

CHANGING MULTIMORBIDITY PROFILE OF PEOPLE DIAGNOSED WITH HIV SINCE 2012

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Background: Multimorbidity as measured by a Cumulative Illness Rating Scale (CIRS) is associated with age. People diagnosed with HIV in the last 7yrs may have different multimorbidity profiles and require different care strategies than people living with HIV longer.

Method: Attendees of Northern NSW Sexual Health Services between 1 December 2016 and 1 March 2019 were recruited and consented to participate in a study of multimorbidity. The treating specialist completed CIRS for each participant. Those diagnosed with HIV after 1 March 2012 were compared to those diagnosed prior with respect to demographic data, specific conditions and care characteristics. Comparison was by t-test for means and chi-squared statistic for proportions.

Results: Of 317 people recruited, 47 were diagnosed after 1 March 2012. This group was younger (mean age 44.4 vs 55.8yr, $p < 0.005$) and more likely to be female (10.6 vs 7.0%, $p = 0.016$).

Those diagnosed less than 7yrs ago had lower mean CIRS scores (4.8 vs 7.7, $p < 0.005$), less systems affected (3.2 vs 4.6, $p < 0.005$), and less systems affected by severe disease (0.2 vs 0.5, $p = 0.045$). This group is as likely to be diagnosed with mental health (31.8 vs 26.2%, $p = 0.372$) or alcohol or other drug concerns (18.2 vs 15.2%, $p = 0.548$). They are less likely to have vascular disease (25.0 vs 42.2%, $p = 0.052$). There is a trend towards more specialist only care in the group more recently diagnosed (56.5 vs 47.3%, $p = 0.251$).

Conclusion: People diagnosed with HIV since 2012 have less vascular disease as expected due to the younger age profile. Mental health and drug and alcohol concerns are common for this group. Despite the efforts of the NSW HIV Support Program, shared care is no more likely for those diagnosed more recently. Different strategies may be required for this group.

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