Many People on Therapy for HIV Should Qualify for Life Insurance

April 1, 2013

Thanks to the success of modern antiretrovirals (ARVs), many people with HIV on successful treatment have a low enough mortality risk to qualify for life insurance, a group of European researchers argue. Currently, life insurance policies are largely unavailable to people living with HIV. Seeking to determine how HIV-positive people would fare on an actuarial scale, the investigators studied adults from the European Antiretroviral Therapy Cohort Collaboration (ART-CC) and published their findings in the journal AIDS.

The study analyzed data from about 35,000 people who began ARVs between 1996 and 2008. Seventy percent of the group were males between the ages of 30 and 49, and three-quarters had a CD4 count below 350 when they began treatment. None had been infected with HIV as a result of injection drug use, nor were any living with hepatitis C virus (HCV) at the beginning of the study.

During the 174,906 person-years of follow-up, there were 1,236 deaths among the group, for a mortality rate of 0.71 per 100 person-years of follow-up. Comparing the insured HIV-negative general population with the lowest risk group in the study cohort—those with undetectable viral load and CD4s above 350—the investigators found that adults in this subgroup who were in their 30s had a 459 percent relative mortality risk to the HIV-negative population comparison group. This rate is within the cut-off of 500 percent that life insurance companies typically use to determine insurability.

The mortality risk dropped lower for older people in the cohort and for those on therapy for longer. Members of the group in their 40s with a CD4 count between 200 and 340 who had been on therapy for over seven years had a relative mortality risk of 238 percent. On average, 61 percent of those on ARVs had a mortality risk below 500 percent, and 28 percent had a risk lower than 300.

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