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Figure 1. Adjusted rate ratios* of hospitalization for MI among HIV-infected and HIV-uninfected KP members: 1996 - 2008

Figure 2. Adjusted rate ratios* of hospitalization for stroke among HIV-infected and HIV-uninfected KP members: 1996 - 2008

Figure 3. Change in prescribing patterns over time: Trizivir® (ZDV/3TC/abacavir) and 3TC/abacavir vs. other regimens

Figure 4. Percent of KPNP HIV patients taking lipid-lowering therapy by ARV status: 1996 - 2008

Figure 5. Mean Framingham Risk Score among KPNP HIV patients: 1996 - 2008

STRENGTHS / LIMITATIONS

- Strengths:
  - large number of patients and events followed over extended time
  - comprehensive capture of hospital events (closed care system)
  - comparison of HIV and non-HIV patients from same care system
  - timeliness of data for surveillance reporting

- Limitations:
  - non-hospital MI and stroke events not captured
  - data on use of ARV and LLC, and components of Framingham risk score was available for KPNP patients only
  - Framingham risk data was not available on all KPNP patients at all time points

SUMMARY / CONCLUSIONS

- For the period 1996-2008, MIs and strokes among our HIV+ population were uncommon, occurring at a rate of 3.0 and 1.0 per 1000 person years, respectively.

- Rates of MI and stroke in a matched sample of HIV+ patients were significantly lower than among HIV- patients: 1.7 and 1.1 per 1000 person years, respectively.

- During 1996-2003, the rates of MI among HIV+ patients and HIV- patients converged such that in 2005-2008 the difference in rates between the two groups became statistically non-significant. The convergence was due to a decline in the rate of MI among HIV+ patients while the rate among HIV- patients was stable.

- We observed the same convergence in stroke rates. However for stroke, the convergence was due to a rise in the rate of stroke among HIV+ patients while the rate among HIV- patients was stable.

- Continued management of MI and stroke risk factors and the surveillance of MI and stroke event rates among HIV+ patients as compared to HIV- patients are warranted.