

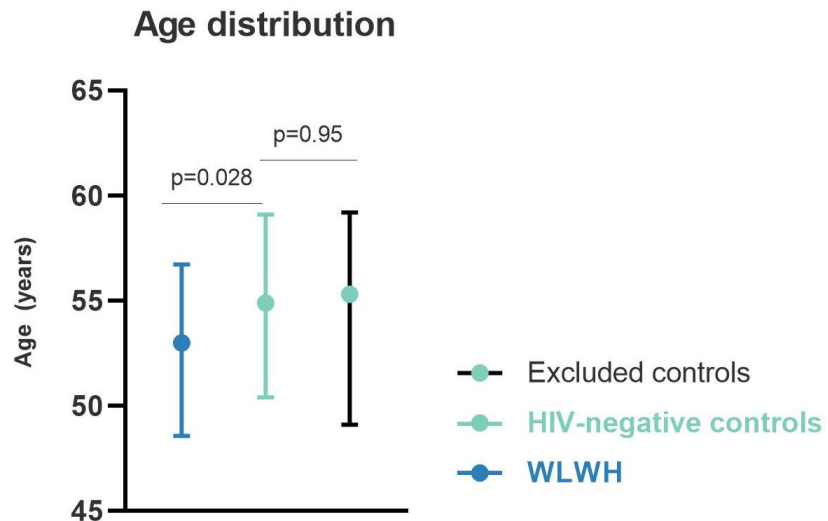
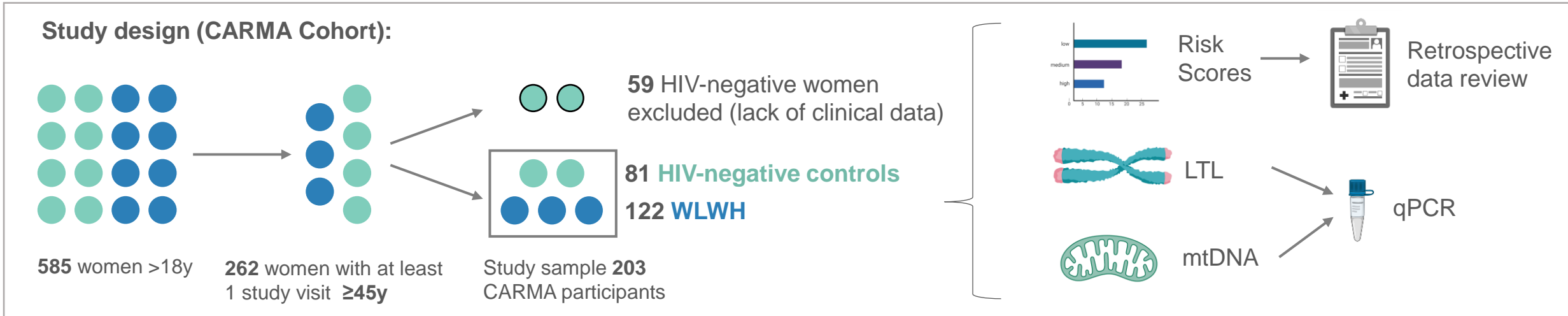
Preliminary Analysis of **Comorbidity Risk Scores** and Immune Aging Markers in Women over 45 Years old Living with or without HIV in the **CARMA Cohort** in British Columbia

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Introduction

RATIONALE: People living with HIV are at higher risk of age-related comorbidities, even when treated with cART. There are limited data describing **multiple comorbidity scores** for risk prediction in women living with HIV (**WLWH**).



OBJECTIVE: to compare, between **WLWH** and **HIV-negative control women**, the risk scores and immune aging markers - **leukocyte telomere length (LTL)** and **mitochondrial DNA (mtDNA)** content.

◀ **Figure 1.** Age distribution of study participants (median, IQR). **WLWH** were **younger** than **HIV-negative controls**. The age of 59 excluded **controls** did not significantly differ from the 81 **HIV-negative controls** included in the study.

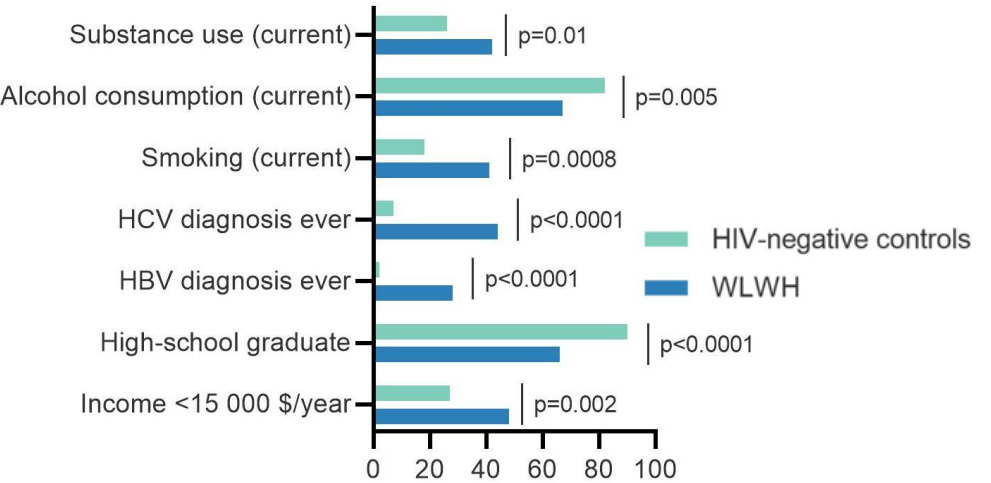
Study measures and demographics

Risk Score	Definition	Number of participants with score, n (%) *	
		WLWH n=122	HIV-negative controls n=81
Framingham Risk Score (FRS) <div><div></div><div></div></div>	10-year risk of cardiovascular event (n=197)	108 (93)	64 (79)
Aspartate aminotransferase-to-platelet ratio (APRI) <div><div></div><div></div></div>	Marker of liver fibrosis	119 (98)	73 (90)
Canadian Association of Radiologists and Osteoporosis Canada (CAROC) <div><div></div><div></div></div>	10-year risk of a fragility fracture for women >50y (n=145)	72 (89)	52 (81)
Liver-related death risk (LRD) score <div><div></div></div>	Liver-related death risk in HIV/HCV co-infected individuals (n=53)	49 (92)	
Chronic Kidney Disease (CKD) prediction score <div><div></div></div>	Risk of chronic kidney disease (n=115)	115 (100)	
Veterans Aging Cohort Study (VACS) index <div><div></div></div>	5-year risk of all-cause mortality	119 (98)	

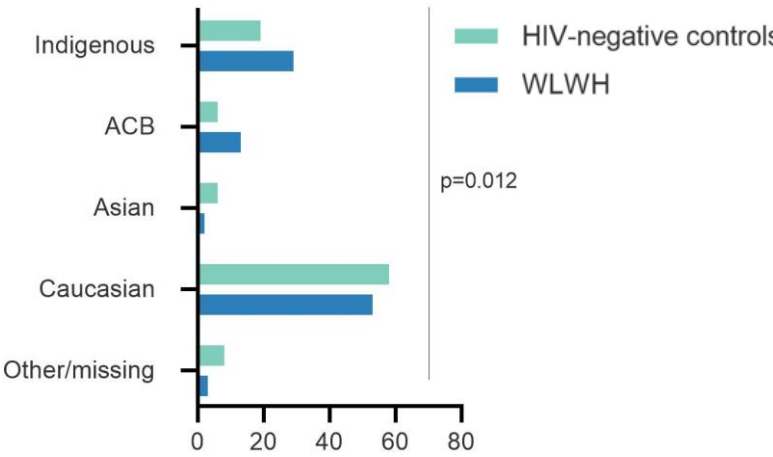
Risk scores were calculated for **different subsets** of participants based on the clinical data available.

LTL and mtDNA were measured for **WLWH** n=120 (98%) and **HIV-negative controls** n=78 (96%)

Demographic characteristics of study participants (%)



Ethnicity (%)



* Updated with more risk score data compared to the abstract

Results*

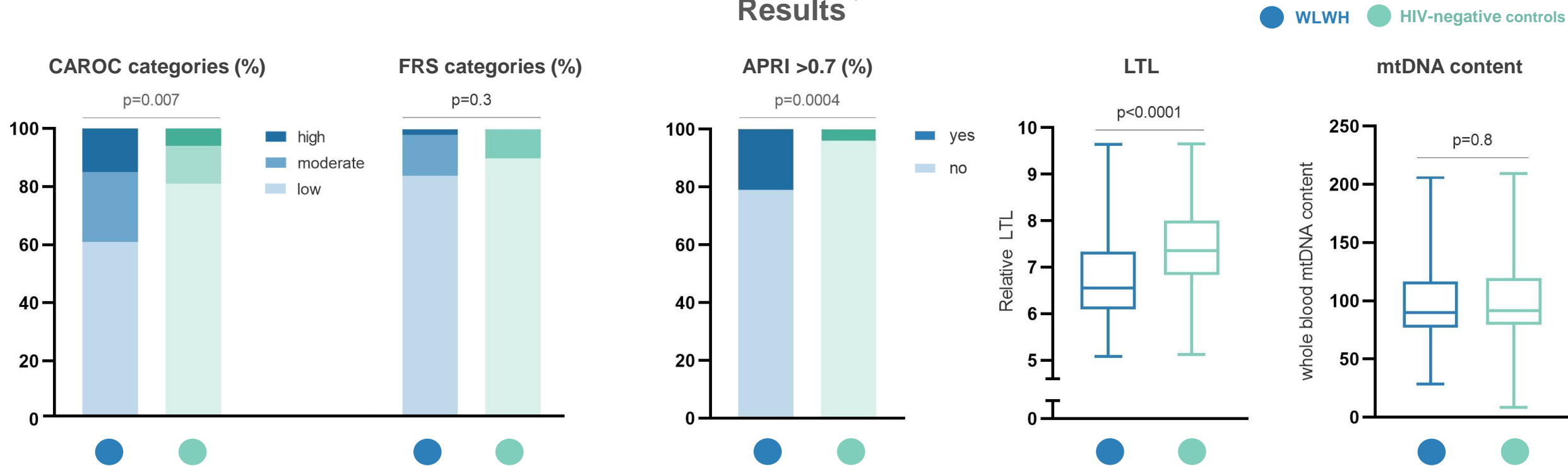


Table 2. Risk scores specific for WLWH

Liver-related death risk score, median [IQR]	5.5 [4.5-6.5]
low (<5.5), n (%)	20 (40.8)
medium-low (5.5-8.5), n (%)	20 (40.8)
medium-high (8.5-10.5), n (%)	6 (12.2)
high (>10.5), n (%)	3 (6.2)
Chronic kidney disease risk, median [IQR]	7.0 [3.0 – 12.0]
low (<0), n (%)	7 (6)
medium (0-4), n (%)	27 (23)
high (≥5), n (%)	81 (71)
VACS 5-year mortality risk (%), median [IQR]	10.8 [6.6 – 21.2]

- A larger proportion of WLWH had APRI>0.7 compared to controls, indicating higher risk for hepatic fibrosis
- A larger proportion of WLWH had moderate/high CAROC scores compared to controls, indicating higher risk for 10-year fracture
- FRS, which estimates 10-year risk of cardiovascular disease, did not differ between groups
- WLWH had shorter LTL than controls, but no difference in mtDNA content was detected
- Among WLWH, 18.4% were at medium-to-high risk of liver-related death
- Among WLWH, 71% were at high risk of chronic kidney disease
- Among WLWH, the VACS index predicted a 10.8 [6.6-21.2]% risk of 5-year all-cause mortality

* Updated with more risk score data compared to the abstract

Conclusions

In our study, despite the fact that **WLWH** were younger than **HIV-negative controls**, we observed:

Among **WLWH** vs. **HIV-negative controls**:



shorter LTL



higher risk scores for liver disease



higher risk scores for bone disease

In addition, for **WLWH** only:



18.4% at medium-to-high risk of liver-related death



71% at high risk of chronic kidney disease



10.8% median risk of 5-year all-cause mortality

No differences in cardiovascular risk and mtDNA content were detected.

Further research is needed to determine how to better predict and prevent aging comorbidities in this population.

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