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Abstract (poster session)

**Outcome of HAART- treated HIV infected patients in a resource- limited setting: the Belgrade cohort study**

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**Objectives:** To evaluate HAART we analyzed the clinical outcome of HIV-infected patients treated at the Infectious and Tropical Diseases Hospital in Belgrade, Serbia. **Methods:** The study involved a total of 840 unselected HIV-infected patients, which were evaluated after one and after a mean  $6.6 \pm 3.4$  years of treatment. HAART was considered favorable if undetectable viremia and a rise in the CD4 count to above  $350/\mu\text{L}$  were achieved. **Results:** Of the 544 patients available for follow-up to the end of the study, 34 (6.2%) had treatment failure, while of the 510 (93.7%) with full virological suppression 70.1% had optimal immune reconstitution. A favorable response after the first year of treatment was the single independent predictor of a favorable response at the end of follow-up, while pre-treatment with mono or dual ART, HCV co-infection, AIDS, and baseline CD4 cell counts below  $200/\mu\text{L}$ , were all factors preventing a favorable response ( $p < 0.01$ ). A favorable treatment response after a mean 6.6 years of HAART was the independent predictor of survival ( $p < 0.01$ ). **Conclusion:** If patients with advanced HIV disease initiate HAART, remain compliant; reach undetectable viremia and immune recovery after 12 months, which they maintain at 6.6 years, there is a 90% probability of surviving over 14 years.