ABSTRACT

TITLE OF THE ABSTRACT : Chronic disease profile of PLHIV on long term antiretroviral therapy.

DEPARTMENT : General Medicine

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OBJECTIVES

Primary Objective

To study the profile of chronic diseases among patients with HIV on long term antiretroviral therapy.

Secondary Objectives
1. To assess the adequacy of treatment of diabetes, hypertension and dyslipidemia as per standard guidelines in the same population.

2. Assessment of cardiovascular risk in the same population.

3. Assessment of quality of life in the same population.

METHODS

Ours was a cross sectional study conducted in the out patient department of General Medicine, CMC Vellore.

We recruited 50 patients as per inclusion criteria who were assessed for presence of chronic diseases as per standard criteria apart from details on demography and antiretroviral therapy. Adequacy of treatment of the same was assessed.

Cardiovascular risk was calculated using AHA guidelines 2013 calculator. Evaluation of quality of life was done using the WHOQOL HIV BREF questionnaire which was administered by interview. Lab investigations for diagnosis were obtained and DEXA scan was done to assess bone mineral density and whole body fat estimation to assess lipodystrophy. Data from the clinical research form were entered into the Epidata v 3.1 data entry software and then exported to SPSS version 17, IBM Corporation for analysis. For continuous data, the descriptive statistics mean, standard deviation, minimum and maximum are presented. For categorical data, the number of patients and percentage are presented. Based on the normality of data, the parametric t test or nonparametric Mann -Whitney test were applied to the data. The Chi-square or Fisher
exact test was applied to the data when required. P value less than 0.05 was considered statistically significant

RESULTS

Assessment of chronic disease profile in this population revealed high rates of dyslipidemia (62%) followed by that of diabetes (40%). The proportion of patients who satisfied the criteria for metabolic syndrome was also as high as 48% in the same population. There was also an increased rate of osteoporosis (23.4%) in the same population. Cardiovascular risk was $12.57 \pm 0.02\%$ in Tenofovir-Emtricitabine/Lamivudine-Efavirenz regimen which was statistically significant with P value of 0.03138. The adequacy of control of the diseases of interest as per standard guidelines, were 55% in diabetes, 59% in hypertension and 39% in dyslipidemia. The quality of life assessed in the same population showed a moderate quality of life index, the lowest individual score being that of social relationships.

CONCLUSION

Such high rates point towards the fact that it is important to anticipate higher rates of metabolic abnormalities in this population thereby preparing ourselves for early screening and detection of the same so as to prevent complications.

The increased rate of cardiovascular risk in the Tenofovir-Emtricitabine/Lamivudine-Efavirenz regimen which are unfortunately the first line agents of antiretroviral
therapy used in our setting is worth mentioning. Control of dyslipidemia was found to be least satisfactory among the three diseases of interest which were assessed.

This again calls for aggressive control of cardiovascular risk factors after early screening and detection of the same. Overall quality of life index was moderate, with lowest individual score in the social relationships domain which calls for measures to combat the stigma prevailing against HIV.
KEYWORDS

‘chronic disease’ ‘antiretroviral therapy’ ‘long term ART’ ‘cardiovascular risk’

‘quality of life’