

Concomitant diseases of HIV-positive persons (PLWHA) in Germany – a comparison between sexes on basis of the KompNet cohort

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Background: With increased life expectancy, concomitant diseases (CD) become more important for treatment of PLWHA. Knowledge on prevalences of CD is important to sensitise for possible long-term outcomes of both, ART and HIV-infection, especially regarding constraints of liver and kidney function as well as coronary heart disease (CHD) and risk of cardiovascular events. On basis of the KompNet cohort, we analysed specifics of CD in Germany.

Method: Cross-sectionally (1.9.2008), we estimated prevalences (using 95%-confidence-intervalls) of CD for PLWHA having regular follow-ups, stratified by sex. Regarding reduction of liver function, nephrological constraints and risk of cardiovascular events, we estimated prevalences by cumulating events specific for these groups of diagnoses, counting identical diagnoses only once per patient.

Result: 6,085 patients were included in analysis, of which 85.2% were male. Mean age was 45.2 years, 74.9% had an CD4-count >350 cells/ μ l, 6.5% < 200. 46.2% of PLWHA were classified as CDC-stage B (A:28.2%,C:25.6%).

Depression had the highest prevalence in both sexes (men:19.5%,CI:18.4%-20.6%,women:16.2%,CI:13.8%-18.7%), followed by Lipodystrophy (men:12.2%,CI:11.3%-13.1%,women:11.7%,CI:9.7%-14.0%), myo-skeletal diseases (men:10.1%,CI:9.3%-10.9%,women:8.3%,CI:6.5%-10.3%), and arterial hypertension (men:9.8%,CI:9.0%-10.7%,women:7.0%,CI:5.4%-8.9%). Prevalence of reduced liver function in men was 6.5% (CI:5.8%-7.2%), in women 5.1% (CI:3.8%-6.8%), prevalence of nephrological constraints in men was 3.6% (CI:3.1%-4.1%), in women 1.7% (CI:0.9%-2.7%). Prevalence of diseases resulting in increased cardiovascular risk in men was 25.3% (CI:24.2%-26.6%), in women 19.6% (CI:17.1%-22.4%), prevalence of CHD in men was 25.3% (CI:24.2%-26.6%), in women 19.6% (CI:17.1%-22.4%).

Conclusion: Depression and lipodystrophy had a striking impact with regard to treatment of PLWHA. Prevalence of diagnosed arterial hypertension was high, but equal to estimated prevalences in general population. We found no major differences concerning the most frequent prevalences of CD between sexes in our cohort. Only regarding nephrological constraints, prevalence in men was double as high as in women.

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