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HAART in HIV+ naive elderly patients: immuno-virological response and clinical outcome

BM Celesia*[1], F Bisicchia[1], R La Rosa[2], S Mavilla[1], M Gussio[1], MT Mughini[1], F Palermo[1] and R Russo[1]

Address: [1]Unit of Infectious diseases University of Catania ARNAS Garibaldi, Catania, Italy and [2]Unit of Infectious diseases Ferrarotto Hospital AO Vittorio Emanuele, Catania, Italy

* Corresponding author

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Purpose of the study

Elderly patients (≥50 years) are increasing in the HIV population; HAART-related prolonged survival and late diagnosis of new HIV infections are possible reasons of this findings. It is debated whether older patients have a different response to HAART. The aim of this retrospective study was to evaluate efficacy of HAART and clinical outcome in a group of patients ≥50 year in comparison to a control group (<50 years-old).

Methods

All naïve patients starting HAART since November 1996 in two different Infectious Diseases units in Catania (Sicily) were included. The following parameters were evaluated: epidemiological (sex, age, risk factors, year of HAART beginning), viro-immunological (CD4 cell count, HIV-RNA viral load), and clinical (CDC, first treatment, number and causes of therapeutic switch, new AIDS diseases and death). The follow-up was performed until the last available visit.

Summary of results

We enrolled 276 HIV-1-infected patients; 215 (78%) male, median age 38 years; 122 (44%) heterosexuals, 103 (38%) homo-bisexuals, 43 (16%) drug addicts; 139 (50.4%) CDC A, 31 (11.2%) CDC B, 106 (38.4%) CDC C; median CD4 cell count was 155 (IQ range 48–301), median HIV-RNA viral load 5.0 log10 (IQ range 4.3–5.4). Fifty-one patients (18.5%) were ≥50 years old, 82.4% male, most of them infected by sexual intercourse (p = 0.002). At baseline, elderly patients were more frequently symptomatic (p = 0.002) with a trend to lower CD4 cell count (98 vs. 169 cells/μl); no differences were seen on HIV-RNA copies/ml. Twelve months after beginning of HAART, median absolute increase (146 vs. 165 cells/μl) of the CD4 cell count and percentage of patients with HIV-RNA <400 copies/ml (87.2% vs. 85.7%) were comparable in elderly and younger patients, respectively 82.1% and 82.8% achieved an immuno-virological response (defined as VL <400 copies/ml and more than 100 CD4 cells/μl increase). At last, 65% and 16% of elderly patients achieved, respectively, more than 200 and more than 500 CD4 cell/μl with no significant difference with younger patients. Discontinuation of HAART (any causes) was less frequent in older subjects (p = 0.04). After a median follow-up of 68 months, the percentage of deaths was 15.7% and 5.8% (p = 0.034) in the elderly and younger group, respectively.

Conclusion

In our experience, elderly and younger naive patients on HAART have similar immunological and virological response while hard clinical end-points tend to be more frequent in older subjects. Prospective studies are necessary to further investigate our findings.