

PE9/72 HIV-FUNCFRIL study: differences between women and men aging with HIV

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Purpose: To evaluate differences between women and men aging with HIV.

Methods: Prospective cohort study. Patients from the “HIV-FUNCFRIL: Multicenter spanish cohort to study frailty and physical function in 50 years or older HIV-infected patients” were included and stratified by sex. We recorded sociodemographic data, comorbidities, variables related to HIV infection, frailty, physical function, VACS index and pain as a quality-of-life measurement. Results: We evaluated 563 PLWH who were 50 years old or over, of which 145 (25.8%) were women. Median age was 56.2 (IQR=6.9) years. Median current CD4 + T-cell count was 711 (IQR=461) in women and 655 (IQR=421) in men ($p=0.0002$). Median CD4/CD8 ratio was 0.9 women to 0.7 men ($p=0.0001$). There were differences in comorbidity between women and men regarding ischaemic heart disease, non-AIDS malignancy in the past, depression and osteoarticular pathology. Mean number of comorbidities was 2.9 (SD 1.9) in women and 2.6 (SD 1.8) in men ($p=0.025$) in men. Polypharmacy was significantly higher among women [28.7% vs 19.4% $p=0.026$] and particularly the use of neuroleptics, painkillers and opioids. Pain was more prevalent in women than in men [54.9% vs 34.7% ($p=0.013$)]. No differences were found regarding frailty, physical function (SPPB, gait speed), falls and cognitive impairment (MOCA-test). The mean VACS risk of 5-year all-cause mortality was 11.8 (SD 10.1) in women and 9.9 (SD 9.4) in men ($p=0.003$).

Conclusion: In our cohort, older women represented one in four of the total patients. Despite the fact that women have better immunological recovery measured by CD4 T-cell count and CD4/CD8 ratio, they have more comorbidities and polypharmacy than men, their risk of 5-year all-cause mortality was higher than in men and, their quality of life measured by the presence of pain was worse.