

HOW LONG SHALL WE SURVIVE?

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(from French, Danish and two American studies)
(*this is my first infosheet not compiled from conference materials*)

(*translated from Latvian*)

A 1993 estimate of life expectancy for an HIV- infected adult without symptoms in the U.S.A. was 6,8 years.

Today HIV is increasingly a disease people **die with** rather than **die from**. We'll probably reach retirement if we have HIV, but may not reach old age (in Denmark).

People who keep their CD4 cell counts consistently over 500 have a chance of dying not significantly higher than the general (French) population.

Assuming that early diagnosed people in the U.S.A. take anti-HIV therapy when it is indicated, and assuming an average level of treatment adherence and HIV drug resistance, they should approach near- normal life spans.

The projected life expectancy in the U.S.A., provided that patients remain in optimal HIV care, has now increased to 24,2 years.

25-year-olds diagnosed with HIV can expect 40 years ahead of them on average in Denmark.

However, 25-year olds diagnosed in the last five years will still have their lives shortened by 12 years by HIV infection compared with the general population – at least in Denmark.

50-year olds diagnosed with a CD4 count of 800 and a lowish viral load of 10,000 would expect to have a life expectancy of 22.3 years, bringing them close to normal life expectancy.

Furthermore, they would probably die of diseases typically associated with old age, or from co-infections people with HIV tend to have, like hepatitis. Fewer than one in five would die of AIDS.

Someone diagnosed at the age of 30 with a similar CD4 count and viral load could expect to live at present for another 31 years, with just over half dying from causes directly due to HIV.

In contrast, people diagnosed late are still overwhelmingly likely to die of AIDS and still have, on average, a short life expectancy, with much of the mortality to take place soon after diagnosis.

But **hepatitis C** knocks off another seven to eight years off the lives of the whole group of people with HIV.

Hepatitis C tends to kill people earlier than HIV; someone aged 25-30 is 10 times more likely to die than the general population if s/he has HIV and hep C, but only 2.5 times more likely to die if s/he has HIV alone.

In contrast, if you survived till your mid-50s, your risk of dying isn't greatly increased by hep C, because diseases of ageing start to become more important. Someone aged 65-70 is three times more likely to die if HIV positive than the general population, regardless of whether s/he has hepC.

(from Gus Cairns publications in NAM and elsewhere)

*A.Kalnins,
AGIHAS*