

PEB0216 Older adults with HIV are not all the same. Data from the HIV-funcfrail cohort

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Background: More than 50% of the people with HIV are older than fifty years. Data about this population are still scarce and mainly focused on comorbidity instead of physical function, frailty and quality of life. HIV-FUNCFRAIL Cohort is one of the four European Cohorts of older HIV adults, launched in 2018. Our main objective in this work was to know the characteristics of older adults with HIV in terms of comorbidity, polypharmacy, frailty, physical function and other geriatric syndromes.

Methods: Longitudinal prospective cohort study. Patients from the “HIV-FUNCFRAIL: Multicenter Spanish cohort to study frailty and physical function in older adults with HIV” were included. Eleven centers participated. We recorded sociodemographic data, comorbidities and variables related to HIV infection. All the patients underwent a Comprehensive Geriatric Assessment (CGA): frailty (frailty phenotype, physical function (FAC, Barthel index, SPPB, gait speed, falls), cognitive (MOCA test), mood (GDS-SF), social status and quality of life were measured. **Results:** 563 patients were included. Median age was 56.2 (53.7– 60.6). 25.8% were women. At baseline median CD4 count was 672.5 (473.5 – 904.5). Viral load was undetectable in 91.2%. 30% of the patients had > 4 comorbidities and 21.8% had polypharmacy.

Results of the CGA are shown in Table 1. N=563 FAC 5 (%). Able to walk independently Barthel Index 100 (%). Falls in the last year (%) Short Physical Performance Battery < 9 (%) Frailty (%) Frail Prefrail Robust Gait speed < 0.8m/sg 97.5 97 16.6 17.7 5.8 51.5 42.6 5.4 VACS. 5-year risk of mortality (Median IQR) 7.8 (5.8-11.3) MOCA score < 20 (%) 12.6 SF-GDS Geriatric Depression Scale >9 (%) 11.7 Not satisfied with his/her life % 27.7 Pain (%) 40 Living alone (%) 35.5 No social contacts (%) No social support (%) 27.7 31.3 [Table 1.] In the multivariate analysis frailty was associated with: year of HIV diagnosis 9 (OR 7.34; 2.88-18.73).

Conclusions: Older adults with HIV are a heterogeneous group with many differences regarding physical, cognitive and social status, frailty and quality of life. It is important to detect those who are more vulnerable to design specific approaches