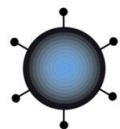


# Pattern of comorbidities and co-medications in HIV patients older than 50 years: A snapshot Analysis

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L. VANDEKERCKHOVE, B. VANDERCAM



**BREACH**  
BELGIAN RESEARCH AIDS&HIV CONSORTIUM

# Objectives

- To identify frequency and types of comorbidities
- To identify use of selected co-medications
- To evaluate whether patients with selected comorbidities adequately benefit from treatment / secondary prevention

**in a cohort of HIV patients  
older than 50 years**

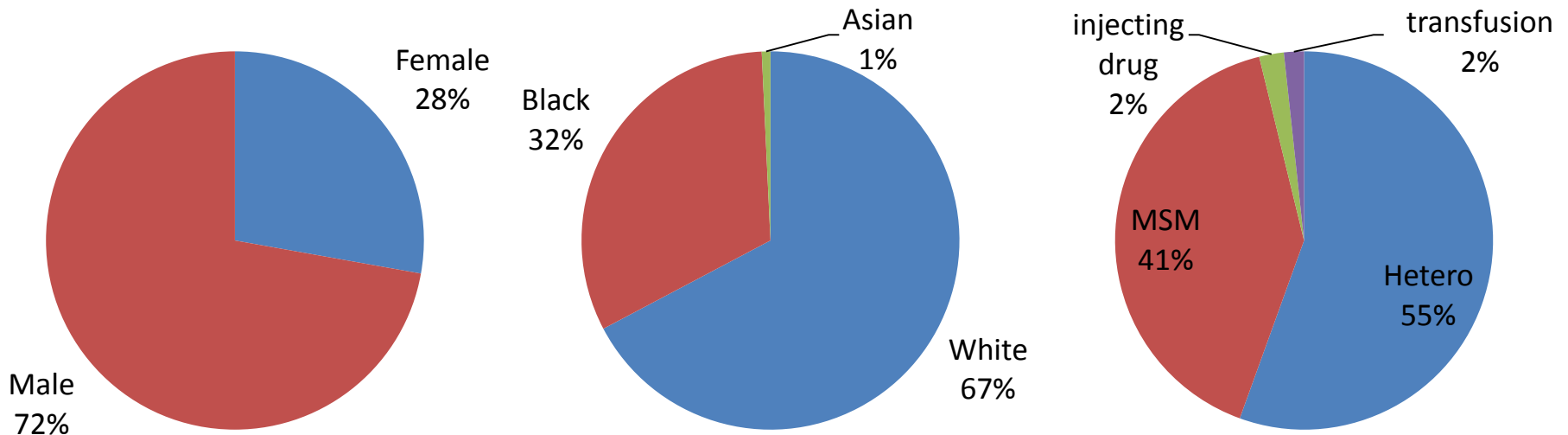
# Methods

- Snapshot analysis on consecutive HIV patients aged more than 50 years presenting in 5 Belgian HIV reference centers between December 1st, 2014 and September 1st, 2015
- Data were collected at the time of the first contact during the study period
- Data collected:
  - ✓ Demography
  - ✓ History of HIV, cART, VL, CD4
  - ✓ BMI, B.P, Lipids
  - ✓ Previous/ current comorbidities
- Data were centralized and analyzed by BREACH

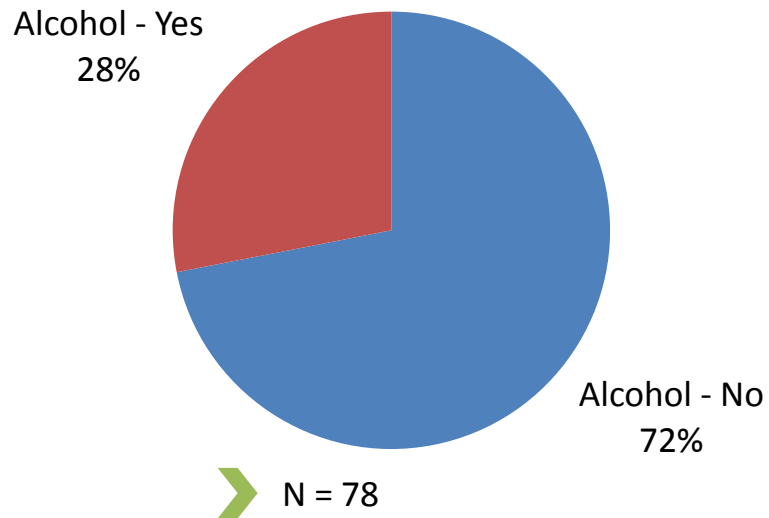
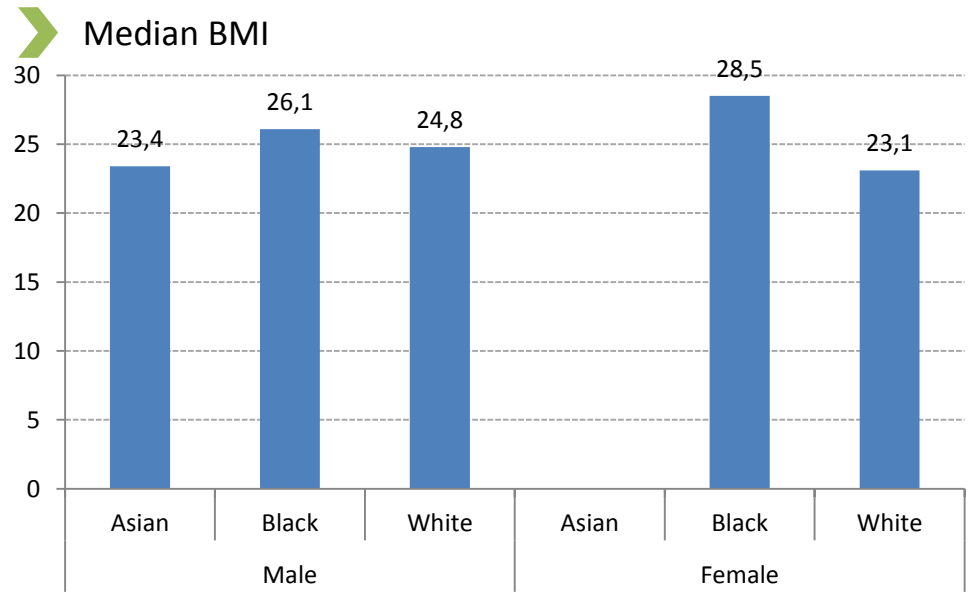
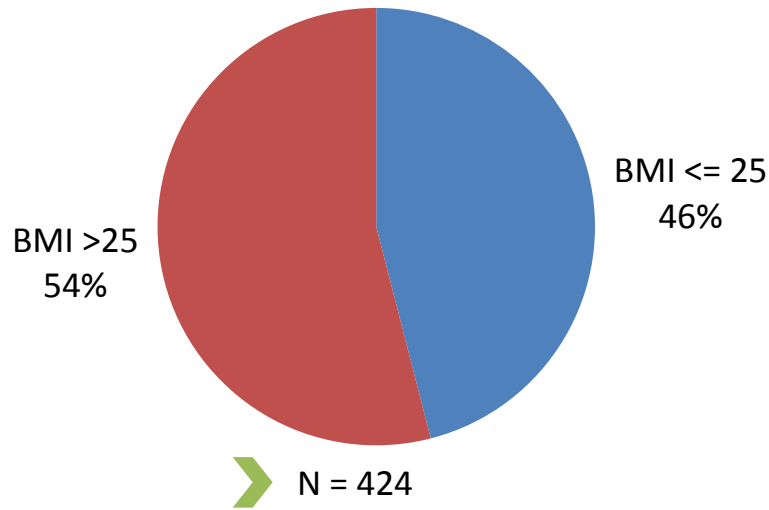
# Patient Population (1)

➤ N: 838

- ▶ Median age: 59.6 y
- ▶ Median time of HIV follow up: 12.4 y
- ▶ Median time since HIV diagnosis: 14.7 y

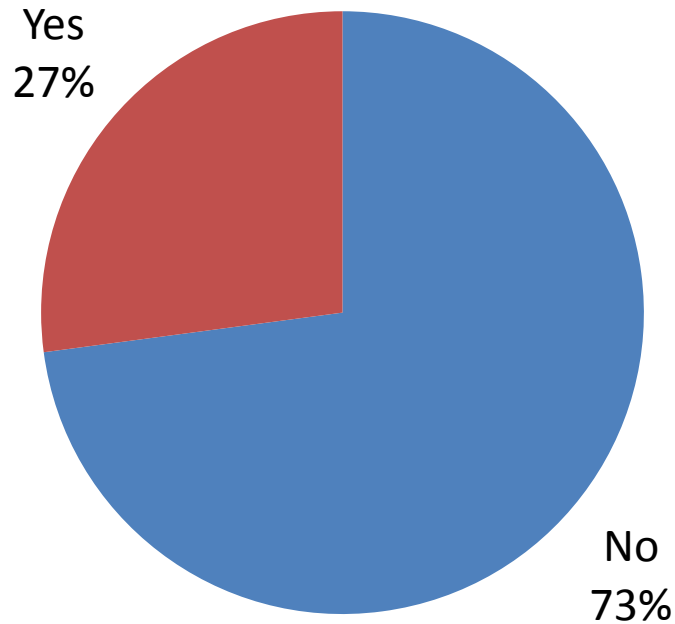


# Patient Population (2)



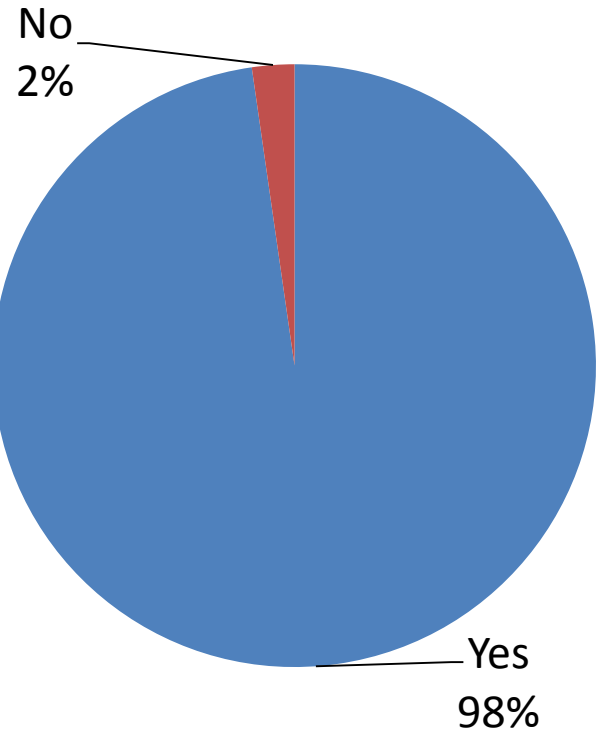
# HIV History

## ▶ Previous AIDS



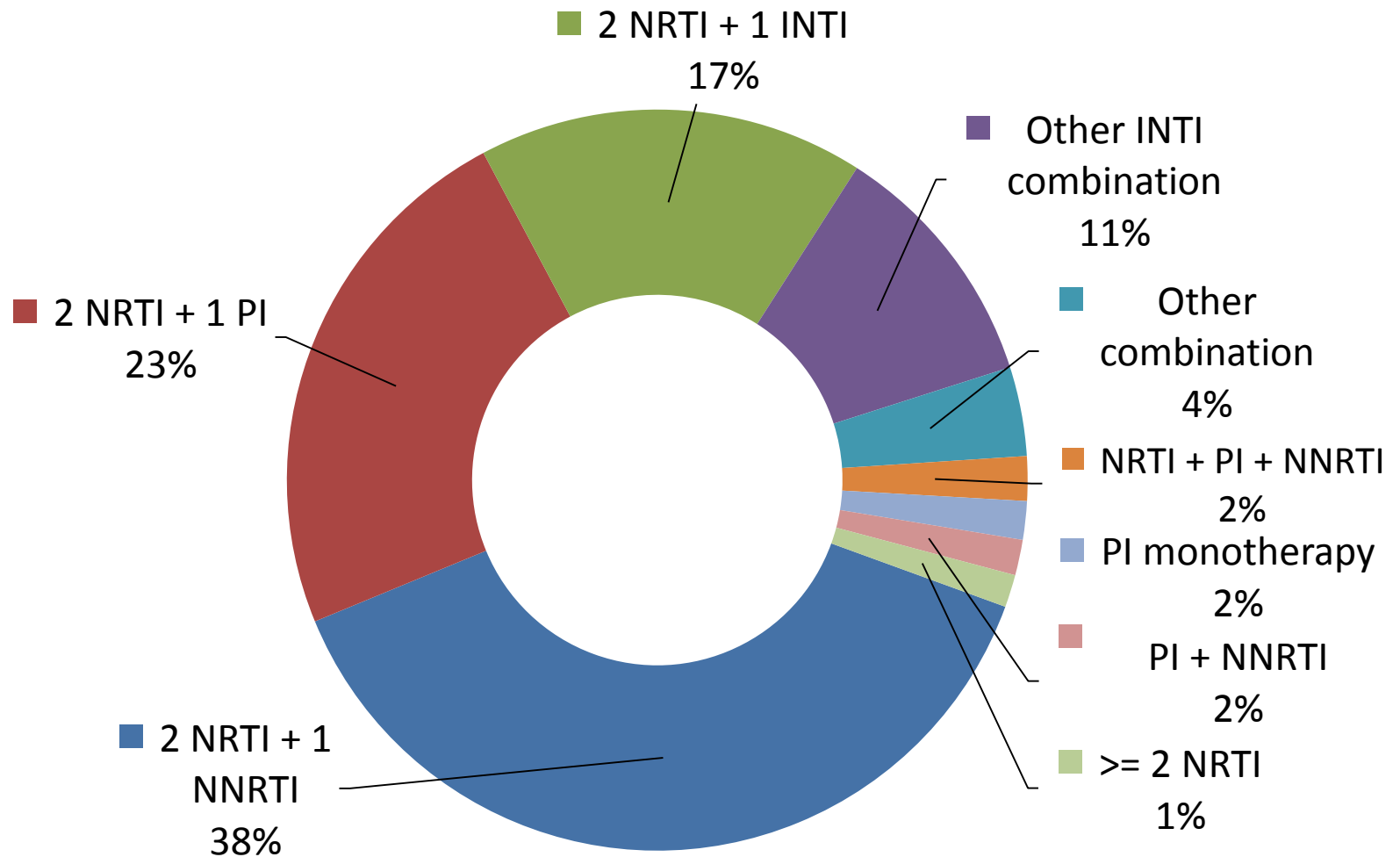
➤ N = 838

## ▶ On cART

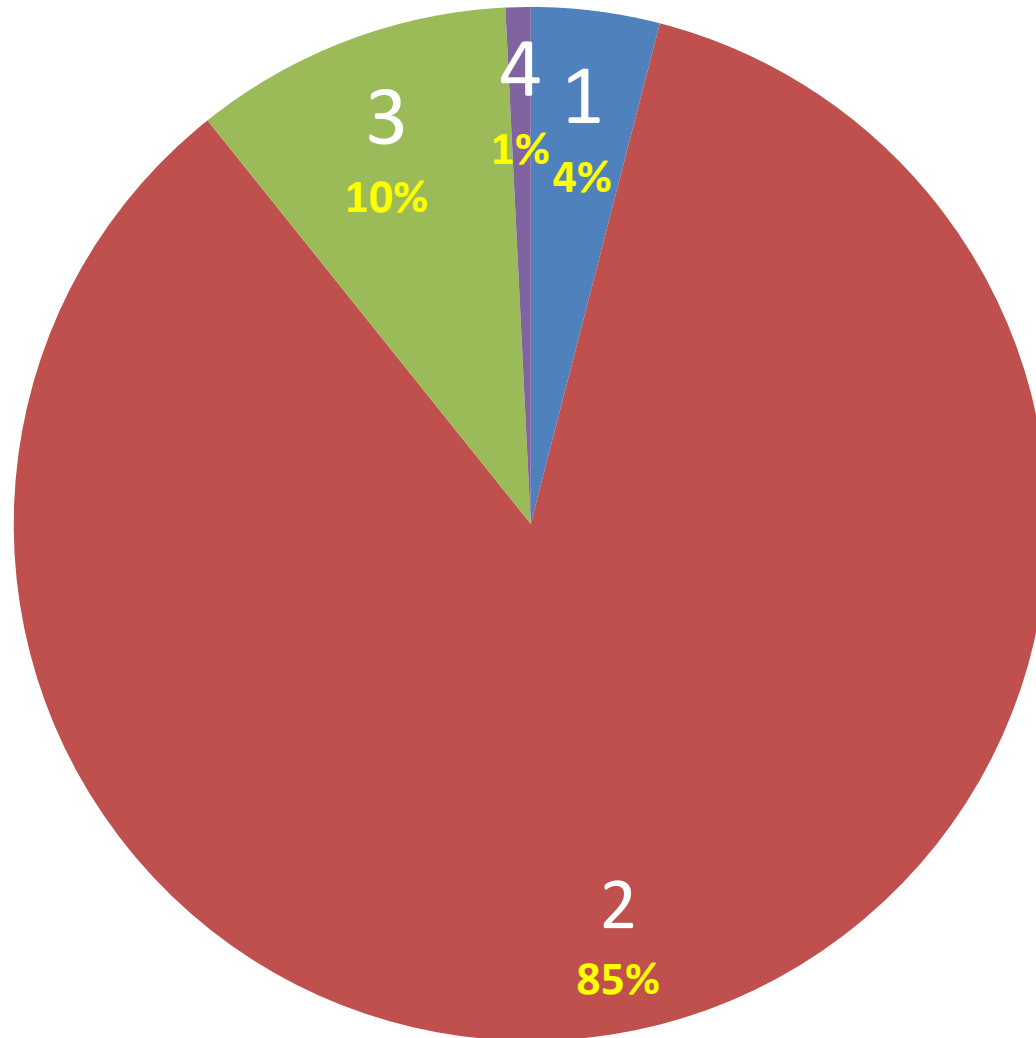


➤ Median time on cART : 12.1 y

# cART at time of contact



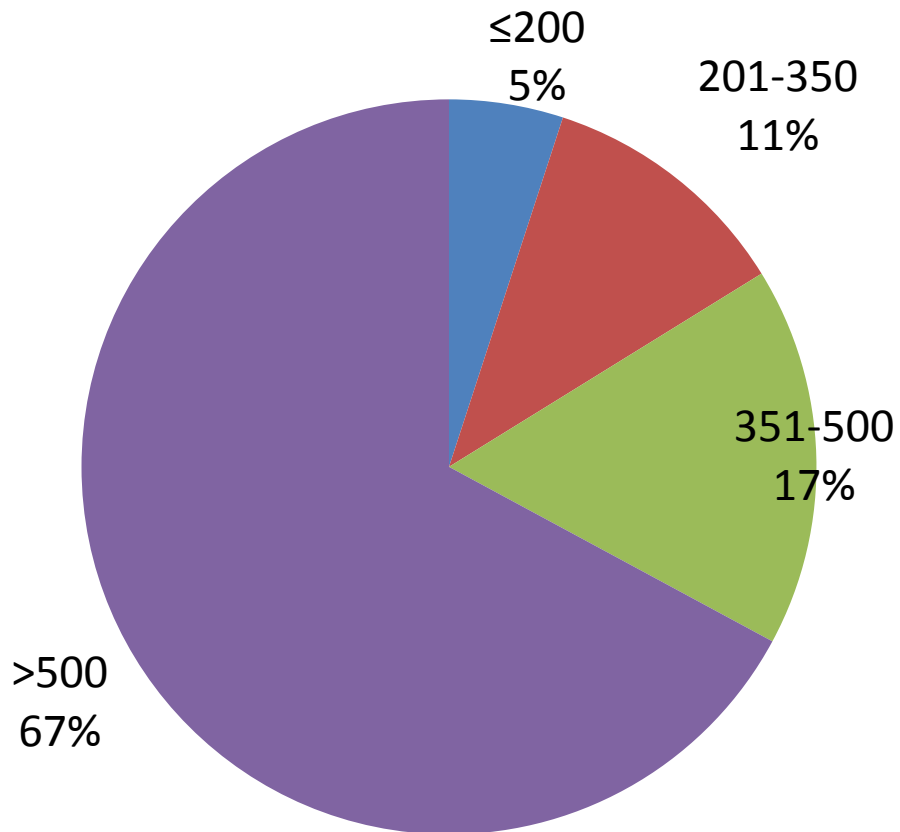
# HIV History – Number of drug classes at time of contact



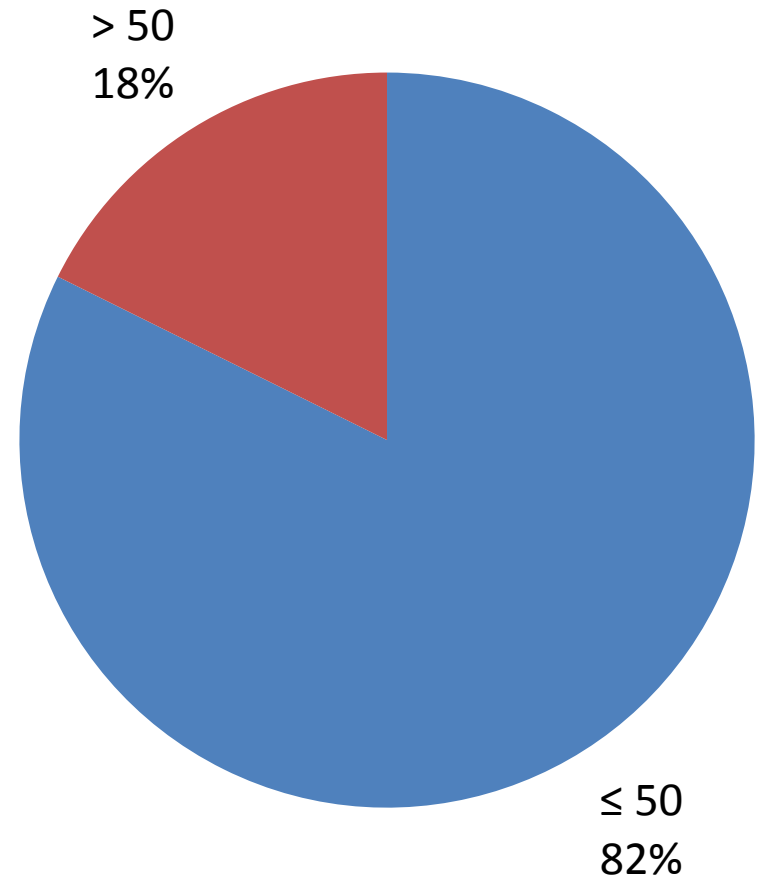


# HIV status at time of contact (1)

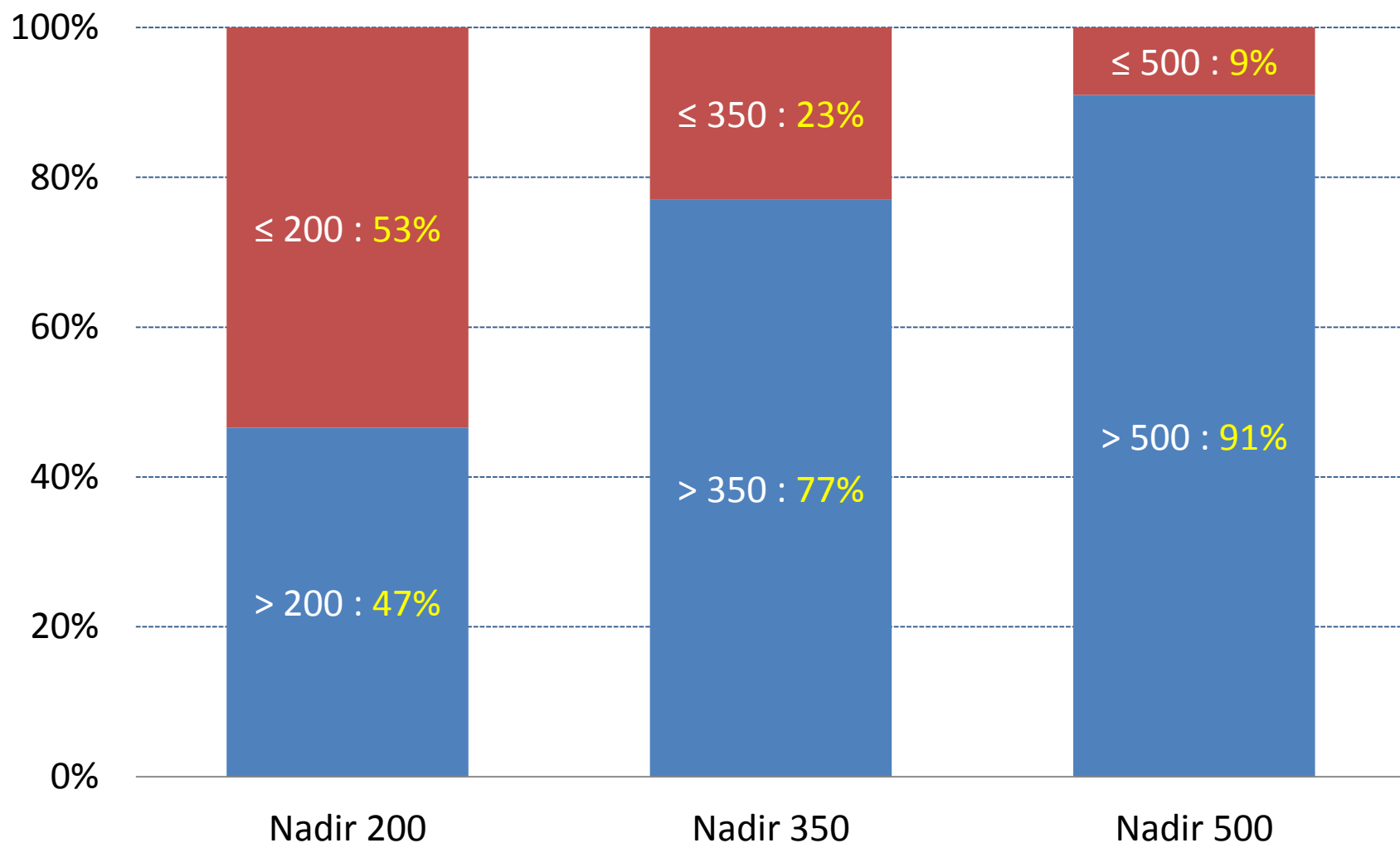
## ▶ CD4



## ▶ VL

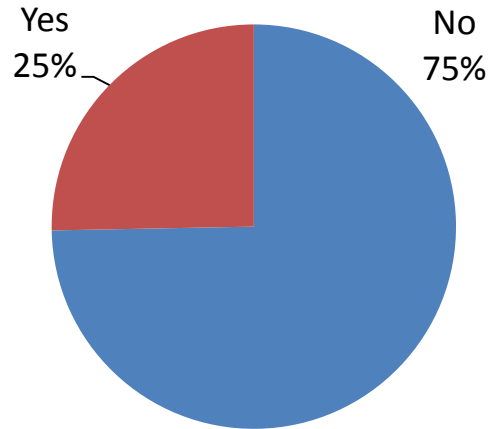


## HIV status at time of contact (2)

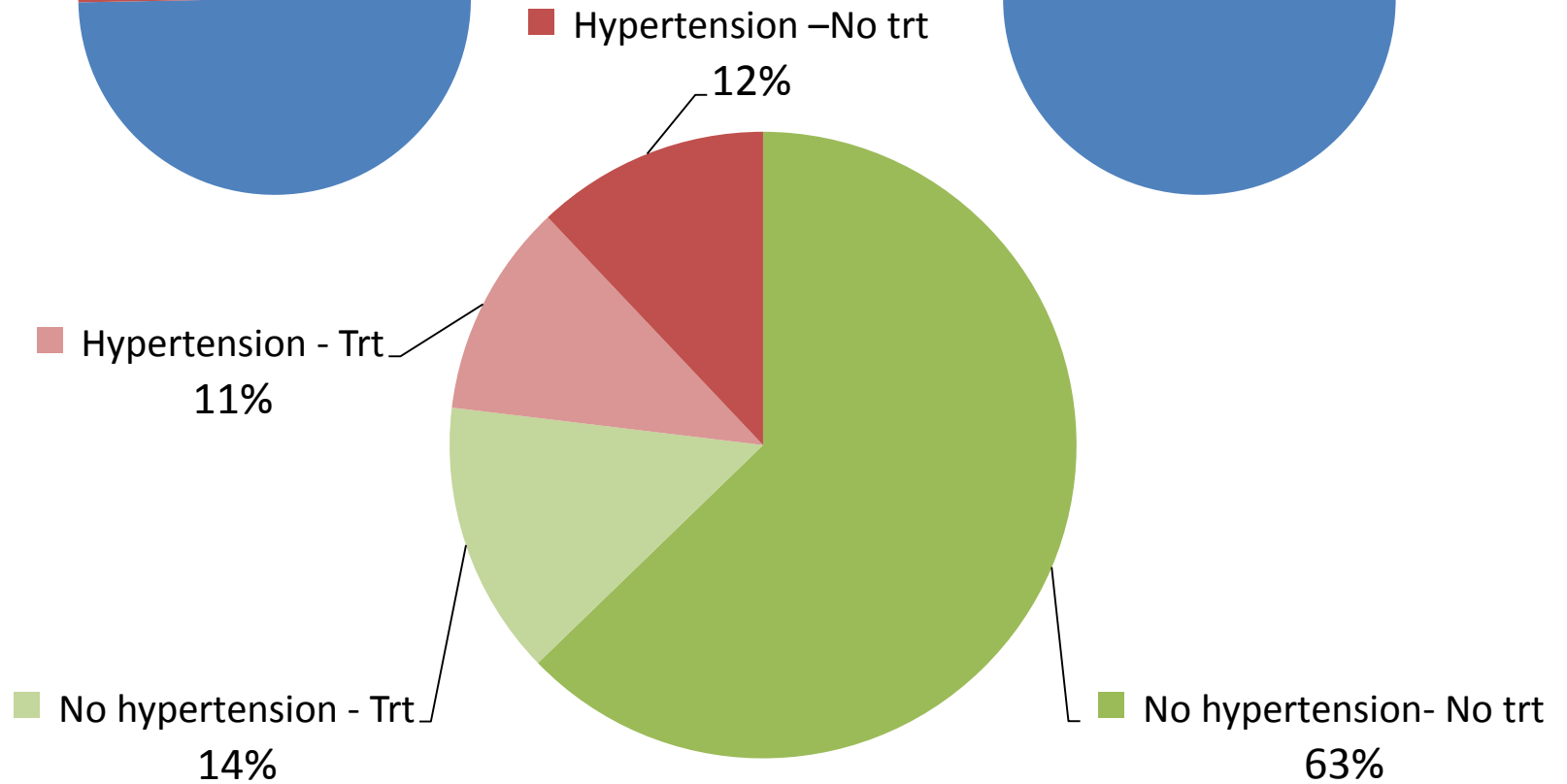
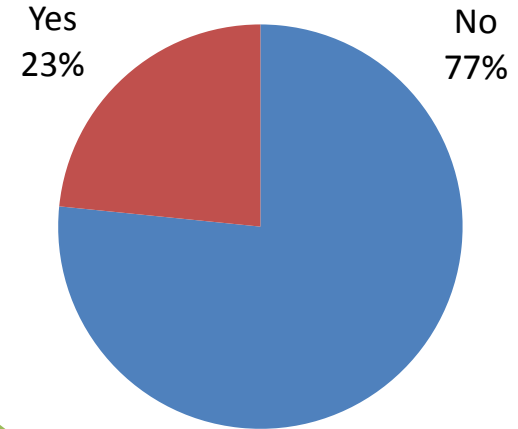


# Comorbidities - Hypertension

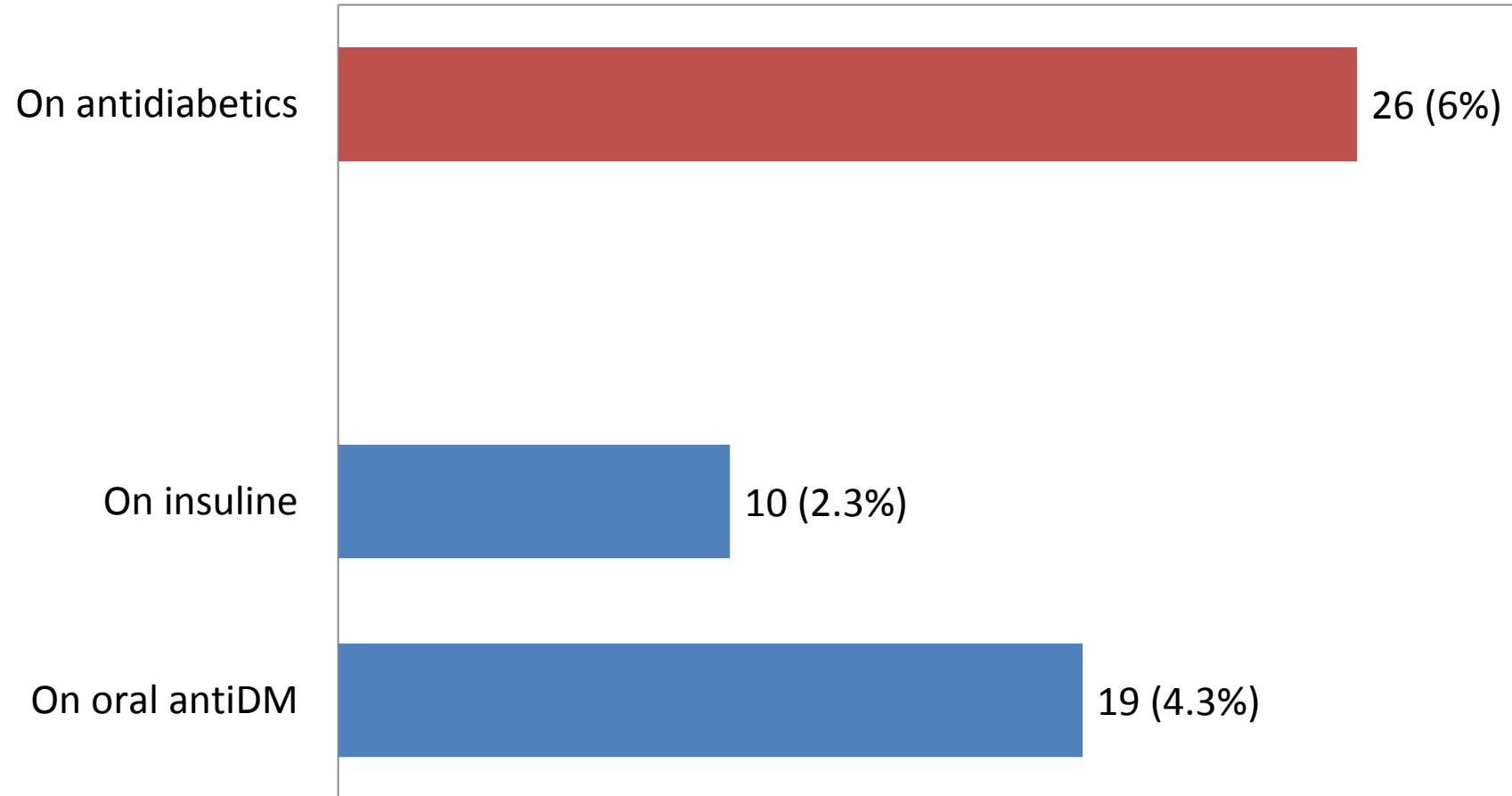
## Hypertension



## Antihypertensive

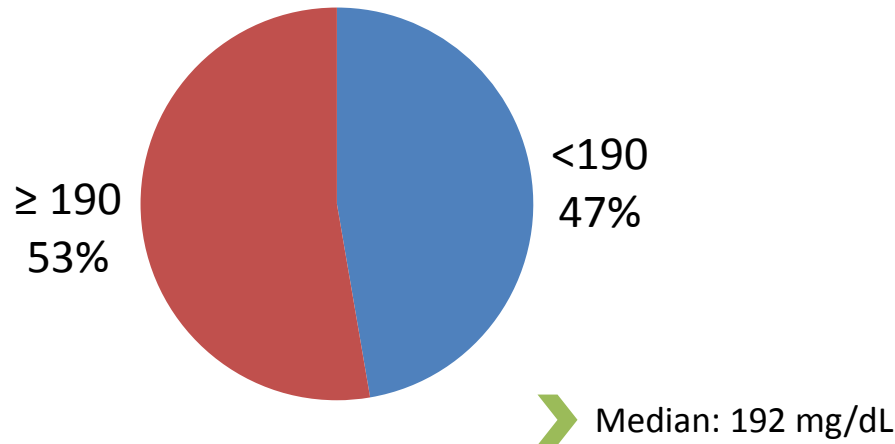


# Comorbidities - Diabetes mellitus

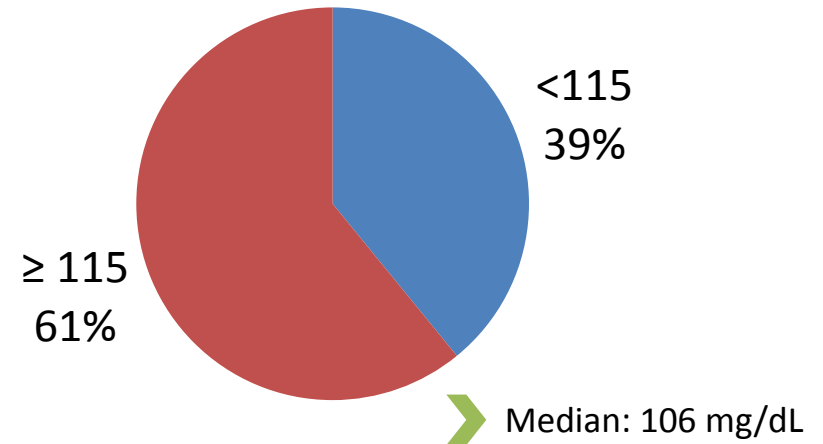


# Comorbidities - Lipid Profile

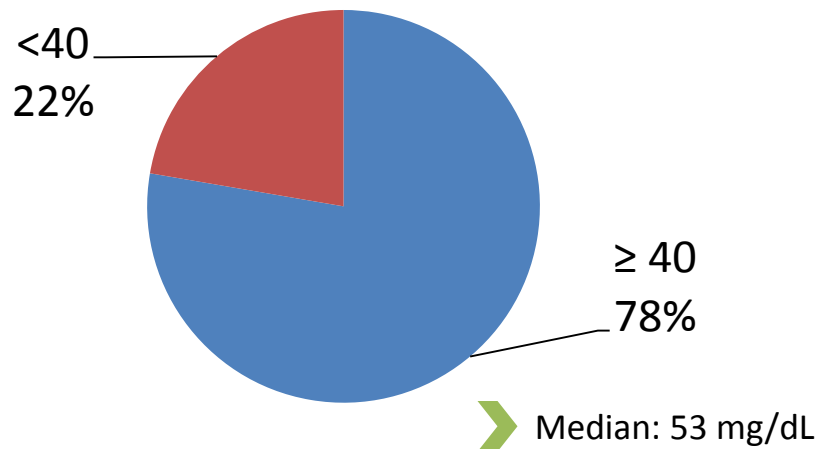
## ▶ Total Cholesterol



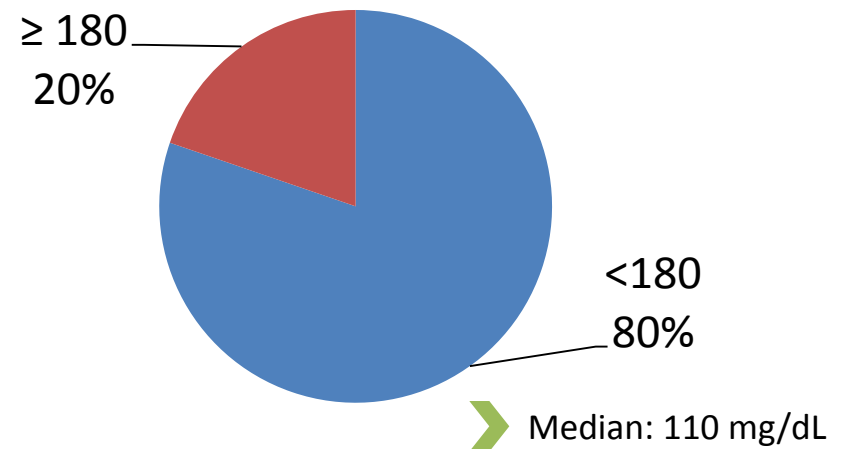
## ▶ LDL Cholesterol



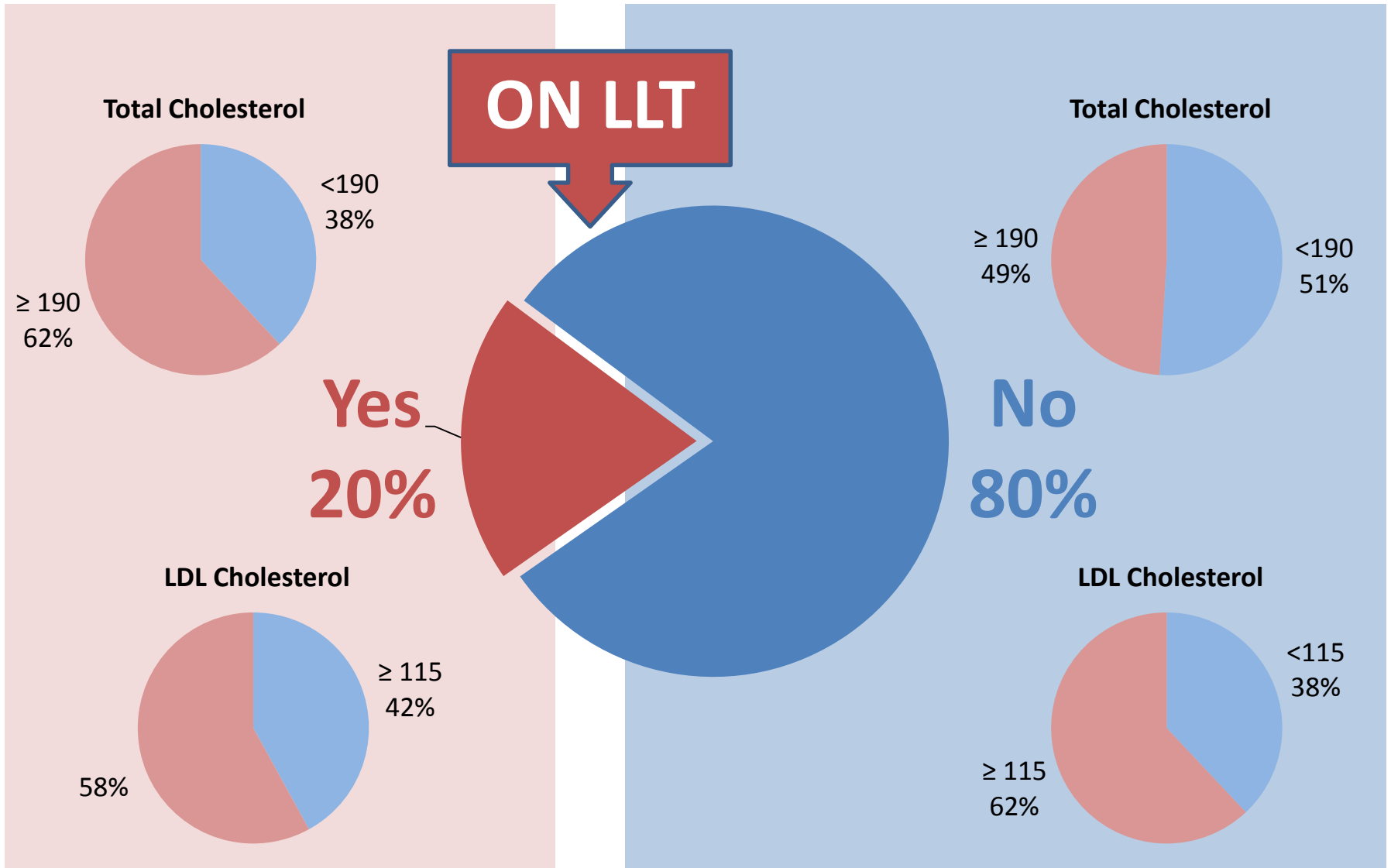
## ▶ HDL Cholesterol



## ▶ Triglycerides



# Lipid Lowering Therapy



# Comorbidities - Renal

**eGFR**

**eGFR  $\geq$  60**  
**85%**

**eGFR < 60**  
**15%**

- End Stage Renal Disease: 12/ 838 (1.4%)
- Dialysis: 3/838 (0.36%)

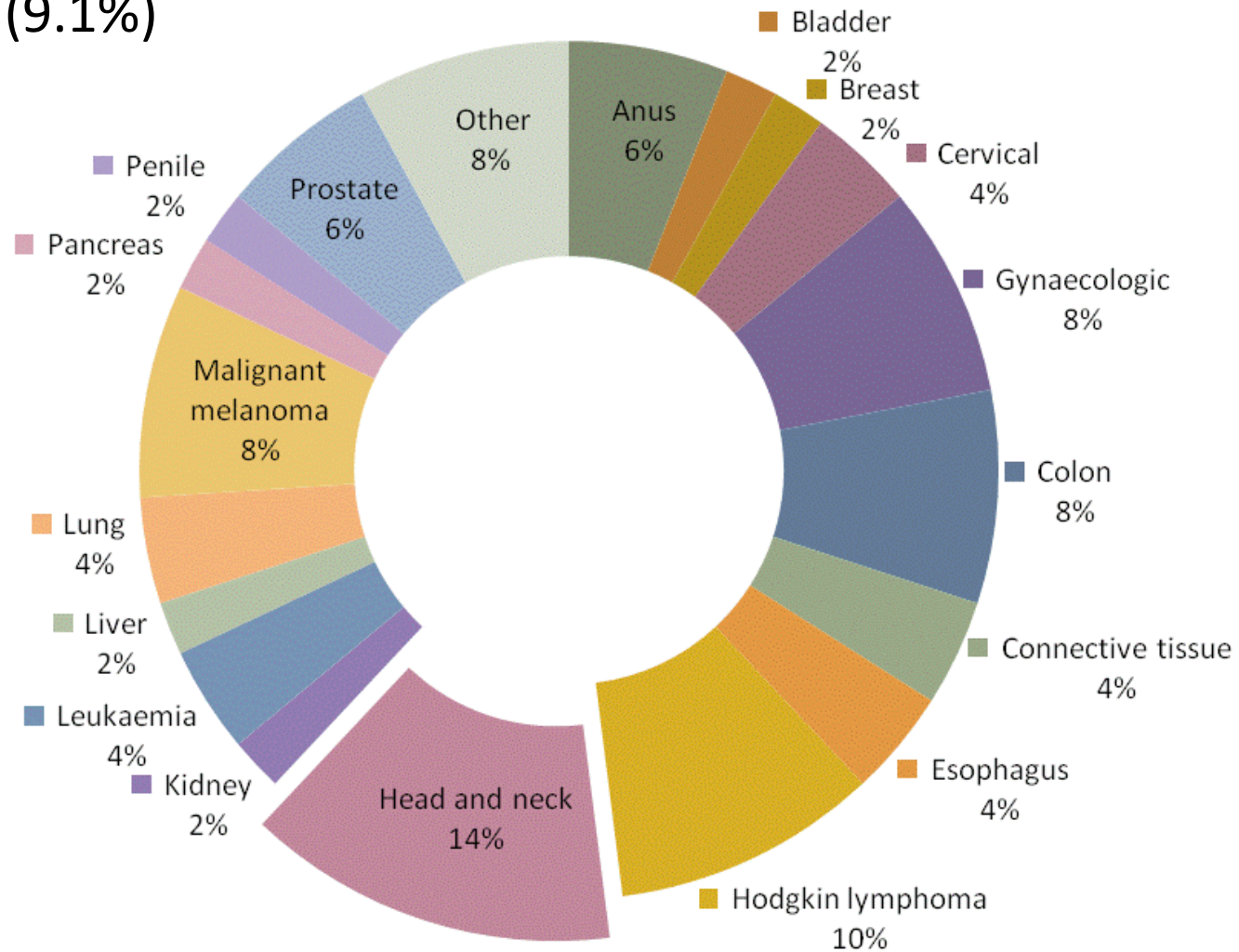
# Comorbidities – Cardiovascular diseases

- › Acute Myocardial Infarction: 17 / 838 (2%)
- › Invasive Cardiovascular Procedures: 16 / 838 (1.9%)
- › Stroke: 20 / 838 (2.4%)



# Comorbidities: Non-AIDS-defining malignancies

➤ n = 76 (9.1%)



# Main findings (1)

- Preliminary analysis
- Very diverse population. Analysis on sub-population ongoing (M vs F, C vs B, MSM vs Hetero etc...)
- Well controlled population
  - ✓ VL < 50 : 82%
  - ✓ CD4 > 500 : 67 %
  - ✓ > 350 : 84 %

## Main findings (2)

- Hypertension was the most frequent comorbidity (25%)
- A significant proportion of patients with hypertension were either not on anti-hypertensive or were not adequately controlled
- Diabetes prevalence : 6 %

## Main findings (3)

- More than 50% of patients had at least one lipid disorder
- 50% of patients with high T.C were not on LLT, while 62 % of patients on LLT still had high T.C and / or LDL-C

## Main findings (4)

- Cardiovascular events were relatively rare (+/- 5% in total)
- Same for ESRD
- A very diverse range of NADM was observed, with a surprisingly low prevalence of lung cancer

# Conclusions

- These preliminary data provide a useful insight on the burden of comorbidities in an aging HIV population in Belgium, underlying the need for a comprehensive multidisciplinary management
- The data suggest that there is room for improvement in the management of chronic comorbidities such as hypertension and lipid disorders, suggesting that auditing procedures should be envisaged.

# Acknowledgments

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