Questions

- 1) After controlling for traditional risk factors, what is the relative risk of atherosclerotic vascular events such as myocardial infarction or stroke in patients living with HIV?
 - a) 0.5 (i.e. lower risk in HIV)
 - b) 1.0 (risk is the same as HIV-negative)
 - c) 1.5-2.0
 - d) 2.5-3.0

The correct answer is (c) 1.5-2.0 higher risk in HIV+ compared to HIV-negative subjects. This increase risk has been demonstrated in multiple large epidemiologic studies including the Veterans Affairs Cohort Study. There is some evidence that this increased risk is decreasing over time (in the Kaiser Permanente health system, for example), possibly due to increased awareness and preventive measures.

- 2) Risk factors for developing chronic kidney disease in the setting of HIV include all risk factors listed below, except:
 - a) HCV co-infection
 - b) Low CD4 cell count
 - c) Treatment with tenofovir disoproxil fumarate
 - d) Treatment with tenofovir alafenamide

The correct answer is (d) treatment with tenofovir alafenamide, TAF achieves similar antiviral efficacy at much lower plasma concentrations of tenofovir, and randomized trials have demonstrated a significantly smaller decline in eGFR over 96 weeks in patients treated with a TAF-containing regimen compared with those treated with a TDF-containing regimen

- 3) Evidence available thus suggests that multiple comborbid conditions are present among PLHIV at an earlier age.
 - a) True
 - b) False

The correct answer is (a) True. Multiple studies have demonstrated that the comorbidity burden among HIV-infected person is higher than expected based on age alone. In the AGEhIV cohort study, a large cohort of older HIV-infected persons >/= 45 years in Amsterdam and demographically similar HIV-uninfected persons, the prevalence of comorbid conditions was assessed. In this population, with a mean age of 52 years, the number of comorbid conditions was higher in HIV-infected individuals comparted to the HIV-uninfected individuals (1.3 vs 1.0 p<0.001). As expected, the prevalence of comorbid conditions increased with increasing age.