

Prevalence, treatment and consequences of diabetes mellitus in a Victorian cohort of people living with HIV in 2019

Authors:

Butale B¹, Woolley I^{1,2}, Cisera K², Korman T², Soldatos G^{2,3}

¹ Faculty of Medicine Nursing and Health Sciences, Monash University, ² Monash Infectious Diseases, Monash Health, ³ Monash Diabetes and Vascular Medicine Unit, Monash Health

Background:

Since diabetes is an increasingly common co-morbidity in HIV, we examined its prevalence, complications and care.

Methods:

A one-year retrospective cohort study of people living with HIV (PLWH) in our infectious diseases outpatient clinic. Socio-demographic, clinical and pathology data were obtained from medical records. Fisher's exact test and Chi square were used for categorical data and Student's T-test for numerical data.

Results:

262 PLWH were enrolled and 13.4% had diabetes mellitus (DM) (95% CI 9% to 17%). DM patients were older (59 ± 2 yrs vs 46 ± 1 yrs mean, 95% CI), had a higher waist circumference (109 ± 8.5 cm vs 95 ± 3.1 cm mean, 95% CI), were more often on antihypertensives (54% vs 17%) and lipid-lowering medication (66% vs 14%), had sleep apnoea (17% vs 3%) and diagnosed with HIV for longer (12 ± 3 yrs vs 9 ± 1 yrs). For PLWH with DM, 69% were diagnosed with DM after HIV. 74% of DM patients were on DM therapy of which 73% were on Metformin, 50% on insulin, 38% on DPP IV inhibitors, 31% on Sulfonylureas, 19% on GLP1 agonists, 8% on Acarbose and 4% on thiazolidinediones and SGLT2 inhibitors. Of 94% DM patients who had a recent HbA1C test, 45% had a reading $\leq 7.0\%$. 60% patients had diabetic complications and 37% had macrovascular complications. Of 74% patients who had been screened, 69% had microvascular complications. Only 11% had a dietician visit recorded in the last year. 51% had seen an endocrinologist in the last 12 months whilst 31% had done so annually for the past 5 years.

Conclusions:

DM prevalence in PLWH, rates of macrovascular and microvascular complications were high and recorded utilisation of diabetes support services was low. An integrated outpatient clinic which combines HIV and DM expertise may improve clinical and biochemical outcomes in PLWH.

Disclosure of Interest Statement:

N/A