

CARDIOVASCULAR, RENAL AND BONE EVALUATION OF A HIV POPULATION OVER 60 YEARS OLD.

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Background and importance

Advances in antiretroviral treatment (ART) have resulted in an increase in life expectancy in HIV patients. For this reason, a rise in comorbidities related to chronic diseases and long-term toxicities of ART have been observed, becoming the main causes of morbidity and mortality among patients with HIV.

Aim and objectives

To evaluate the presence of cardiovascular, bone and kidney alterations in a cohort of HIV patients ≥ 60 years.

Materials and methods

Observational, descriptive and retrospective study (using medical history and prescription records) of patients with HIV ≥ 60 years with ART in February 2021 that were under treatment since a previous cross-sectional study carried out in 2012 were selected.

Demographic (age and sex), clinical (time since HIV diagnosis, diagnosis of hypertension and diabetes mellitus (DM), cardiovascular risk scala REGICOR, cardiovascular and renal events and diagnoses of osteopenia/osteoporosis and CD4 lymphocyte and viral load (VL)) and pharmacological (chronic medication not related to ART, ART change number and reasons for change) were collected in 2012 and 2021.

Results

- ✓ 51 patients, mean age 66.4 ± 6.2 years, 60.8% were men.
- ✓ Mean years since diagnosis was 22.3 ± 8.1 .
- ✓ Mean CD4 lymphocytes(2012-2021): $601.7 (\pm 312.7)$ and $722.7 (\pm 310.6)$ cells/mm³, respectively and 90.2% undetectable VL in both years.

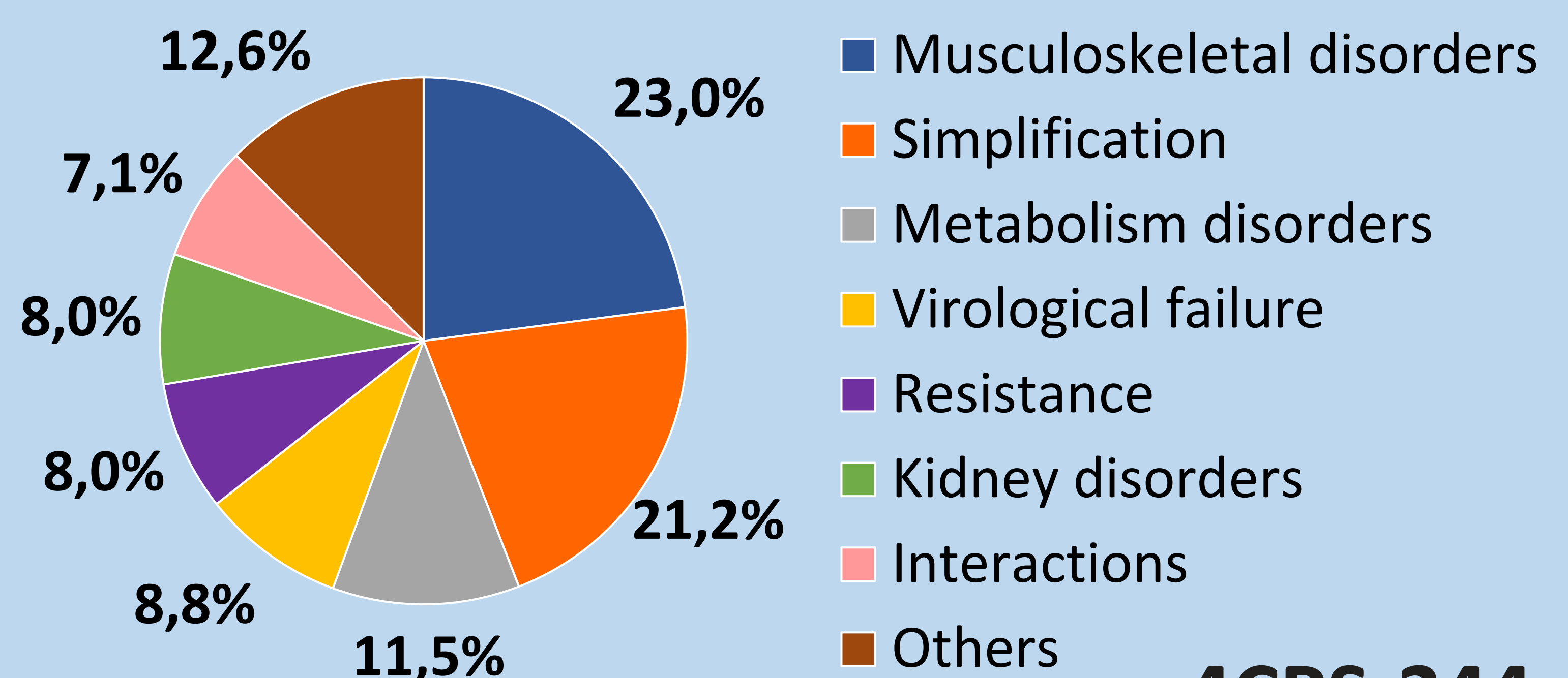
	2012	2021
Hypertension	15.7%	35.3%
DM	11.8%	25.5%
REGICOR	5%	7%

During the considered period: 17.6% had a cardiovascular event, 13.7% were diagnosed with kidney disease and 49.0% with osteopenia/osteoporosis (7.8% had bone event).

	2012	2021
Lipid-lowering therapy	15.7%	47.1%
Antiplatelet/anticoagulant	5.9%	15.7%
Oral antidiabetic drugs/insulin	11.8%	25.5%

19.6% started treatment with calcium, cholecalciferol, bisphosphonate during the period.

Treatment changes (n=113)



Conclusión and relevance

- ✓ Cardiovascular, kidney and bone alterations are frequent in HIV ≥ 60 years. Treatment changes are conditioned by patients comorbidities and focused on avoiding long-term toxicities.

4CPS-244