

COMPARISON OF CLINICAL OUTCOMES BETWEEN HIV-INFECTED PATIENTS WITH AND WITHOUT HCV CO-INFECTION IN A RESOURCE-LIMITED SETTING

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Abstract. Hepatitis C virus (HCV) co-infection is common among HIV-infected patients; its treatment is not affordable in resource-limited settings. This study aimed to compare the morbidity, mortality, immunological and virological outcomes of antiretroviral therapy (ART) between HIV-infected patients with and without HCV co-infection in a setting where HCV infection is rarely treated. A retrospective cohort study was conducted among HIV-infected patients attending Ramathibodi Hospital between 1998 and 2008. We studied 171 HIV-infected patients 57 with and 114 without HCV co-infection. The mean age of patients was 34.6 years and 67.3% were males. There were no differences in demographics, HIV staging, CD4 counts, ART use and ART regimens between the two groups ($p>0.05$). All patients who had a CD4 count <200 cells/mm³ or had an AIDS-defining illness during following-up were given ART; these consisted of 84.2% and 88.6% of patients with and without HCV co-infection, respectively. Only 4 out of 57 (7%) HCV co-infected patients were treated for HCV infection. During a median (range) follow-up time of 2.9 (1.2-9.8) years, no patients died in either group. The rates of AIDS-defining illnesses and hospitalization in the two groups were similar ($p>0.05$). In a resource-limited setting where HCV treatment is not affordable, HCV co-infection does not appear to affect morbidity, mortality or treatment responses to ART. ART may have a greater impact than HCV co-infection on the survival of HCV/HIV co-infected patients. Further studies are needed to assess the long-term impact of HCV co-infection on clinical outcomes in HIV-infected patients without HCV treatment.

Keywords: HIV, AIDS, HCV, long-term outcome, antiretroviral therapy

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