# CARDIOVASCULAR RISK MANAGEMENT IN PEOPLE LIVING WITH HIV ATTENDING SEXUAL HEALTH SERVICES IN NORTHERN NSW: DOES IT DIFFER BY SHARED-CARE STATUS?

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**Background:**
Cardiovascular co-morbidity is increasingly common among people with HIV (PWH) as the population ages. Many PWH obtain HIV care from sexual health services (SHS), where care may delivered entirely by the service, or alongside a GP in a shared-care model. We investigated whether cardiovascular disease (CVD) risk factor management differs by shared-care status at a regional SHS.

**Methods:**
PWH attending North Coast SHS were recruited to participate in a longitudinal cohort study. The cohort was divided into 2 groups by shared-care status and demographics, disease status and biomarkers were compared. Attainment of major cardiovascular risk biomarker targets (BMI <25, Systolic BP<140, serum TC <6.0, LDL<4.0, HDL>1.0, Creatinine<0.110) were compared using $chi^2$ tests.

**Results:**
330 people were included in the analysis. Compared with clinic care, the shared-care group were significantly older (mean age 58.5 v 54.6 years, p=0.001), with more diagnosed CVD (61.2% v 36.2%, p=<0.001) and diabetes (8.8% v 1.9%, p=0.004). There was no significant difference between the means for the major clinical cardiovascular risk biomarkers of BMI, systolic BP, TC, HDL, LDL and creatinine. In examining attainment of clinical targets, shared-care had fewer patients with serum HDL levels at target (76.1% v 87.8%, p=0.049) however there was no significant difference between the groups for the achievement of target BMI, systolic BP, TC, LDL and creatinine. Sub-analysis of those with diagnosed CVD revealed significantly more patients in the shared-care group with serum LDL cholesterol at target (86.2% v 65.7%, p=0.02) but no difference in the achievement of other CVD targets between the groups.

**Conclusion:**
PWH with CVD and/or diabetes are more likely to utilise a shared-care model for their HIV care. At this regional service, use of clinic-only care did not limit the achievement of most cardiovascular risk targets, including among those with established CVD.

**Disclosures:**
None.