INTRINSIC ACTIVITY

CONSENSUS STATEMENT

HIV-Langzeitgesundheit

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Intrinsic Activity, 2018; **6**(1):e1
doi:10.25006/IA.6.1-e1

SUPPLEMENTARY MATERIAL

*ENGLISH ABSTRACT**

[HIV long-term health]

Conclusions

- The population of HIV-infected patients is getting older. Therefore, the risk of comorbidities increases and multidisciplinary long-term care is becoming important.
- The rates of comorbidities reflect the aging of the population — for example, hypertension and other cardiovascular diseases increase strongly from the age of 50.
- Late HIV diagnoses ("late presenters") continue to be a problem.
- Exhaustion and aging of the immune system are not the same — exhaustion leads to progressive loss of function, while aged immune cells are restricted in their proliferation capacity but are highly differentiated and are functionally active. Aging processes in the immune system lead to a proinflammatory environment ("inflammageing"), which also contributes to chronic diseases of old age such as adiposity or diabetes.
- The risk behavior increases especially in MSM ("men who have sex with men") again, which e.g. can be observed throughout Europe in the current numbers of hepatitis A cases. The use of disinhibiting and stimulatory substances during sex is common in the MSM population.
- HIV-associated glomerular nephropathies mostly present as proteinuria, while nephropathies associated with combination retroviral therapy (cART) mostly manifest as renal impairment.
- The increased prevalence of the metabolic syndrome in HIV-infected individuals increases the cardiovascular risk. Modern HIV therapies are to be prefered because of their more favourable effects on the metabolic syndrome.
- The treatment of the individual components is carried out as in non-HIV-infected individuals; in particular, the defined target values for LDL cholesterol, blood pressure and HbA_{1c} must be achieved with lifestyle-modifying measures and, if necessary, by pharmacological treatment.
- The incidence of AIDS-defining malignancies (ADM) has been declining since the 1990s. However, the risk of various non-ADM (NADM) is higher in HIV-positive than in HIV-negative individuals. Overall, HIV patients are treated oncologically just as other oncological patients, but interactions with cART must be considered.
- Benign HPV-related lesions cause some morbidity because they are lengthy and often recur. Precancerous lesions usually are asymptomatic. In the case of HPV-related malignant phenomena a high morbidity is often seen due to side effects of therapy; the mortality depends on the localisation of the lesions.
- Infectious diseases are a relevant issue in HIV-infected individuals. Today, HCV infection is a treatable, almost always curable disease. Opportunistic infections are seen less often, but still occur mainly due to the problem of "late presenters". Co-infection of HIV with tuberculosis plays a very minor role in Austria, but plays an enormously important role worldwide.
- HIV-associated neurocognitive deficits (HAND) continue to play a role even in the cART era. Discordant virus suppression (replication detectable in the cerebrospinal fluid, but not in plasma) may be a factor. Neurotoxicity may also be induced by HIV drugs, which is why close monitoring during antiretroviral therapy is recommended.

*Translation of summarising section(s) of the original paper created by the editorial board of *Intrinsic Activity*.