HIV and Reduced Physical Function Linked to Higher Risk of Death

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HIV infection as well as reduced physical function in middle age each contribute to a raised mortality risk, aidsmap reports. Publishing their findings in the journal AIDS, researchers in Baltimore prospectively evaluated 1,627 HIV-positive and HIV-negative current and former injection drug users between 2005 and 2010 to assess the relationship between HIV status, physical function and mortality risk.

Every six months the researchers tested participants' ability to balance, walking speed and capacity to stand up from a sitting position with the so-called short physical performance battery (SPPB). The participants, who had a median age of 51, made 12,270 study visits.

After factoring out certain variables, the researchers found that HIV was independently linked with a 30 percent increase in the risk of having an SPPB score of 10 or below, which is indicative of reduced physical function.

A total of 165 people in the trial (10 percent) died during follow-up, for a mortality rate of 2.75 per 100 person-years.

Among the HIV-positive participants, having an SPPB score of 10 or lower meant a 2.34-fold increase in the risk of death when compared with having a higher score. Among the HIV-negative participants, those who had an SPPB score of 10 or below had a 2.21-fold increase in their risk of death. Low-scoring HIV-positive people who did not have their virus under control had a 2.55-fold increased risk of death, while HIV-positive participants with a controlled viral load had a 2.02-fold increased risk.

Having HIV was associated with a 2.78-fold increased risk of death. Low-scoring participants with HIV were six times more likely to die during the follow-up than high-scoring HIV-negative participants.

To read the aidsmap story, click here.