

# XIII

## CONGRESSO NAZIONALE



26 OTTOBRE 2014  
29 GENOVA

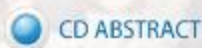
Porto Antico di Genova, Centro Congressi

### COMUNICAZIONI ORALI

- Infezioni da hiv/aids
- Infezioni da virus epatitici
- Infezioni da batteri
- Infezioni micotiche
- Miscellanea

### POSTER

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Bristol-Myers Squibb



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**SIMIT**

Società Italiana  
di Malattie Infettive  
e Tropicali

**26-29 OTTOBRE 2014**

**GENOVA**

Porto Antico di Genova, Centro Congressi

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## DETERMINANTS OF HIV OUTPATIENT SERVICE UTILIZATION ACCORDING TO HIV PARAMETERS

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**Background:** The increased life expectancy of HIV patients in the era of highly active antiretroviral therapy has had profound consequences for the health care systems that provide their care. It is useful to assess whether health care resources need to be adapted to the different stages of HIV infection or to patient characteristics [1]. To study how patient features influence utilization of out patient services, we retrospectively analyzed the Electronic Health Record of HIV-positive patients who had followed day-care programs at the AIDS Center of the University of Palermo, Italy.

**Materials and Methods:** 223 HIV-infected subjects were recruited and divided into two groups according to CD4 cell counts (117 with a CD4 count  $< 500/\text{mm}^3$  and 106 with CD4 count  $\geq 500/\text{mm}^3$ ). Data on age, gender, race, lifestyle habits (including educational level, drug abuse history, smoking status, alcohol consumption, sexual behaviour) BMI, HIV-RNA, CD4+ T-cell count, antiretroviral therapy (ART), comorbidities such as HCV co-infection, osteoporosis biomarker, dyslipidemia, diabetes, renal function and systolic and diastolic blood pressure were recorded in a purposely-designed database and were analyzed in relation to AIN by uni- and multivariable logistic regression.

**Results:** Table 1 shows the characteristics of enrolled patients; the average age of the recruited patients was  $45.4 \pm 9.5$  years. 163 individuals were male (73%), 26 were immigrants (12%) and 91 (40%) were treatment-naïve. Mean day care access for laboratory

Variable	HIV with a CD4 count $< 500/\text{mm}^3$ n=117	HIV with a CD4 count $\geq 500/\text{mm}^3$ n=106	P
Age years (mean and SD)	45.4	45.8	ns
Male/Female	84/33	79/27	ns
BMI (Kg/m <sup>2</sup> ) (mean and SD)	23.4	24.6	ns
Ethnicity (n) Caucasian/African	99/18	98/8	ns
high-risk sexual behaviours			
Heterosex/homosex/bisexual men	20/29/10	35/22/20	ns
CD4+ T-cell count (cells/ $\mu\text{L}$ ) (mean)	310	1044	//
HIV-RNA copies/mL (mean)	25.728	6.669	ns
25-Hydroxyvitamin D (ng/mL)	28.9	25.1	ns
Drug addiction (n)	33	22	ns
ARV therapy ( $\leq 5$ years)	52	30	0.014
ARV therapy (5-10 years)	17	20	ns
ARV therapy ( $> 10$ years)	45	52	ns
mean day care access for laboratory tests CD4/Viral load	7.0/10.1	6.2/9.4	0.045/ns

tests to evaluate stage of HIV and for treatment monitoring was 6.5 days for CD4 cell count measurements and 9.6 for HIV RNA/Drug-resistance testing. When patients were stratified according to CD4 count, mean day care access for laboratory tests to evaluate HIV stage and to monitor treatment was negatively correlated with CD4 cell counts.

**Conclusions:** Only patients with CD4 counts  $< 500/\text{mm}^3$  showed higher rates of health care utilization; these data may be useful for monitoring and revising implementation plans for the different phases of HIV disease.

#### References and Legends

1. Brennan A, Morlay D, O'Leary AC, Bergin CJ, Horgan M. Determinants of HIV Outpatient Service Utilization: A Systematic Review. *AIDS Behav.* 2014 Jun 8. Table 1. Selected characteristics of 223 HIV-infected patients