



PATTERNS AND OPPORTUNITIES: CARDIOVASCULAR RISK FACTOR MEASUREMENT AMONG OLDER ADULTS ATTENDING AN OUTER-METROPOLITAN AUSTRALIAN SEXUAL HEALTH CLINIC 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 attending for HIV care.

METHODS:

Retrospective file review

PLWHIV aged ≥ 40 years with ≥ 1 attendance for viral load measurement per calendar year (2018-2020)

Complete CVRFM' (cCVRFM) described 4 risk-factors (flowchart); Chi-squared tests compared year-to-year differences

Absolute Cardiovascular Risk Scores calculated for those with any-year complete CVRFM (low-risk/ $<10\%$, medium-risk/ $10-14\%$; high-risk/ $\geq 15\%$)

RESULTS:

128/184 (70%) of WSSHCO'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 uL, median CD4 nadir 248 uL).

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 attendances (1, 2.7, 2.8 respectively) and 71% cCVRFM. Females <55 had median 1.8 attendances (1.7, 2.0, 2.5) and 52%. Females ≥ 55 had median 1.8 attendances (1.8, 2.2 for ≥ 2 and 3 attendances) and 25%, respectively. Low, med, high-risk scores-63%,19%,18% respectively

Any-year cCVRFM: in 52% with GP-linkage, 62% without GP-linkage

128

PLWHIV (≥ 1 attendance per calendar year; 2018-2020)

Risk factors: smoking, blood glucose, lipids, blood pressure. 'Complete'=all 4 measures

2.5

Median attendances (2.7 in 2018, 2.5 in 2019, 2.3 in 2020)

4%

Every-year Complete cardiovascular risk factor measurement (CVRFM)

56%

Any-year Complete CVRFM

Calculable absolute risk score



■ Low ■ Med ■ High

64%

GP linkage

Overall

59% of low-risk scores

79% of medium-risk scores

92% of high-risk scores



Temporal decline (2018-2020) in any-year complete CVRFM in females <55 ($p=0.001$)

No change in other groups

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