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PREVALENCE OF CO-MORBID CONDITIONS IN A COHORT OF ADULT WOMEN LIVING WITH HIV IN ARGENTINA

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BACKGROUND

- A rising number of women living with HIV (WLHIV) are now reaching menopausal age.
- Co-morbid conditions are of increasing importance in clinical HIV practice. However, data regarding their impact in this population are limited.
- The aim of this study was to describe the epidemiological and clinical characteristics of a cohort of adult WLHIV receiving care at our institution.

MATERIALS AND METHODS

- Retrospective, observational study including WLHIV over 50 years old assisted at an HIV reference center in Buenos Aires, Argentina from 1997 to 2017.
- Clinical, laboratory and demographic data from electronic medical charts were reviewed.
- We evaluate the prevalence of common co-morbidities.
- Cardiovascular disease and fracture risk-assessment were performed for each subject using the ACC/AHA ASCVD Plus Risk Estimator and FRAX[®], respectively.
- The information was collected in an Ad Hoc database and T-test, ANOVA, Chi², Fisher exact or Mid P tests and maximum likelihood odds ratio were used as appropriate.

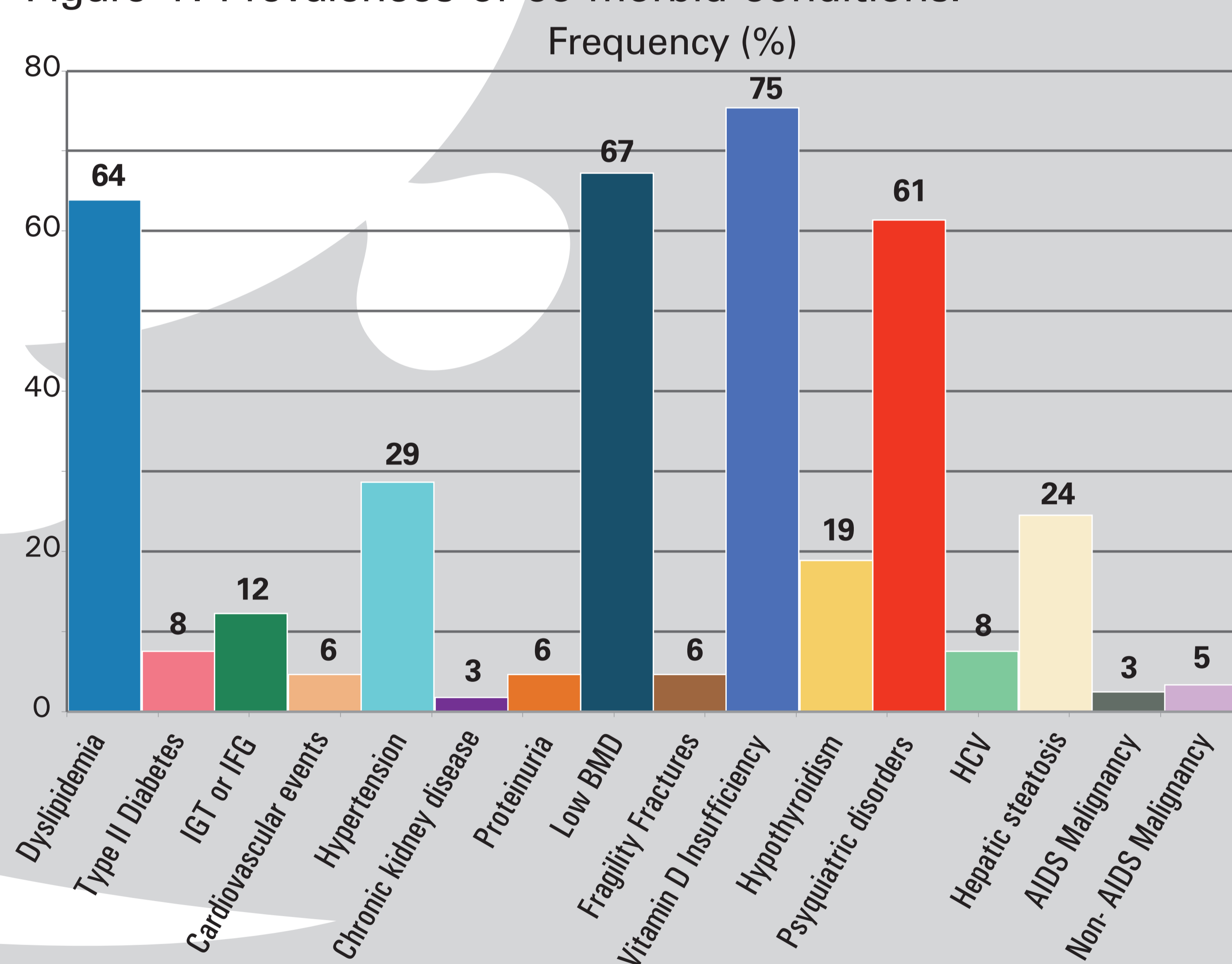
RESULTS

- **250 patients were included:** mean age 58,1 years; AIDS at diagnosis, 116 (46,4%); on cART, 246 (98,4%); HIV-1 RNA <20 c/ml, 217 (88,2%); mean current CD4 count, 673 cells/ μ l; mean age at menopause, 49 years.
- Further demographic and clinical characteristics are shown in Table 1.
- We observed a mean of **2,7 co-morbidities per subject**. Their prevalences are summarized in Figure 1.
- Patients with **dyslipidaemia** were more likely to have been exposed to thymidine analogs/1st. generation PI (OR 2.34; 95%CI: 1.15-4.82; $p=0.019$) or abacavir (OR 2.29; 95%CI:1.28-4.12; $p=0.005$), but less likely to have been exposed to tenofovir (OR 0.44; 95%CI: 0.26-0.75; $p=0.002$).
- Patients that experienced **psychiatric disorders** were more likely to be on PI-based regimens (OR 2.35; 95% CI: 1.35-4.15; $p=0.002$) rather than on efavirenz-based regimen (OR 0.52, 95% CI: 0.30-0.89; $p=0.017$), as prescription habits.
- Mean risk scores values: ASCVD plus, 4,5%; FRAX (Hip), 1,1%; FRAX (Major osteoporotic), 4,1%. As expected, **osteoporosis** was associated with age and vitamin D insufficiency ($p<0.05$).

Table 1. Demographic and clinical characteristics.

Variable	Result
Mean age, y (SD)	58.1 (6.1)
Mean time since HIV diagnosis, y (SD)	13.8 (6.9)
Mode of HIV transmission, n (%)	
-Heterosexual	238 (95.2)
-IDUs	4 (1.6)
-Transfusional	3 (1.2)
-Unknown	5 (2.0)
Mean BMI, kg/m ² (SD)	26.9 (5.1)
Habits, n (%)	
-Current or Former Smoker	116 (46.4)
-History of Alcohol/substance abuse	22 (8.8)
AIDS at diagnosis, n (%)	116 (46.4)
On cART, n (%)	246 (98.4)
Mean total cART duration, y (SD)	11.7 (5.9)
Mean current cART duration, y (SD)	4.8 (3.7)
Current ART regimens, n (%)	
-2 or 3 NRTIs + 1 NNRTI	134 (54.5)
-2 or 3 NRTIs + 1 PI	73 (29.7)
-2 NRTIs + 1 INI	19 (7.7)
-2 NRTIs + MVC	5 (2)
-1 PI + 1 INI	6 (2.4)
-1 PI + MVC	1 (0.4)
-3TC + 1 PI	2 (0.8)
-Others	6 (2.4)
First line cART, n (%)	46 (18.7)
Thymidine analogs or 1st. generation PI past exposure, n (%)	213 (86.6)
Plasma HIV-1 RNA < 20 copies/ml, n (%)	217 (88.2)
Mean current CD4 T-cell count, cells/ μ l (SD)	673 (312)
Women who experienced an ARV related adverse event, n (%)	179 (72.8)

Figure 1. Prevalences of co-morbid conditions.



CONCLUSIONS

- Although half of the adult WLHIV assisted at our institution had advanced disease at presentation, most of them achieved viral suppression and immune recovery.
- Multi-morbidity was observed with dyslipidaemia, hypertension, bone and psychiatric disorders as the most prevalent chronic conditions.
- Health care providers should be aware of the need for a comprehensive approach for adult HIV-infected women.