

18.4 Morbidity/Mortality in the Era of HAART

P18.4/08 - Initiating cART after an AIDS-defining Condition: Treatment Outcomes and their Determinants in ICONA

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Objective: To analyse survival, progression to a new AIDS-defining event (ADE) and treatment response in patients initiating cART after developing ≥ 1 ADE.

Methods: HIV+ ART-naive adults in ICONA starting cART (>3 ARV) after developing ≥ 1 ADE were included. The outcomes were time to: death, new ADE, HIV RNA ≤ 500 cps/mL, an increase of ≥ 200 CD4 cells/ μ L, analysed by Kaplan-Meier curves and Cox regression. Confounders included age, gender, risk group, HCV-Ab, HBsAg, CD4 VL and ALT at cART, year of cART, type of cART/ ADE, #ADE and time since first HIV+ test/ ADE.

Results: 293 patients showing 421 ADE pre-cART were studied. 26% were females, 37% heterosexuals, median age was 38y, CD4 177/ μ L, VL 5.22 log cps/mL. cART was initiated a median of 2 (IQR 1-6) months after the first ADE (in 1998, on average). The most frequent ADE were PCP (27%), TB (15%), OC (14%), KS and CMV (each 7%). The 7-year probabilities of death (n=29) and new ADE (n=42) were 12% and 19%. CD4 count was the only independent predictor of death (RH=0.18 per 100 cells higher, p=0.002); for the other endpoints, independent predictors were: #ADE (RH=1.61 per 1 more, p=0.01), year of cART (RH=0.75 per more recent, p=0.05) and time since first HIV + test (RH=1.12 per year longer, p=0.03) for new ADE; IDU vs. Hetero (RH=0.45 p=0.008), VL at cART (per log higher RH=1.52 p=0.0001) and year of cART (per more recent RH=1.08 p=0.03) for ≥ 200 CD4 cells/ μ L increase; time from ADE to cART (per year longer RH=1.17 p=0.0001) OC vs. PCP (RH=1.81, p=0.01) and KS vs. PCP (RH=2.75, p=0.001) for chance of VL ≤ 500 .

Comment: In patients with AIDS starting cART from ART-naive, multiple ADE and low CD4 count were associated with worse clinical prognosis. Clinical and immunologic responses were improved in more recent calendar years.

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