

Mortality and causes of death among HIV patients in Brighton and Hove 2017-2020

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Background

- In 2017, Brighton and Hove became the first Fast Track City in the UK giving it both political and clinical commitment to achieving the 'Getting to Zero' targets by 2030.
- The focus of this audit was to determine progress toward the getting to 'zero AIDS-related deaths' target, and understand the proportions of other potentially preventable causes of death¹.
- Since 2013, HIV deaths in London have been audited annually by the London HIV Mortality Review Group².
- Here we present the results of the first audit of HIV deaths in Brighton and Hove, over the period 2017-2020; an extension of the London review.
- The results will assist with the rollout of the National HIV Mortality Review. They will reflect the demographics of people in our cohort; predominantly white males, most of the population over 35 and the majority of transmission through sex between men³.

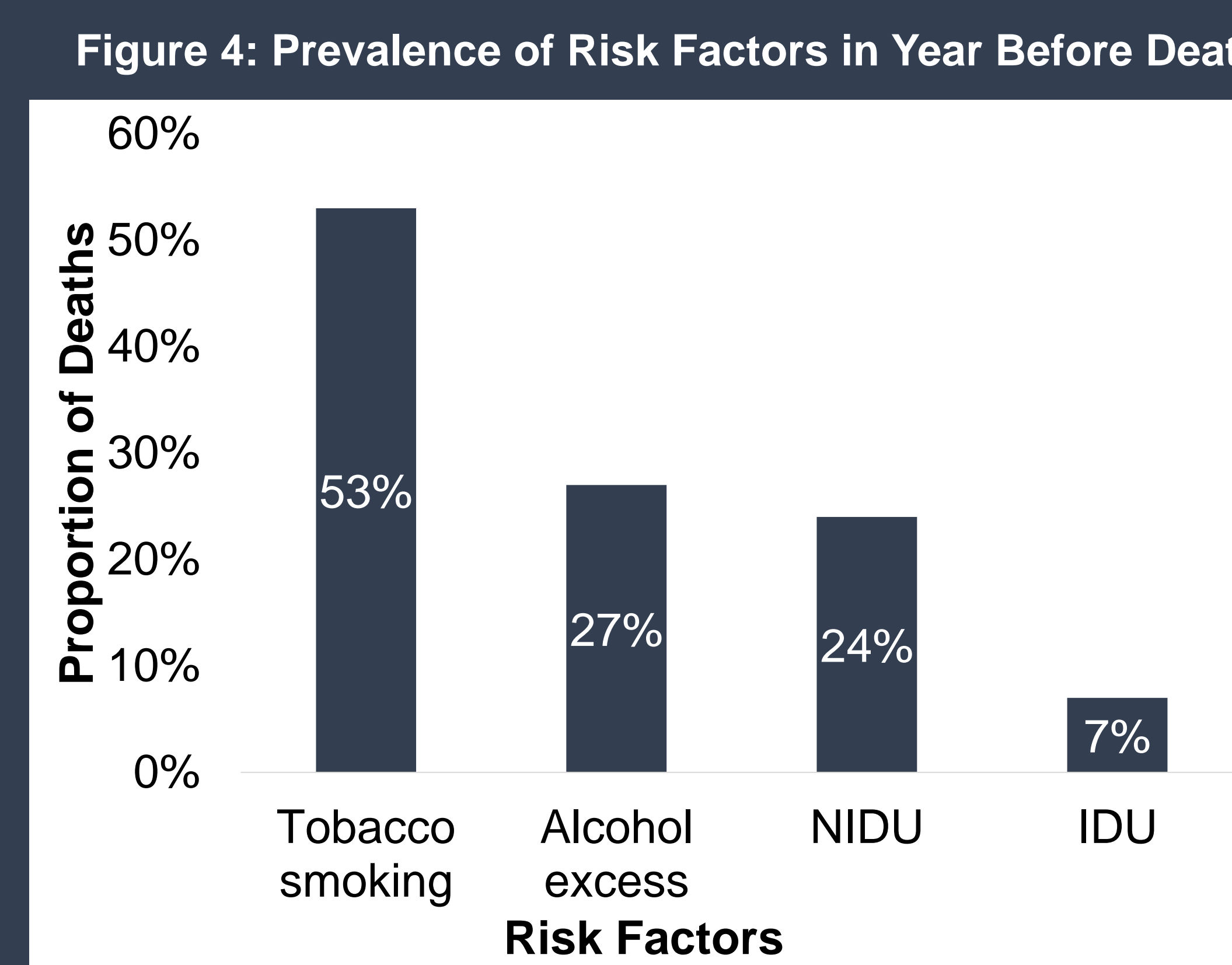
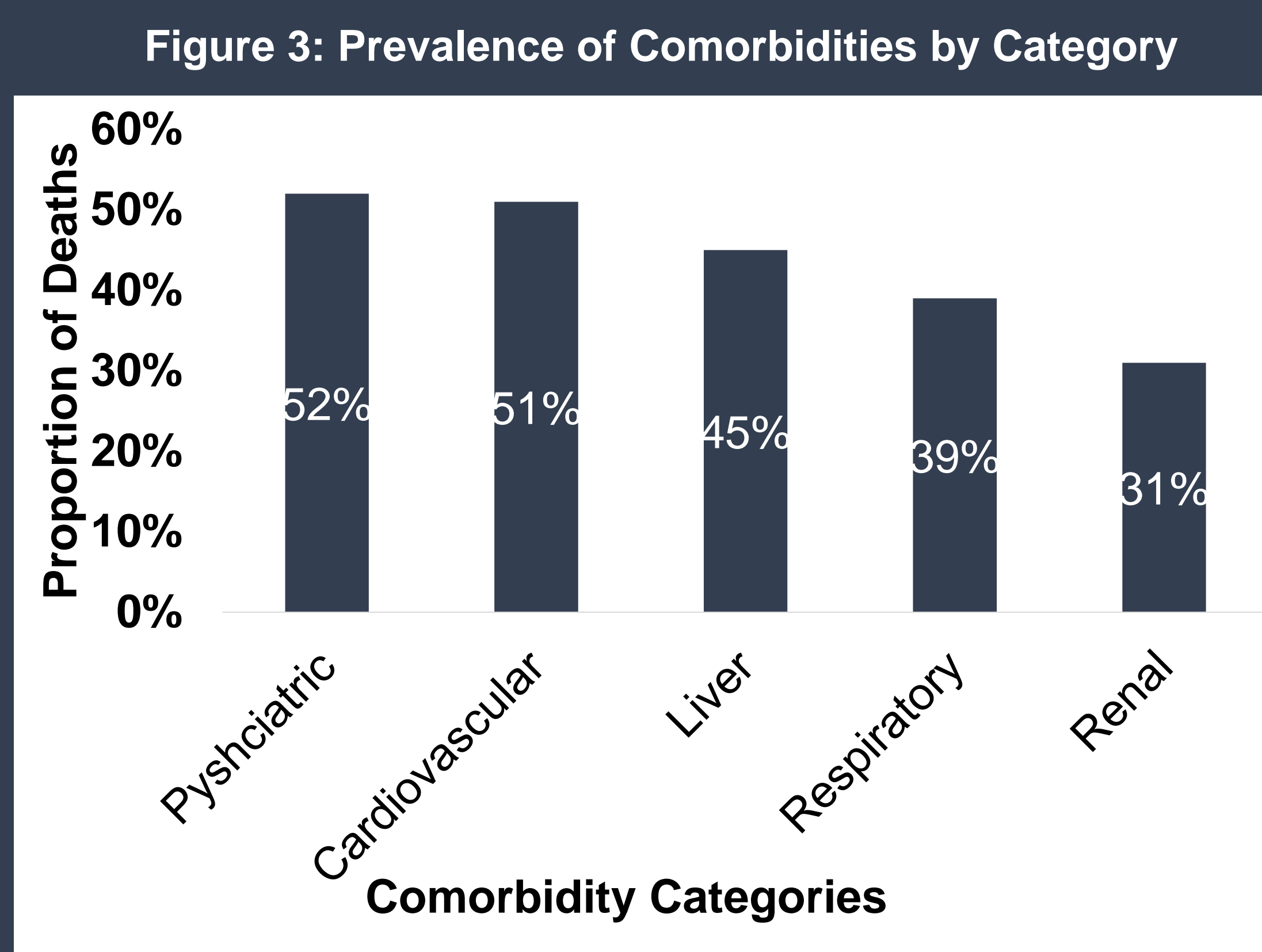
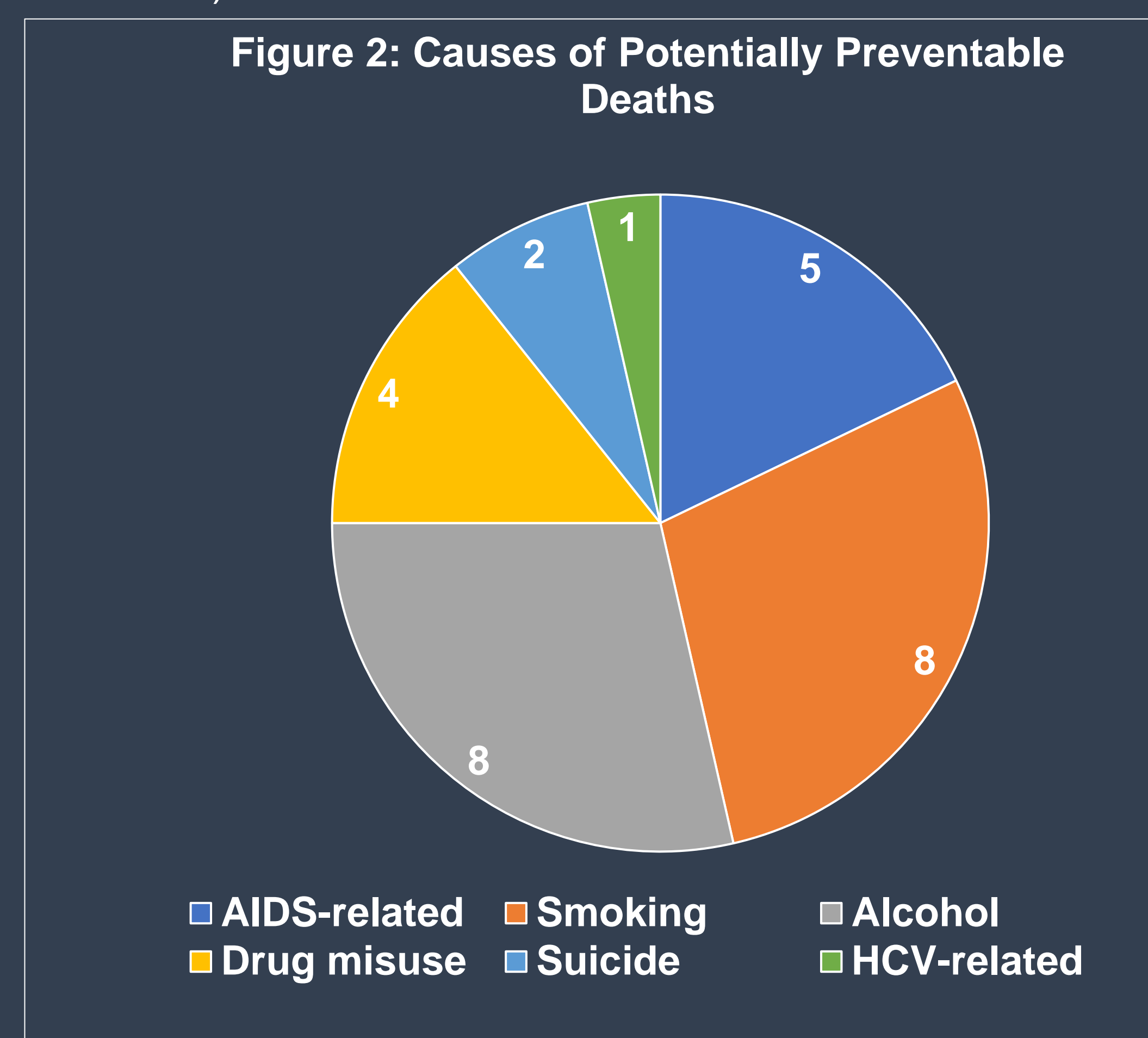
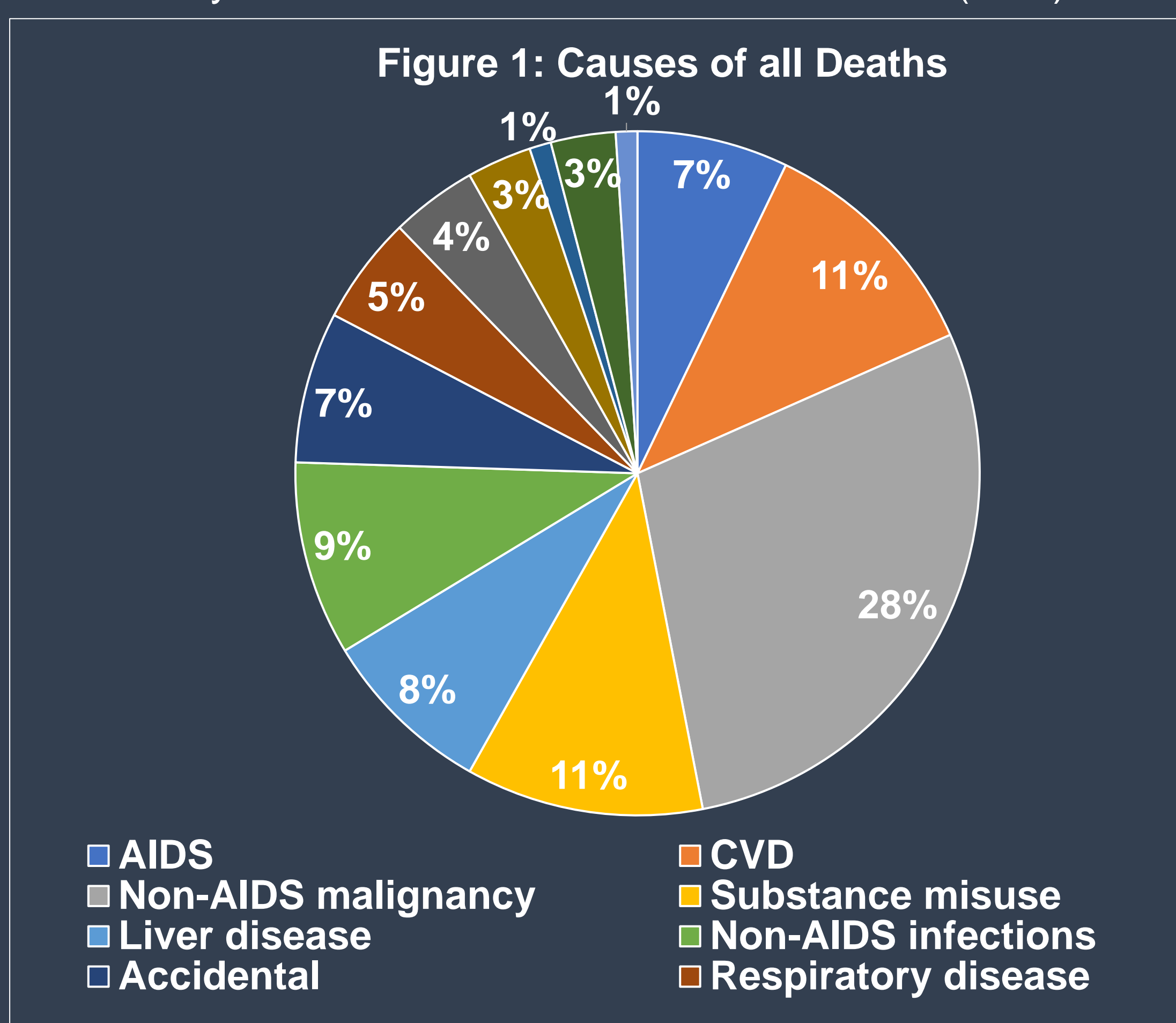
Methods

- Multiple sources of information were extensively searched for each patient and data entered onto the PHE/BHIVA online reporting form.
- Information submitted included:
 - Lifestyle risk factors
 - Comorbidities
 - Cause of death
 - ART use and clinical markers
 - End of life care
- Potentially preventable deaths were categorised as:

HIV-related:	Not HIV-related:
- AIDS-defining illness	- Risk factor-related
- <1 year since diagnosis	- Vaccine-preventable
- Not virally suppressed	- Suicide
	- HCV-related

Results

- There were 75 deaths in total across the four years.
- Deaths were predominantly in males (92%; 69/75).
- Cause of death was ascertained for 99% (74/75) of people.
- Causes of death overall are illustrated in Figure 1.
- Figure 2 shows causes of potentially preventable deaths, accounting for 28/75 (37%).
- Directly HIV-related deaths accounted for 7% (5/75).
- 99% (74/75) had at least one comorbidity (Figure 3).
- 52% (39/75) of people had a mental illness, of which three quarters were depression.
- 67% (50/75) of people had at least one lifestyle risk factor in the year before death (breakdown in Figure 4)
- Those due to lifestyle risk factors were the most common among potentially preventable deaths (71%; 20/28).



Discussion and Conclusions

- In Brighton and Hove, we are starting from a low baseline of AIDS-related deaths.
- This makes it difficult to significantly improve each year but is it a positive from the perspective of ongoing care for our cohort.
- 40% (2/5) AIDS-related deaths were related to late diagnosis, and an additional 40% were associated with poor ART adherence.
- The numbers of potentially preventable deaths from non-AIDS causes remain high, due to a higher prevalence of risk factors than the general population compounded with the impact of HIV infection⁴⁻⁶.
- Furthermore, comorbidities were common, particularly depression and cardiovascular disease.
- Regular clinical visits provide opportunities to monitor and review medications and clinical markers. However, these meetings also act as a gateway to advocate for healthy lifestyles, providing support and referrals where necessary to help reduce the impact of smoking, substance misuse, and comorbid conditions.
- We have a responsibility to reduce *all* potentially preventable deaths and by targeting those due to lifestyle factors and comorbidities, we may be able to significantly reduce all-cause premature mortality among people living with HIV in Brighton and Hove.

References

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