

CHANGES IN MORTALITY AMONG HIV-INFECTED PERSONS IN THE ASIA-PACIFIC REGION: RESULTS FROM THE TREAT ASIA HIV OBSERVATIONAL DATABASE (TAHOD) AND AUSTRALIAN HIV OBSERVATIONAL DATABASE (AHOD)

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Background:

AIDS-related deaths in people living with HIV/AIDS have been decreasing in number since the introduction of combination antiretroviral therapy (cART). However, data on recent causes of death in the Asia-Pacific region are limited. We analysed and compared AIDS and non-AIDS related mortality in high and low-income settings in the region.

Methods:

All patients enrolled in the TREAT Asia HIV Observational Database (TAHOD) and Australian HIV Observational Database (AHOD) who had commenced their first ART with a triple-drug regimen were analysed. Causes of death verification were based on review of the standardized Cause of Death (CoDe) form designed by the D:A:D group. Competing risk regression was used to analyze factors associated with AIDS and non-AIDS mortality.

Results:

Of 10,386 patients, 522 died; 187 from AIDS and 335 from non-AIDS causes. The overall incidence rate of deaths during follow up was 0.28 per 100 person-years (/100 PYS) for AIDS and 0.51/100 PYS for non-AIDS. Analysis indicated that the incidence rate of non-AIDS mortality decreased from 0.78/100 PYS to 0.37/100 PYS from year groups 2003 to 2017 ($p < 0.001$). Similarly, incidence rates of AIDS deaths decreased from 0.51/100 PYS to 0.09/100 PYS from year groups 2003 to 2017 ($p < 0.001$). Recent years of follow-up were associated with reduced hazard for non-AIDS mortality (2008-2012: SHR 0.72, 95% CI 0.54-0.96, $p=0.027$; 2013-2017: SHR 0.64, 95% CI 0.47-0.87, $p=0.004$) compared to years 2003-2007. The AHOD cohort had almost twice the hazard of non-AIDS mortality compared to TAHOD low-income

sites (SHR 1.72, 95% CI, 1.20-2.46, $p=0.003$); there were no differences between cohorts for AIDS-associated mortality ($p=0.834$).

Conclusion:

AIDS and non-AIDS mortality rates have decreased over the past years in the Asia-Pacific region. There is a greater risk for non-AIDS associated deaths in the AHOD cohort compared to low-income settings in TAHOD, likely related to older age in that cohort.

Disclosure of Interest Statement:

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