

A tale of two countries: all-cause mortality among people living with HIV and receiving combination antiretroviral therapy in the UK and Canada

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Objective

This study compared risk of death among people living with HIV and receiving treatment in Canada and the UK.

Importance of this Study

- There are notable differences in health care services for individuals living with HIV in Canada and the UK.
- The UK has established national HIV treatment guidelines, whereas in Canada no national standards in HIV care exist.
- HIV treatment is provided free of charge throughout the UK, and in Canada funding varies across the country from complete to partial coverage or reimbursement based on income.
- Due to differences in provision of HIV care in Canada and the UK, this study compared mortality between people living with HIV in these two settings.

How this Study was Conducted

- Data was analyzed from two national cohort collaborations investigating HIV treatment and health outcomes: the Canadian Observational Cohort (CANOC) collaboration and the UK Collaborative HIV Cohort (CHIC) study.
- Participants included were 18 years old or older, began HIV treatment for the first time between 2000 and 2012, had acquired HIV through sexual transmission.
- Only including participants who acquired HIV through sexual transmission was meant to improve comparability between cohorts due to the low proportion of UK participants who acquired HIV through injection drug use.
- The main outcome was date of death, and other factors that were examined included age at HIV treatment initiation, sexual transmission risk, ethnicity, clinical characteristics at start of treatment, initial medication regimen and era of treatment initiation.

Study Results

- CANOC participants were older, more likely to be male, and to report men who have sex with men sexual transmission risk.
- There was no significant difference in mortality risk between CANOC and UK CHIC study participants.

Implications

- Differences in health service provision, clinical characteristics and sociodemographic factors may have less impact on treatment outcomes, including risk of death, since the use of modern HIV treatment regimens.

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