

Patterns, trends and opportunities: cardiovascular risk factor measurement among older adults attending an outer-metropolitan Australian Sexual Health Centre for HIV care.

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BACKGROUND: Annual cardiovascular risk-factor measurement (CVRFM) is recommended among People Living with HIV (PLWHIV) in Australia. Aiming to identify areas for improvement, our clinic evaluated CVRFM frequency and completeness among PLWHIV.

METHODS: Retrospective file review for PLWHIV aged ≥ 40 years with ≥ 1 attendance for viral load measurement per calendar year (2018-2020). Complete CVRFM (cCVRFM) described 4 CVRFM types (smoking, blood glucose, cholesterol, blood pressure) occurring within a calendar year. We then calculated any-year Absolute Cardiovascular Risk Scores (ACRS-low-risk/ $<10\%$, medium-risk/ $10-14\%$; high-risk/ $\geq 15\%$), using most recent values in years with repeat CVRFMs of the same type. Chi-squared tests compared year-to-year differences.

RESULTS: 128/184 (70%) of WSSHC's cohort aged ≥ 40 were included (median age 50; 77% male; 97% medicare-eligible, 47% Australian-born; median 9.5 years since diagnosis; 95% on uninterrupted treatment; median latest CD4 count 788, median CD4 nadir 248). 64% had any-year General Practitioner (GP)-linkage. Mean yearly attendances were 2.7 (2018), 2.5 (2019), 2.3 (2020). Males aged <55 had median 3 CVRFM types per year (2.2, 2.7, 2.7 for 1, 2 and ≥ 3 yearly attendances, respectively) and 58% had any-year cCVRFM. Males aged ≥ 55 had median 2.7 (1, 2.7, 2.8 respectively) and 71% cCVRFM; females <55 had median 1.8 (1.7, 2, 2.5) and 52%; females ≥ 55 had median 1.8 (1.8, 2.2 for ≥ 2 and 3 attendances) and 25%, respectively. cCVRFM decreased in females <55 from 35% (2018) to 13% (2020; $p=0.001$); other groups showed no year-to-year differences. Any-year cCVRFM occurred in 56% (52% with, and 62% without, GP-linkage). Annual cCVRFM occurred in 4%, irrespective of GP-linkage. Low, medium and high-risk ACRS occurred in 63%, 19% and 18%, respectively. GP-linkage occurred in 59%, 79% and 92% of these ACRSs, respectively.

CONCLUSION: CVRFM trends and limited cCVRFM highlight the need for novel, targeted screening initiatives, particularly for females. GP-linkage was common, highlighting shared-care opportunities for this health priority.

Disclosure of Interest statement:
none to declare