COMORBIDITIES AMONG HIV/HCV COINFECTED PEOPLE WHO INJECT DRUGS (PWID): A RETROSPECTIVE COHORT STUDY

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Background

Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV) infections remain major public health concerns, particularly among co-infected PWID. Relatively few studies have evaluated the prevalence of comorbidities affecting this population, especially as it advances in age. This analysis was conducted to determine the prevalence of specific comorbidities in this population with the aim of establishing a Total Patient Care (TPC) model to address the medical and psychosocial needs of HIV/HCV co-infected PWID in a comprehensive manner.

Methods

The Vancouver Infectious Diseases Centre (VIDC) database of patients receiving HIV and/or HCV care at our centre was interrogated to identify all recent/current PWID (as determined by urine drug screening) co-infected with HIV and HCV. A comprehensive retrospective chart review was undertaken to collect demographic information, documented clinical symptoms (based medDRA classification) and ICD-9 medical diagnoses.

Results

A total of 151HIV/HCV co-infected PWID were identified (all with a history of viremic HCV infection). Baseline characteristics include: mean age 52.9 years, 85.5% male, 16.9% Indigenous, and 46.0% receiving Opiate Substitution Therapy (OST), 80% with undetectable HIV plasma viral load, with 5 individuals with who were HIV treatment naïve with detectable viral loads. The following specific co-morbidities were present: 33.9% psychiatric, 31.5% respiratory, 28.2% dermatological, 26.6% musculoskeletal, 25.8% genitourinary (including STIs), 21.0% endocrine and metabolic, 19.4% cardiovascular, 17.7% neurological, 16.9% gastrointestinal, 15.3% hepatobiliary, and 8.9% renal conditions. Only 10% had no co-morbidities, and 95% of those with co-morbidities had more than a single one (median of 3). Of the top 5 most prevalent comorbidities, the most common diagnoses were generalized anxiety disorder, COPD, skin rash, arthritis, and syphilis respectively.

FIGURE 1: BASELINE CHARACTERSTICS

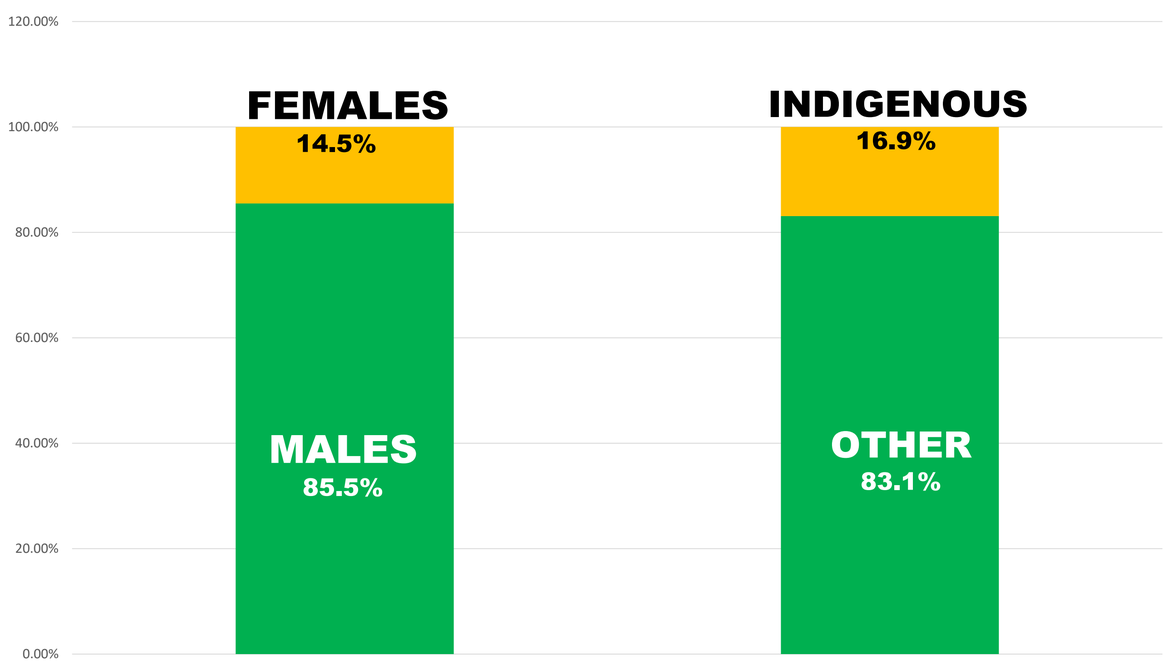


FIGURE 2
HIV PLASMA VIRAL LOAD

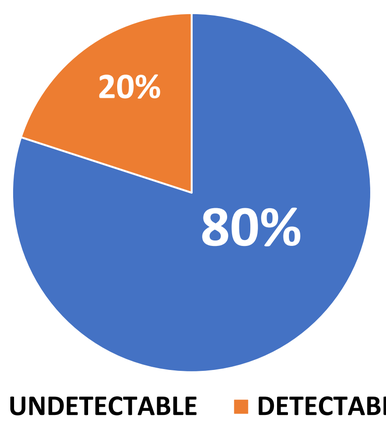


FIGURE 3
OPIATE SUBSTITUTION THERAPY

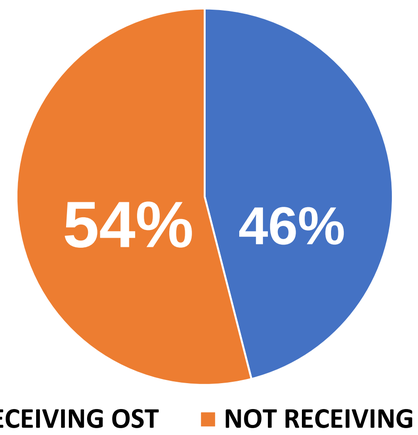


FIGURE 4: COMORBIDITIES

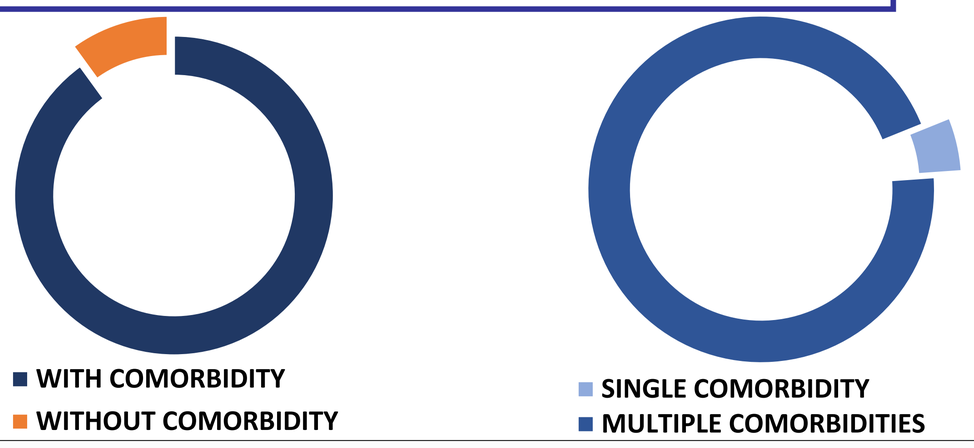
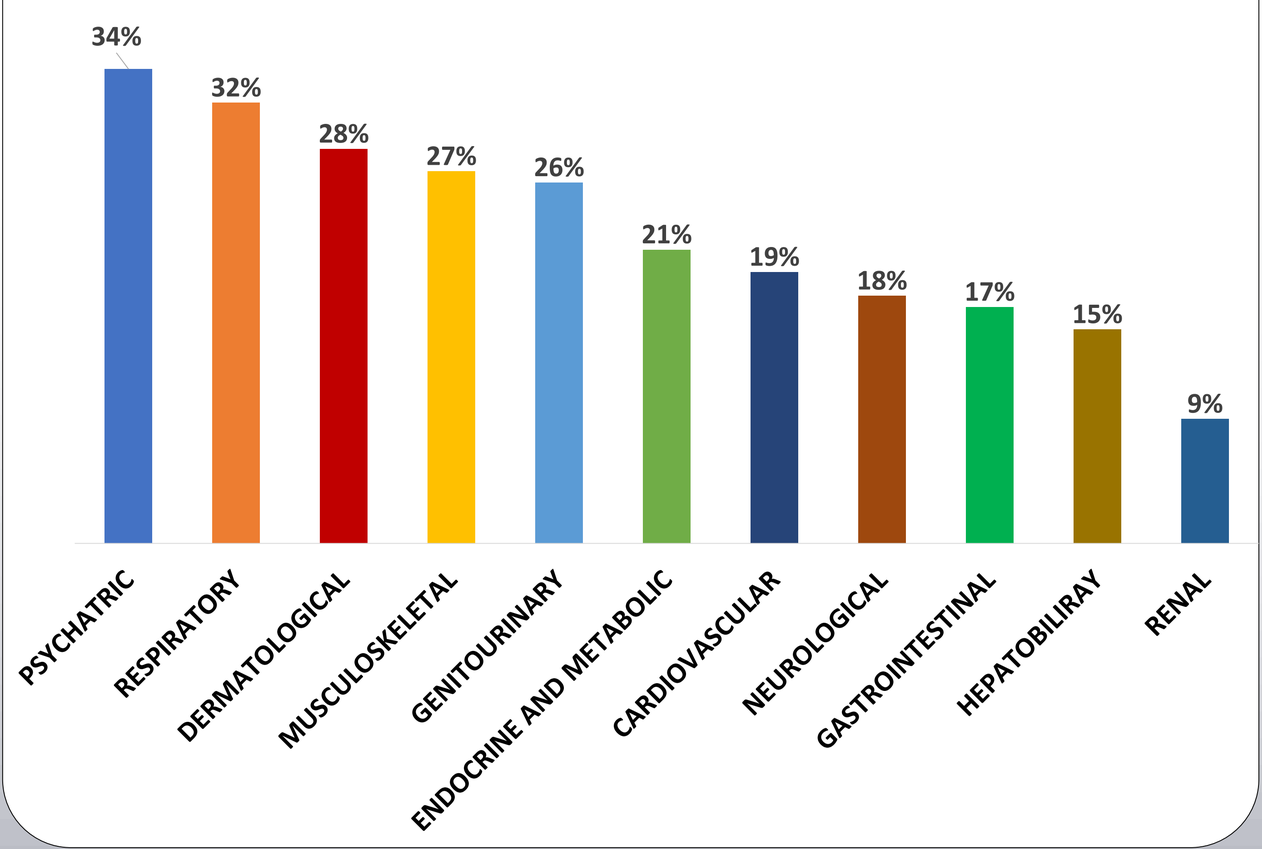


FIGURE 5: Prevalence of comorbidities



Conclusion

These data clearly demonstrate that among HIV/HCV co-infected PWID, multiple psychiatric and medical co-morbidities are extremely common. With respect to the WHO goal of "90-90-90" for HIV, our data suggest that we are falling somewhat short in this specific population. The provision of multi-disciplinary care to address co-morbidities may be an important approach to address this issue. This may also allow us to better engage this population in successful HCV treatment and reduce the rate of recurrent viremia after cure of HCV infection (SVR) has been achieved..

DISCLOSURE

Dr. Conway and VIDC have received grants from AbbVie, Gilead, Janssen, Merck and Viiv. This specific analysis was made possible by an unrestricted grant from Merck Canada.