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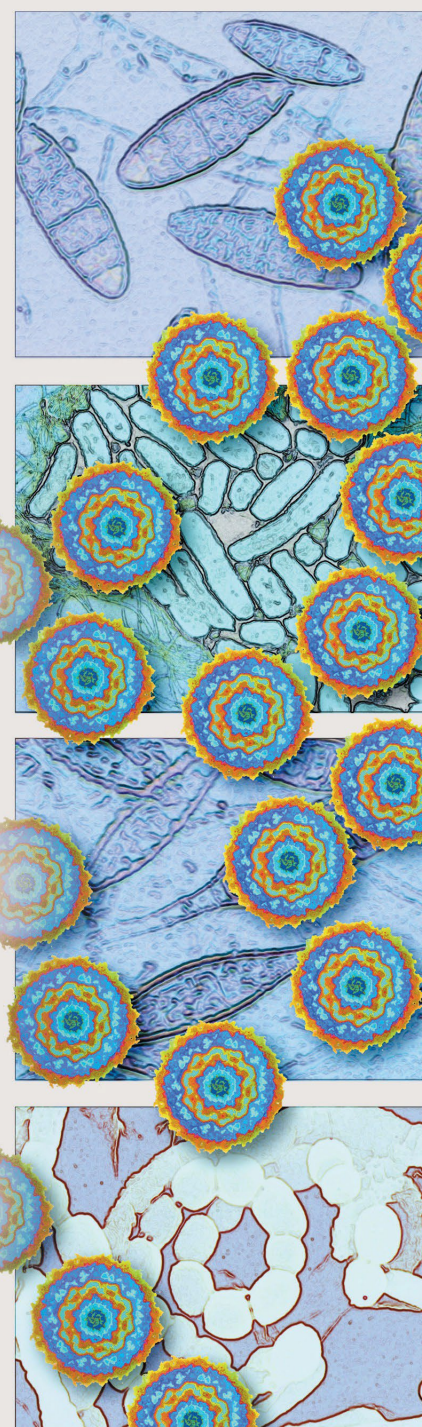
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**PO-38. LACK OF ASSOCIATION BETWEEN LONELINESS, SOCIAL ISOLATION AND INFLAMMATION IN PEOPLE LIVING WITH HIV AGED  $\geq$  50 YEARS: SUB-STUDY “NO ONE ALONE-GESIDA STUDY”- GESIDA 12021**

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**Introduction:** Loneliness and social isolation have been associated with poor health and a higher risk of mortality, with inflammation potentially explaining this connection. Our aim was to evaluate the association between loneliness and/or social isolation and inflammatory biomarkers in people living with HIV (PLWH) aged 50 years or older.

**Methods:** An observational, cross-sectional, multicenter study (GESIDA 12021) was conducted across 22 Spanish hospitals between September 2022 and May 2023. Eligible participants included PLWH

$\geq$  50 years who were actively followed at the participating centers. Participants were classified based on whether they experienced loneliness (UCLA-3 scale  $\geq$  6) and/or social isolation (LSNS-R scale  $\leq$ 20). A panel with 45 cytokines associated with inflammation and immune system regulation were evaluated. Biomarkers for which  $>$  30% of the total values were below the minimum detection threshold were not analyzed. Similarly, for biomarkers, which data were available but values were below the minimum detection threshold, the values were replaced with the minimum threshold. Median regression was used to assess differences in inflammatory biomarkers between those experiencing loneliness and/or social isolation and those experiencing neither. Multivariable models were adjusted for sex at birth, age, employment status, duration of HIV diagnosis, current CD4/CD8 ratio, current HIV RNA viral load, multimorbidity, polypharmacy, history of regular tobacco use, and clinically significant depression and anxiety.

**Results:** A total of 199 PLWH were analyzed (72.4% men, mean age 59.6 years, 86.9% Spanish), of whom 66 (33.2%) experienced loneliness and/or social isolation. Participants experiencing loneliness and/or social isolation were more likely than those experiencing neither to be female (37.9 vs. 22.6%), unemployed or retired (68.2 vs. 36.1%), have multimorbidity (47.0 vs. 24.1%) and polypharmacy (42.4 vs. 21.1%), and present with anxiety (56.1 vs. 21.1%) and depression (50.0 vs. 13.5%). In the crude analysis, only the CSF1 marker showed significant differences between those experiencing loneliness and/or social isolation and those experiencing neither (median difference 11.33; 95%CI 3.50-19.15). However, in the adjusted analysis, no significant associations were found between loneliness and/or social isolation and any of the biomarkers analyzed.

**Conclusions:** Our study found no evidence that loneliness and/or social isolation were associated with increased inflammation based on the parameters examined. This suggests that the issue may be more complex than initially thought, warranting further research to explore other potential mediators and additional biomarkers to better understand the biological impact of social isolation and loneliness.

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