

# 2023 Spring Conference

Mon 24<sup>th</sup> – Wed 26<sup>th</sup> April Gateshead, UK



# Sexually acquired HIV in young adults - a neglected cohort?

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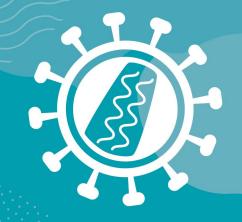
Northamptonshire Healthcare NHS Foundation Trust

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#### **Conflict of Interest**

In relation to this presentation, I declare that I have no conflict of interest

Speakers are required by the Federation of the Royal Colleges of Physicians to disclose conflicts of interest at the beginning of their presentation, with sufficient time for the information to be read by the audience. They should disclose financial relationships with manufacturers of any commercial product and/or providers of commercial services used on or produced for patients relating to the 36 months prior to the event. These include speaker fees, research grants, fees for other educational activities such as training of health professionals and consultation fees. Where a speaker owns shares or stocks directly in a company producing products or services for healthcare this should also be declared.

# Background

- Young adult (YA) brain development
- How we set up services to support young adults
- CHIPS+ studies vertically acquired (VA) young adults (YA)
- Less is known about the needs of young adults who have acquired HIV sexually
- Awareness of some challenges with these patients and wanted to explore more in our cohort

## Method

- All patients aged <30 years were identified in our county cohort as of 31/12/2022
- Data was collected on:
  - demographics
  - age of diagnosis
  - CD4 count and HIV VL
  - antiretroviral (ARV) data
  - co-morbidities
- Social factors were examined

# Results – Demographics of cohort

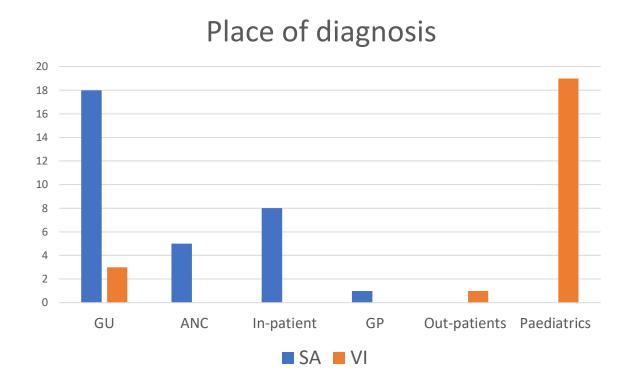
	Sexually acquired SA 36/59 (61%)		Vertically Acquired (VA) 23/59 (39%)		Total
Age	<25	25-30	<25	25-30	
Male	6	17	7	4	34 (57.6%)
Female	4	9	4	8	25 (42.4%)
Total	10	26	11	12	59 (100%)

- 18/36 (50%) SA identified as GBMSM.
- All VA identified as heterosexual

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	Sexually acquired (SA)	Vertically acquired (VA)
Median age of diagnosis	22 (17-29)	10.5 (1-25)
Median age of disclosure	-	16.5 (8-25)
OI at presentation	5/36 (14%)	6/23 (26%)
Median CD4 at diagnosis	380 (10-810)	260 (1-1180)

• 83% VA diagnosed < 10 years old

34/36(95%) SA commenced ARVs at time of diagnosis vs 10/17(58.9%) VA, 7 starting 1-10 years later.

	Sexually acquired (SA)	Vertically acquired (VA)	p value
Current detectable HIV VL on treatment	4/36 (11.1%)	4/23 (17.4%)	0.699
Dol containing regimen	12/36 (33.3%)	12/23 (52.2%)	0.181
PI containing regimen	2/36 (5.6%)	11/23(47.8%)	0.0002
First and only regimen	10/36(27.7%)	4/23 (17.4%).	0.532
>3 ARV regimen	6/36 (16.7%)	13/23 (56.5%)	0.0035

- 17% SA had baseline resistance, 52% VA had any resistance 26% to 2 or more classes
- 3/21 (14.2%) <25 years have a detectable VL vs 8/38 (21%) aged 25-30 years (4 SA and 4 VA).

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	Sexually acquired SA	Vertically acquired VA	p value
Mental health issues	15/36 (42%)	3/23 (13.0%)	0.023
Excess drug/alcohol use	11/36 (30.6%)	0/23 (0%)	0.004
Smoke/vape	15/36(41.7%)	3/23(13.0%)	0.023

- 8/36 (22.%) SA had diagnosed mental health problems prior to HIV diagnosis
- One VA patient attempted suicide in the year after diagnosis aged 17 and one patient has anxiety and depression (now in 20s)

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# Conclusion and Limitations

 Vertically acquired young adults living with HIV have more ARV experience and resistance than those who have acquired HIV sexually

 But are less likely to have mental health issues or drug and alcohol misuse, or to smoke/vape

 Young adults who have acquired HIV sexually have unique challenges which also need consideration

 Should we rethink how we provide services for this group?

Further work

Thank you

Thank you to patients and colleagues at NHFT

If interested in further collaboration please get in touch

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