People With HIV and Kidney Disease Have Major Health Risks

Researchers urge clinicians to closely monitor their patients with HIV and chronic kidney disease.

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Individuals who are living with HIV and chronic kidney disease (CKD) have a high risk of multiple serious health conditions as well as death. Consequently, researchers behind a new study parsing these risks urge clinicians caring for such individuals to closely monitor them and encourage them to modify risk factors such as smoking and body weight.

Lene Ryom, MD, PhD, of the department of infectious diseases at Rigshospitalet in Copenhagen, Denmark, presented findings from a study of HIV-positive members of the D:A:D cohort at the 2018 Conference on Retroviruses and Opportunistic Infections (CROI) in Boston.

Lene Ryom at CROI 2018 in Boston.Benjamin Ryan

The study divided the cohort members into two groups. One group included 2,467 people who developed CKD after 2004, defined as two eGFR test results of 60 or below three or more months apart or a decrease in eGFR of 25 percent from 60 or below upon the individual's entry into the study. A second group included 33,427 people without CKD.

The study authors followed the participants to see whether they would develop one of a series of so-called serious clinical events, which included cardiovascular disease (CVD), end-stage kidney or liver disease, AIDS- or non-AIDS-defining cancer, other AIDS-defining health events or death. Those with CKD were followed until they developed one of these outcomes, until six months after their last study visit or until February 1, 2016, whichever came first.

During a cumulative 8,636 years, or a median 2.7 years, of follow-up, 595 (24.1 percent) of the individuals with CKD developed a serious clinical event, for a rate of 68.9 cases per 1,000 cumulative years of follow-up. An estimated 7.9 percent had a serious clinical event after one year of follow-up. This compared with a serious clinical event rate among those without CKD of 23 per 1,000 cumulative years of follow-up. An estimated 2.8 percent of that group had such an outcome after one year.

Among those with CKD, the most common serious clinical events were death (12.7 percent), non-AIDS-defining cancer (5.8 percent), CVD (5.6 percent), other AIDS-defining health events (5 percent), end-stage kidney disease (2.9 percent), end-stage liver disease (1 percent) and AIDS-defining cancer (0.8 percent).

Among those who died, major causes included non-AIDS-defining cancer (23 percent), CVD (20.1 percent), other AIDS-related causes (8 percent), liver disease (6.1 percent), bacterial infection (6.1 percent), AIDS-defining cancer (4.8 percent) and kidney disease (4.5 percent). A total of 16.6 percent of the deaths were due to other causes that were known and 10.9 percent were due to other causes that were not known.

After adjusting the data for various factors, the researchers found that factors associated with a modulated death included poor control of HIV (a 2.72-fold increased risk), a body mass index (BMI) below 18 (indicating being underweight, 1.68-fold increased risk), diabetes (1.6-fold increased risk), smoking (1.48-fold increased risk) and a higher eGFR (26 percent reduced risk).

Factors associated with developing other AIDS-defining health events included poor HIV control (3.05-fold increased risk), a low BMI (1.96-fold increased risk) and smoking (1.75-fold increased risk).

Factors associated with developing non-AIDS-defining cancer included smoking (1.78-fold increased risk) and diabetes (1.65-fold increased risk).

Factors associated with a modulated risk of CVD included smoking (1.98-fold increased risk), diabetes (1.81-fold increased risk) and a higher eGFR (19 percent lower risk).

The study authors stressed that many of these risk factors are modifiable, including smoking, diabetes, BMI and HIV suppression.

To read the conference abstract, click here.

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