COMORBIDITIES AMONG HIV/HCV COINFECTED PEOPLE WHO INJECT DRUGS (PWID): A RETROSPECTIVE COHORT STUDY

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Background:
Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV) infections remain major public health concerns, particularly among co-infected PWID. Relatively few studies have evaluated the prevalence of comorbidities affecting this population, especially as it advances in age. This analysis was conducted to determine the prevalence of comorbidities in this population with the aim of establishing a Total Patient Care (TPC) model to address the medical and psychosocial needs of HIV/HCV co-infected PWID in a comprehensive manner.

Methods:
The Vancouver Infectious Diseases Centre (VIDC) database, which contains information on all patients receiving HIV and/or HCV care, was used to identify all recent/current PWID (as determined by urine drug screening) co-infected with HIV and HCV. Demographic information was collected along with all documented clinical symptoms and ICD-9 medical diagnoses by retrospective chart review.

Results:
A total of 124 HIV/HCV co-infected PWID were identified (all with viremic HCV infection). Baseline characteristics include: mean age 52.9 years, 85.5% male, 16.9% Indigenous, and 46.0% receiving Opiate Substitution Therapy (OST), 80% with undetectable HIV plasma viral load. Prevalence of comorbidities in this population include: 33.9%psychiatric issues, 31.5% respiratory illnesses, 28.2% dermatological conditions, 26.6% musculoskeletal conditions, 25.8% genitourinary conditions (including other Sexually Transmitted Infections), 21.0% endocrine and metabolic conditions, 19.4% cardiovascular conditions, 17.7% neurological conditions, 16.9% gastrointestinal conditions, 15.3% hepatobiliary conditions, and 8.9% renal conditions. Only 10% had no comorbidities, and 95% had multiple comorbidities.

Conclusion:
With the use of successful antiretroviral therapy, the life expectancy of HIV-infected patients is increasing. This also applies to individuals co-infected with HCV, including PWID, who are increasingly being treated for both conditions. As we design multidisciplinary models of care for this unique group of individuals, the majority have significant comorbidities affecting multiple body systems. These will need to be addressed to optimize long-term health and engagement in care.

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