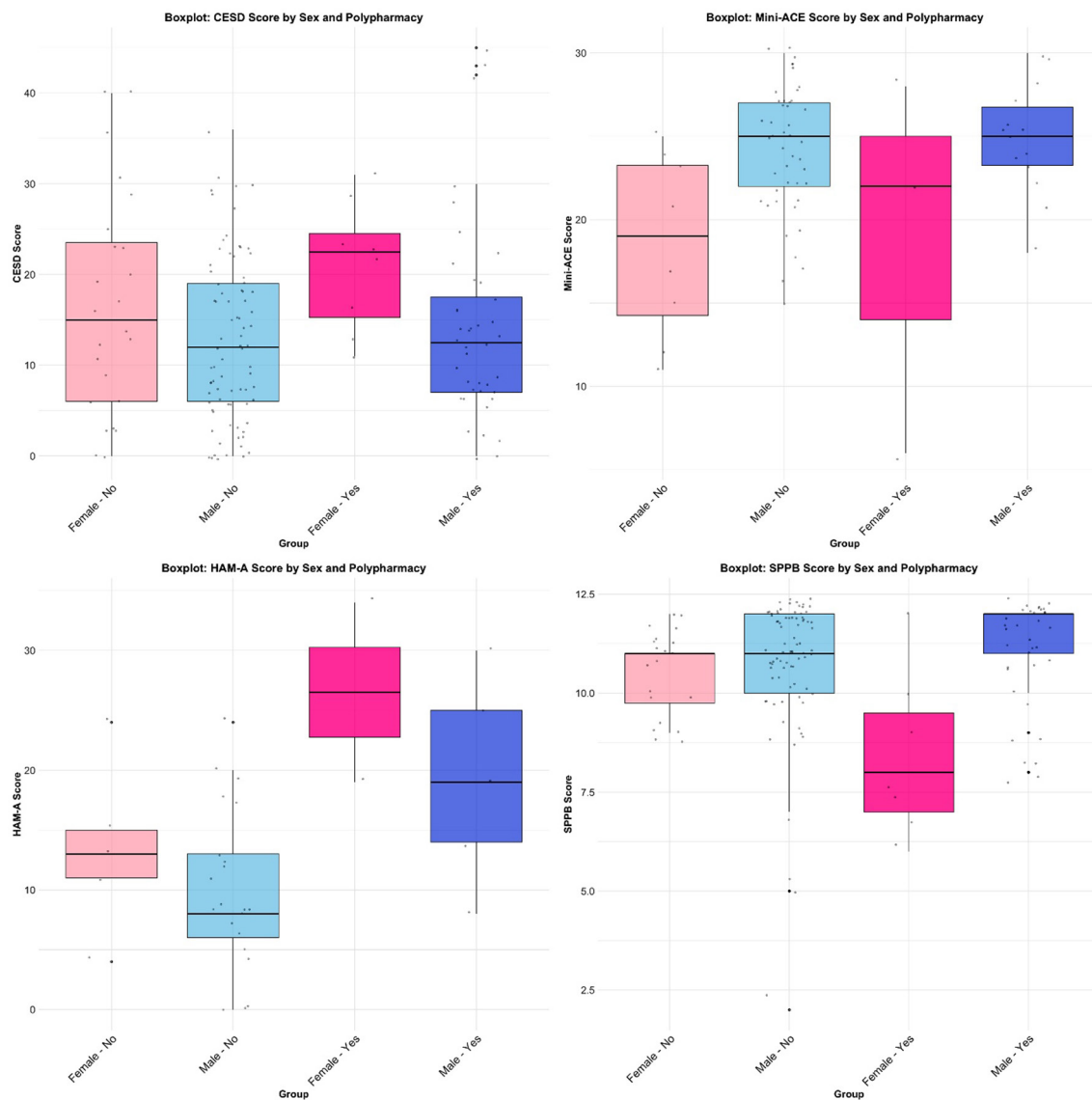
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10.1136/sextrans-ICAR-2026.2

Background People living with HIV (PLWH) aged ≥ 65 years is rapidly increasing. Despite durable virological suppression, persistent immune activation, multimorbidity, and long-term antiretroviral exposure contribute to high rates of polypharmacy, which may negatively affect cognitive and physical performance. However, whether the impact of polypharmacy differs by sex, particularly on cognitive function, remains poorly understood.

Methods We conducted a cross-sectional analysis within the Italian multicenter GEPO cohort including 1,668 PLWH aged 65–95 years. Polypharmacy was defined as ≥ 5 non-ART drugs. Outcomes included cognitive performance (Mini-ACE), depressive symptoms (CES-D), anxiety (HAM-A), physical performance (SPPB), physical activity (IPAQ-E), handgrip strength, and pegboard test. Associations of polypharmacy, sex, and their interaction with outcomes were evaluated using generalized linear models (GLM) with appropriate link functions according to outcome distribution. Models were adjusted for age and relevant clinical covariates.

Results The cohort included 293 women and 1,375 men, with comparable age (70.1 ± 5.2 vs 69.8 ± 4.6 years; $p = 0.3$). Polypharmacy prevalence was 10% in women and 15% in men ($p = 0.039$).



Abstract OC3 Figure 1 Sex differences in multidimensional outcomes according to polypharmacy in older PLWH

Sex differences at univariable level: women showed a less favorable neuropsychological and functional profile, with higher depressive symptom scores (CES-D 17.7 ± 11.3 vs 13.2 ± 9.7 ; $p=0.044$), lower cognitive performance (Mini-ACE 18.5 ± 6.9 vs 24.4 ± 3.7 ; $p=0.019$), lower physical activity levels (IPAQ-E; $p=0.004$), and a markedly higher prevalence of weak handgrip strength (84% vs 13%; $p<0.001$).

Multivariable analyses: male sex was independently associated with better cognitive performance (Mini-ACE $\beta=1.022$; 95% CI 0.365–1.680; $p<0.01$) and higher odds of normal handgrip strength (OR 40.68; 95% CI 15.14–126.66; $p<0.001$) (figure 1). Polypharmacy was not independently associated with Mini-ACE ($\beta=-0.572$; $p=0.331$), CES-D ($\beta=0.234$; $p=0.363$), handgrip strength (OR 0.54; $p=0.586$), or pegboard performance ($p=0.561$) (figure 1).

Sex-stratified patterns: Despite the lack of statistically significant interaction terms (all $p>0.2$), women exposed to polypharmacy consistently showed lower cognitive and affective scores compared with men with polypharmacy, suggesting a potential sex-specific vulnerability in cognitive domains.

Conclusions Among older PLWH, marked sex differences exist in cognitive and physical domains. While polypharmacy was

not independently associated with performance decline in the overall sample, its impact appears clinically more relevant in women, particularly in cognitive and affective domains. These findings support sex-sensitive medication review strategies and multidimensional geriatric assessment in aging PLWH particularly focused on older women.

OC4

SEMAGLUTIDE IN PEOPLE WITH HIV: A METABOLIC HEALTH INTERVENTION TOWARD THE FOURTH 90%

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10.1136/sextrans-ICAR-2026.3

Background Health-related quality of life (HRQoL) is the fourth 90% target in HIV care, yet remains largely unmet. Antiretroviral therapy (ART) is the only pharmacological intervention consistently shown to improve HRQoL in peo-