

Editorial Note on Microbiome's Role in HIV and Ageing

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Editorial

The goal of this paper is to look at age-related changes in microbiota composition, diversity, and functional aspects in the context of immunological senescence, chronic inflammation, and HIV-related comorbidities. The main goal is to see if altering the microbiome improves immune system resilience and helps people get back to health.

HIV and ageing cause changes in the composition, diversity, and function of the gut microbiota. Importantly, both HIV and elderly people have lower levels of butyrate-producing microorganisms. The importance of metabolomics research in the context of HIV-related non-AIDS comorbidities and ageing is growing. Probiotics, prebiotics, and faecal microbiota transplantation as interventions in HIV and ageing will bring innovative therapeutic methods.

Increasing data reveals a relationship between normal ageing and

HIV infection and changes in the composition, diversity, and functional characteristics of the gut microbiome. There is a growing body of evidence linking the microbiome's metabolites to HIV-related non-AIDS comorbidities. The effects of microbiome changes on inflammation, immunity, and organ ageing, as well as the mechanisms by which bio-behavioral pathways exacerbate these results, need to be studied further.

Infection with the human immunodeficiency virus (HIV) alters the gut microbiota, which is linked to immunological activation and chronic inflammation. Because the gastrointestinal tract is a main source of viral replication, HIV-induced loss of T-helper (Th) cells in the gut compromises intestinal barriers, causing intestinal immunity to be disrupted and eventually leading to gut dysbiosis. We show that late HIV diagnosis has a deleterious impact on patients' immunological, virological, and clinical prognosis, with the impact being greater as they get older. Antiretroviral therapy also has an effect on the gut microbiota, according to the study.

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