

The health and care needs of women living with HIV today: a cross-sectional analysis

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Introduction/Summary

- Specific considerations apply to the care of women living with HIV, starting from the time of diagnosis and adapting to evolving circumstances throughout the management journey (1; 2).
- The aim of this study is to obtain a detailed characterisation of the care needs of a prospective cohort of adult cis women living with HIV.

Methods

- Data from 2000 to 2023 were initially collected retrospectively from the medical records to build an anonymous electronic database that is now updated prospectively.
- Eligibility criteria included new HIV diagnosis or patients transferred from other care centres who result in active follow-up at the Infectious Diseases outpatient service of our clinic (at least one outpatient visit or blood sample recorded from January to October 2023).

Results

- Between January 2000 and October 2023, 220 women living with HIV were taken in care, of which 172 result in active follow-up and 48 lost to follow-up or transferred to other care centres.
- Current median age of the study population is 51 years (IQR 43-59.25); the majority are Italian, the main risk factor for acquiring HIV infection is heterosexual route, co-infected HIV/HCV and HIV/HSV patients are respectively 18.6% and 15.7% (Table 1).
- 49 (28.5%) patients presented with a CDC stage C(1-2-3) at HIV diagnosis. The therapeutic regimens currently used are combination regimens based on TDF/TAF associated with INI for more than half of the population (88, 51.16%).

Results of 2

- Newly (between 2017 and 2023) diagnosed HIV patients on their first cART regimen are N=28, mainly (42.8%) on a bictegravir-containing 3 drug regimen.
- The reasons for changing previous cART therapy were mostly due to simplification (N=94, 54.65%).
- Patients currently receiving STR are the majority (73.8%).
- At the last viro-immunological determination available from the records, patients with plasmatic viral load below 50 cp/ml are 157 (91.3%). The median number of CD4 T lymphocytes is 723 (IQR 495.5-973) and median CD4/CD8 ratio 0.95 (IQR 0.6-1.42).

Results of 3

- Among the most frequent comorbidities, gynecological diseases that required surgery (mainly uterine fibroadenomatosis) and cervical papillomatosis account for 44.2%; moreover, psychiatric conditions that require medications (from anxiety disorder to substance addiction and suicidal attempt) account for 59% (Table 2).

Table 1. Characteristics of the population in terms of HIV acquiring risk factor, median age at diagnosis and at last follow-up, median years of disease and therapy, HBV/HCV co-infections, clinical presentation at HIV diagnosis, STR (single tablet regimen) therapy, current cART regimen, reasons to cART treatment change and viro-immunological data

Patients in care, in active follow-up (diagnosed from 1983 to 2023)	Total N=172 (100%)	Diagnosed in our centre N=75 (43.6%)	Transferred from other care centres N=97 (56.4%)
Nationality			
	Italian		N=101 (58.7%)
	Sub-Saharan Africa		N=38 (22.1%)
	Eastern Europe		N=13 (7.6%)
	Ethiopia and Eritrea		N=8 (4.6%)
	South America		N=8 (4.6%)
	North Africa		N=2 (1.2%)
	Middle East and Asia		N=2 (1.2%)
Risk factor for acquiring HIV infection	Heterosexual N=128 (74.4%)	IDU N=43 (24.4%)	Congenital N=2 (1.2%)
Median age at HIV diagnosis		33 (IQR 27-44)	
Median age at last follow-up		51 (IQR 43-59)	
Median years of disease		13 (IQR 7-24)	
HCV co-infection		N=32 (18.6%)*	
HBV co-infection		N=47 (27.3%)**	
Clinical presentation at HIV diagnosis		CDC classification	Patients
		A1	N=22 (12.8%)
		A2	N=24 (13.9%)
		A3	N=12 (7%)
		B1	N=2 (1.2%)
		B2	N=16 (9.3%)
		B3	N=30 (17.4%)
		C1	N=2 (1.2%)
		C2	N=6 (3.5%)
		C3	N=41 (23.8%)
			Σ=28.46%
Median years of therapy		10 (IQR 5-16)	
Median number of cART regimens		N=3 (IQR 2-5)	
STR therapy		N=127 (73.83%)	
Current cART regimen		2NRTI+PI boosted o unboosted	N=31 (18%)
		2NRTI+NNRTI	N=22 (12.8%)
		2NRTI+INI	N=88 (51.2%)
		Dual-therapy	N=28 (16.3%)
		Other (combination therapy in drug-resistant HIV/HTE)	N=2 (1.2%)
Reasons to cART treatment change from previous regimen		Off-therapy	N=1 (0.6%)
		No switch (first line treatment)	N=21 (12.2%)
		Simplification (proactive switch/pill burden reduction)	N=94 (54.6%)
		No data available	N=23 (13.4%)
		Other reasons***	N=20 (11.4%)
		Virological failure	N=6 (3.5%)
		Hyperlipaemia	N=3 (1.7%)
		Gastrointestinal toxicity	N=3 (1.7%)
		Renal toxicity	N=1 (0.6%)
		Neurologic toxicity	N=1 (0.6%)
Viro-immunological data		HIV viral-load at last determination (from 01/23 to 10/23)	
		HIV-RNA da 0 a <20 cp/ml	N=136 (79%)
		HIV-RNA da 20 a 50 cp/ml	N=21 (12.2%)
		HIV-RNA da 50 a 200 cp/ml	N=2 (1.2%)
		Median of CD4/CD8 ratio	N=12 (6.7%)
		Median of absolute number of T CD4+ lymphocytes	723 (IQR 495-973)
		Median of the percentage of T CD4+ lymphocytes	36%
		Median of CD4/CD8 ratio	0.95 (IQR 0.6-1.4)

*Of them, N=32 patients (72%) were treated, with achievement and maintenance of SVR. Three patients presented spontaneous clearance and five still refuse therapy. For one patient transferred from a non-European centre documentation about possible treatment was not available
**previous 20, chronic 27
***pregnancy, planning of pregnancy, low adherence to previous regimen, patient's decision, rash (N=1), cholelithiasis (N=1), diffuse arthralgias

Table 2. Principal comorbidities found in our population of study

Comorbidity	N (%)	Details
Gynecological	N=76 (44.2%)	- Uterine fibroadenomatosis that required surgery - Cervical papillomatosis
Psychiatric	N=59 (34.3%)	Psychiatric conditions that require medications: - Anxiety disorder - Insomnia - Drug addiction - Personality disorder - Major depressive disorder - Suicidal attempts
Hypertension	N=56 (32.5%)	
Autoimmune	N=36 (20.9%)	- Autoimmune thyroiditis (Hashimoto's thyroiditis, Basedow's disease) → N=21 (58.3%) - Multinodular goiter ± thyroid tumor → N=9 (25%) - Systemic lupus erythematosus (SLE) - Fibromyalgia - Scleroderma - Celiac disease - Connectivitis - Lichen sclerosus - Ulcerative colitis - Crohn's disease
Cardiological	N=37 (21.5%)	- Valvulopathies - Ischemic heart disease
Neurological	N=31 (18%)	- Polineuropathies - Sequelae of ischemic stroke - Epilepsy
Neoplasia (previous or ongoing)	N=28 (16.3%)	- Cervical cancer (including in situ carcinoma) N=12 (42.8%) - Breast cancer N=9 (32%) - Hodgkin's Lymphoma - Uterine cancer - Ovarian cancer - Lung cancer - Thyroid cancer - Myelodysplastic syndrome
COPD	N=19 (11%)	
Dyslipidaemia	N=18 (10.5%)	
Diabetes mellitus type II	N=16 (9.3%)	
Chronic kidney disease and end-stage renal disease	N=10 (5.8%)	

Conclusions

- In our cohort nearly 1 in 3 women who received a HIV diagnosis presented with an AIDS-defining condition, with most cases occurring in native Italian individuals. From these data emerges the importance of increasing awareness of HIV existence, both in the population and among healthcare workers.
- The cART regimens currently mostly used are TDF/TAF-based in association with INSTI.
- The vast majority (>90%) of our cohort achieved HIV-virological suppression and a satisfying immunological recovery.
- The most frequent comorbidities are gynecological and psychiatric: hence, the need to pay further attention to the mental health of our patients (even through selection of tailored cART) and actively fight against stigma.

References

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