
POSTER ABSTRACT

Eight-year trends in cardio-vascular risk factors in people living with HIV: A plea for more person-centered care in an ageing population with high medical, nursing and social demands.

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Background: The prognosis for people living with HIV (PLWHIV) has improved tremendously in the past years, and life expectancy in PLWHIV is almost the same as in the general population. HIV now is regarded as chronic condition, and as PLWHIV age, additional age-related problems emerge. These seem to occur more often and earlier compared to the general population, due to the virus itself, due to antiretroviral therapy, or due to lifestyle factors. Among these problems are biological factors such as chronic non-communicable diseases, other communicable diseases, and frailty, mental factors like common mental disorders and substance use, as well as social factors like stigma, discrimination, prejudices, work disability and unemployment, and having no partner. It was the aim of this study to monitor medical health burdens in a cohort of PLWHIV over time with an emphasis on cardio-vascular risk factors in order to design a comprehensive, integrated, person-centred care model around the antiretroviral therapy. The study was carried out by researchers and caregivers together with PLWHIV, and supported by a pharmaceutical company.

Methods: PLWHIV participated in a baseline study (2013) in an HIV treatment centre and in a follow-up study (2021). At baseline the study population comprised of consecutive patients with HIV, who visited their treating physicians for routine checks. Inclusion criteria were age ≥ 18 years, documented HIV-Infection and written informed consent. Risk factors were recorded as either having a corresponding diagnosis in the patient's charts OR being treated with specific drugs, OR having laboratory values outside the normal range.

Results: From the initially included 450 participants, 360 (80%) patients participated in the follow-up. The mean age at baseline was 41.4 years, 5.3% were female. 10.8% were affected by hypertension at baseline, and 19.6% at follow-up ($P < 0.001$). Prevalence of type 2 diabetes mellitus was 3.1% at baseline and 5.3% at follow-up ($P = 0.039$), and of dyslipidaemia 76.9% at baseline and 71.4% at follow-up ($P = 0.042$). The proportion of smokers decreased from 42.6% at baseline to 37.1% at follow-up ($P = 0.007$). Prevalence of overweight was 36.6% and of obesity 8.9% at follow-up (no baseline data available).

Learnings and next steps: PLWHIV have a high prevalence of cardio-vascular risk factors in an early age, which will increase health problems as this population is ageing. Most cardio-vascular risk factors increased rapidly in PLWHIV and therefore they are a major challenge for comprehensive and integrated care. As an important next step not only medical, but also psychosocial, sexual, spiritual and lifestyle-related health burdens as well as health resources need to be assessed and monitored to ensure care for PLWHIV is truly person-centered. Furthermore, PLWHIV want to be perceived as a partner in their treatment and this needs to become an integral part of routine care.