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Poster presentation

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Is prognosis after first AIDS-defining pathology incidence becoming better in recent years of HAART era?

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Purpose of the study

To evaluate if prognosis of HIV infection, after the incidence of first AIDS-defining condition, is becoming better with improvement in HIV infection management protocols.

Methods

The COMESEM cohort registers any HIV-infected patient receiving care in any of a group of several general community hospitals responsible for global medical care to a population close to 1,600,000 inhabitants of Madrid's perimetropolitan area. In the actuality it registers 8,166 HIV-infected patients, with a follow-up of 42,148 patient-years. We included in the study any patient with a recent diagnosis of HIV infection (less than 6 months) who suffered a first AIDS-defining disease. Survival was measured with Kaplan-Meier test, and differences and hazard ratios between 4-yearly periods after 1996 (1996–1999, 2000–2003 and 2004–2008) were measured with Maentel-Haenzel's log-rank and Cox-regression tests.

Summary of results

3,987 patients included in the COMESEM cohort were recently diagnosed of HIV infection. 1,270 of them experienced first incidence of AIDS-defining condition, 603 after January 1, 1996. Most frequent diagnosed pathologies were tuberculosis (27.1%), *P. jirovecii* pneumonia (21.5%), and oro-oesophageal candidiasis (13.4%). Median survivals after first AIDS-defining condition in

any of the evaluated periods in the HAART era were largely greater than 10 years, much longer than in the pre-HAART years (p < 0.0001). There were no significant differences in survival between 1996–1999 and 2000–2003 (p = 0.214). Nevertheless, survival was significantly better in period 2004–2008 vs. any of both previous periods 1996–1999 (HR = 2,905,95% CI 1,620-5,208) or 2000-2003 (HR = 2,581,95% CI 1,393-4,784). (Table 1.)

Conclusion

Prognosis of HIV-infected patients after incidence of first AIDS-defining condition is becoming increasingly better in recent years, probably reflecting improvements in HIV infection treatment protocols.

Table I:

		Events	Events	Survival	Survival	Survival	Hazard Ratio	Hazard Ratio	Log-rank
Period	Patients	"n"	%	p-25%	median	p-75%	HR	IC.95%	"P"
1996–99	306	129	42,6	ND	ND	1,673	ı	(reference category)	
2000–03	191	53	27,7	ND	ND	2,669	1,230	0,887 – 1,706	=,214
2004–08	164	13	7,9	ND	ND	ND	2,905	1,620 - 5,208	<,0001
 2000–03	191	53	27.7	ND	ND	2.669	i	(reference category)	
2004–08	164	13	7,9	ND	ND	ND	2,581	1,393 – 5,208	=,001

ND – not determinable (not afforded in the population studied).

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