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Poster Session VI
HIV infection - clinical profile

THE PROGNOSIS OF HAART-TREATED HIV INFECTED WOMEN IN RESOURCE-LIMITED SETTINGS FROM 1998-2012 IN BELGRADE, SERBIA

D.J. Jevtovic[1], D. Salemovic[1], J. Ranin[1], G. Dragovic Lukic[2], **J. Jordovic**[1], I. Pesic Pavlovic[3], J. Kusic[1]

[1]HIV, Clinic for Infectious and tropical Diseases, Beograd, Serbia ; [2]Pharmacology, Belgrade School of Medicine, Beograd, Serbia ; [3]Virology, Clinic for Infectious and tropical Diseases, Beograd, Serbia

Objectives: Gender differences, mostly due to differences in access to highly active antiretroviral therapy (HAART) and/or innate biological factors , combined with scarce data from clinical studies concerning the efficacy and side effects of HAART solely in women still remain relevant questions in HAART era. Therefore we conducted a study to determine possible factors influencing prognosis and outcome of HIV-infected women in resource-limited settings.

Methods: A cross-sectional study was performed on HIV infected women, who initiated HAART between 1st January 1998 and 31st December 2012, at the HIV/AIDS Center of the University Hospital for Infectious and Tropical Diseases in Belgrade, Serbia, with regular clinical and laboratory check-ups and obtained consent.

Results: A total of 230 women were followed for 8.2 ± 3.4 years (range 1-12). During the follow-up, 26 patients died. The mean age of the patients at HAART initiation was 37±9.7 years. Clinical AIDS at presentation was observed in 43.9% of the patients, while 80% of them had CD4 cell counts below 200 cell/mm³. Univariate and stepwise multivariate analysis have shown that the progression to death was associated with basal CD4 counts below 100 cells/μL (OR 3.0 95% CI 1.7-8.4, *P*=0.02) and HCV co-infection (OR 2.6 95% CI 1.0-6.6, *P*=0.03). However the NNRTI based regimens and good adherence to HAART (OR 0.2, 95% CI 0.09-0.6, P=0.005 and OR 0.3, 95% CI 0.1-0.66, P=0.03, respectively), all prevented death. Although in patients with sustained viral suppression the CD4 counts varied significantly, these did not affect overall survival (p=0.21, log rank)

Conclusion: A significant number of participants were late-presenters with advanced immunodeficiency, in whom hepatitis co-infection and low nadir CD counts affected overall survival. However in case of optimal viral suppression up to a mean 8 years of treatment, regardless of the level of immune recovery, their prognosis may be fairly good even in a resource limited settings.