

HOW ARE HIV PATIENTS DYING ?

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The introduction of HAART remains a hallmark in increasing the average life expectancy and the quality of life in HIVinfected patients. However, diagnostic delay still is a reality with a high impact on mortality. **Objectives:** To assess the causes of mortality in HIV-infected patients with a follow-up at a 370-bed tertiary hospital in the last 20 years, after the introduction of HAART.

between
1997
2017

1230
patients

203
deaths

102
deaths
were studied
78 male

AT DIAGNOSIS
38 ± 13 YO

AT THE TIME OF DEATH
45 ± 11 YO

62%
IDU risk

38%
sexual risk

AIDS
defining
illness
45

- 12 lymphomas
- average of
199 TCD4+/mL
- 70% C3 CDC stage

26 - infectious
diseases
16 - neoplasms
5 - cardiovasc.
10 - trauma
- average of
354 TCD4+/mL

AIDS
defining
illness
79%

non-AIDS
defining
illness
57

Late-
presenters
TCD4+>200/mL
62%

AT THE TIME OF DEATH
AIDS-defining
illness
62%

- 21% died in the 1st
year of infection
- average of 6 years of
infection

CONCLUSION

Longer life expectancy in HIV-infected patients leads to an increase in mortality related to non-AIDS-defining illnesses. These findings raise awareness for the need of better cancer screening protocols and efficacious management of vascular risk factors. 62% of patients were late presenters, in which AIDS-defining illness was a very prevalent cause of death (89%). Therefore, more effective HIV screening measures are also lacking, such as optimizing patient adherence in healthcare system.

#AIDS-defining illness #comorbidities