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Aging and Associated Morbidity in HIV-positive Persons in the Cohort of the Spanish AIDS Research Network (CoRIS)

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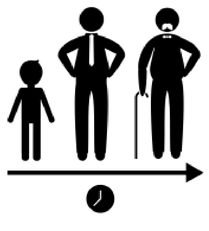
Introduction

Improved survival among HIV-positive people due to the success of antiretroviral therapy (cART) has increased the risk of developing comorbidities linked to aging



Objetive

We describe the pattern of co-morbidities according to age in HIV-positive persons in the Cohort of the Spanish AIDS Research Network (CoRIS) from 2004 to 2014

Methods

- **Spanish, open, multicentre and prospective cohort**
- **2004 –ongoing**
- **Inclusion Criteria:**
  - HIV + patients attending participating centres
  - To be older than 13 years-old
  - cART naïve at enrolment
- **Censoring date:** 31/05/2014

Statistical Analyses

- We calculated the age distribution of the patients conforming CoRIS each year, from 2004 to 2014, as the proportion of total person-years (py) in each age group (<50;50-55;56-60;61-65;>65)
- We calculated incidence rates (per 1000 py) for each comorbidity and the distribution of the number of comorbidities in persons >=50 compared with persons <50 years
- Age was modelled as a time-dependent variable. The age was updated each year to reflect the ageing process

Results

Subjects characteristics 2004-2014 (n=9,569)

- **34,105** py of follow-up
- **84%** males
- **35** y.o. median age at entry [IQR 29-43]
- **58%** (n=5504) MSM
- **10%** (n=1,019) AIDS before entry
- **350** cel/mm^3 median CD4 count at entry [IQR 170-552]

Trends in age distribution

Figure 1: Age distribution in CoRIS since 2004 to 2014

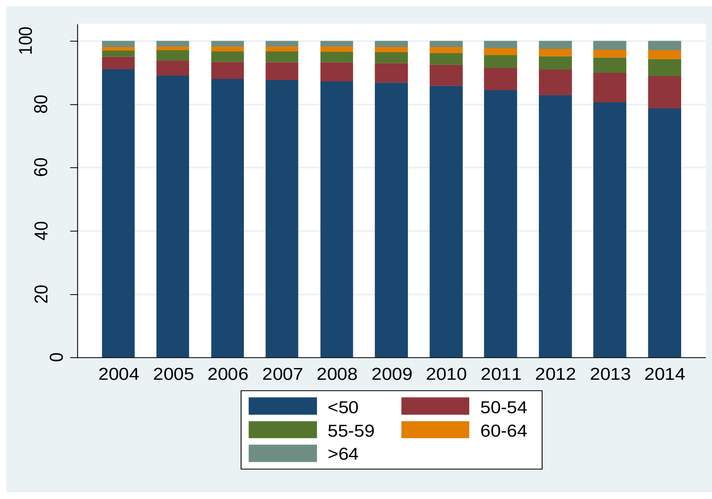
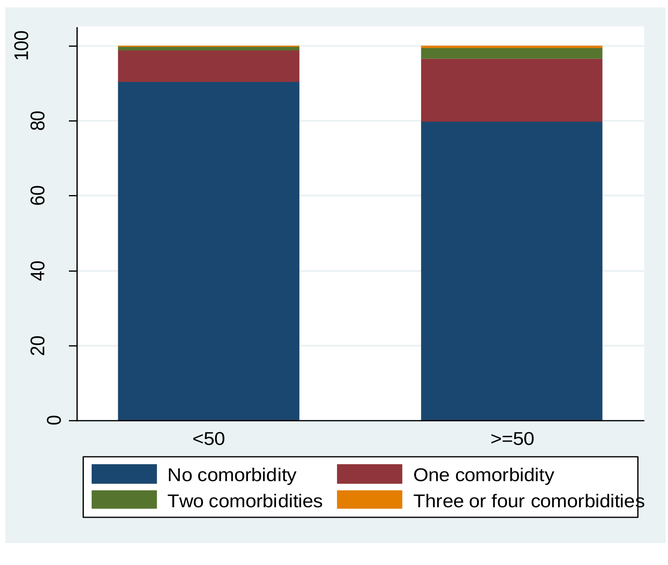


Figure 1 shows changes in current age distribution by year; the proportion of total py aged >=50 years increased from 8.8% to 21.2%, from 2004 to 2014

Number of comorbidities

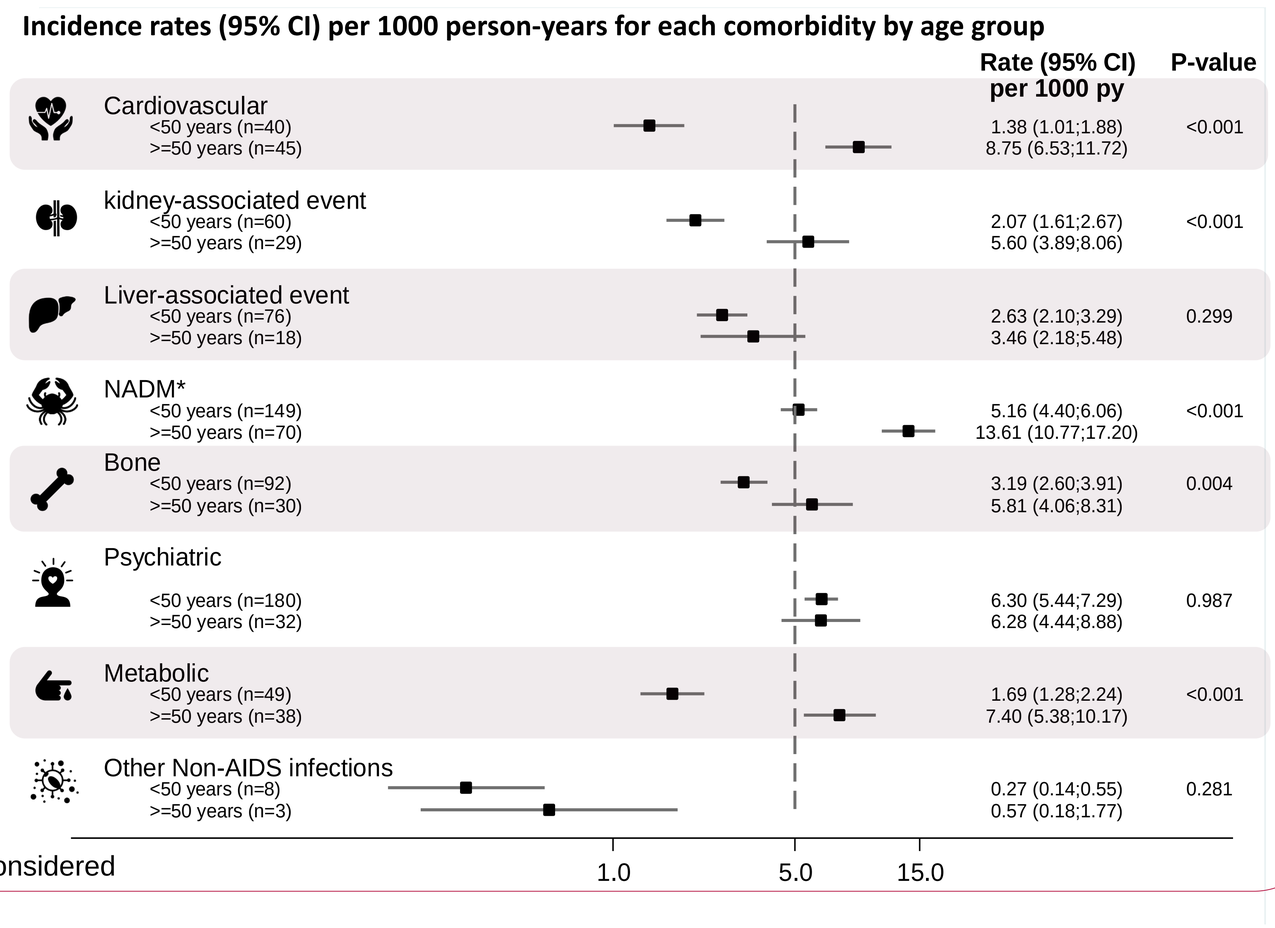
Figure 2: Number of different non-AIDS comorbidities, stratified by age



Among those aged >=50 years, 17% of the total py presented one comorbidity and 4% two or more, compared to 8% and 1%, respectively, among those aged <50 years

Types of comorbidities

Incidence rates (95% CI) per 1000 person-years for each comorbidity by age group



*NADM (Non-AIDS defining malignancies): more than one event per person is considered

Conclusions

- Non-AIDS events have emerged as an important cause of comorbidity and multi-morbidity, especially among those with older age, and pose a new challenge for HIV treatment and care

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