O267
1-hour Oral Session
Challenges in HIV care in 2016

Alexithymia predicts increased IMT and vascular events in a Multicentre HIV cohort

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Background: HIV-positive individuals experience premature atherosclerosis and high inflammation levels with early onset of cardiovascular disease (CVD). Severity and progression from preclinical stage of atherosclerosis to relevant CVD outcomes show interindividual variance, depending on inflammation, behavioral traits and even psychological features. Interestingly, previously we reported Alexithymia, an impairment of affective and cognitive emotional processing, was an independent predictor of increased Intima Media Thickness (IMT), Carotid Plaques (CPs) and Vascular Events (VEs) in HIV-population. Here we present the results of the multicentric validation of our findings.

Material/methods: HIV patients followed at the Infectious Disease Units of Pescara, Sassari, Perugia, Firenze and Catania in the CISAI Group were consecutively proposed featuring on CVD risk. Beside assessment of traditional cardiovascular (CV) risk factors, we evaluated psychological traits (Distress personality, Alexithymia [TAS-20 score ≥50], depression [BDI-II≥17]), and ultrasound of carotid vessels for IMT assessment and CPs detection [thickening of the focal wall ≥50%*IMT of the surrounding vessel wall, or IMT>1.5 mm]. All VEs (TIA, stroke, SCA, myocardial or other organ infarctions) and mortality after enrollment were recorded.

Results: A multicentric cohort of 539 consecutive HIV-subjects (75% M, 45.4±10yr) was recruited and observed for a mean of 2.5years. 88,8% were on HAART for a mean of 87.8±75.7m. Mean CD4 was 605.3±343.5/mmc. IMT measurement revealed CPs in 31.8% of patients. In all final multivariate models, the unique factors efficiently predicting both increasing IMT, presence of CPs and VEs were age and Alexithymia (for age: β .001, p<.0001; OR 1.06, p<.0001; OR 1.06, p=.001, respectively; for Alexithymia respectively: β .000, p<.0001; OR 5.64, p<.0001; OR 2.6, p=.009, respectively) Table1.

Conclusions: On a large multicentric cohort, present results validate our previous monocentric finding that Alexithymia may strongly predict increased IMT, CPs and VEs in HIV-infected patients. Further research is warranted.

Tab1

	IMT β (95% CI)	p	CPs OR (95% CI)	p	VEs OR (95% CI)	p
Age (y)	.001 (.000 -.001)	**<.0001**	1.09 (1.05 – 1.13)	**<.0001**	1.06 (1.02 – 1.1)	**.001**
M sex	.007 (-.001 - .016)	.10	1.56 (.82 – 2.96)	.17	1.73 (.64 – 4.69)	.27
HIV diagnosis (y)	.000 (.000 – .000)	**.006**	1.02 (1.00 – 1.03)	**.04**	1.01(.95 – 1.03)	.68
Smoke	-.003 (-.010 - .004)	.38	1.62 (.99 – 2.66)	**.05**	1.88 (.95 – 3.71)	.06
Diabetes	-.004 (-.016 - .008)	.54	1.45 (.64 – 3.26)	.37	2.6 (1.1 – 6.11)	**.029**
Hypertension	.007 (-.003 - .016)	.16	2.04 (1.09 – 3.83)	**.03**	2.2 (1.04 – 4.65)	**.039**
BMI	-.000 (-.001 - .001)	.68	.93 (.87 – 1.00)	.07	1 (.90 – 1.07)	.74
Sport	-.006 (-.015 - .001)	.11	1.5 (.84 – 2.68)	.16	1.35 (.60 – 2.99)	.46
Tcholesterol (mg/dL)	.000 (-.000 - .000)	.28	1.0 (1.0 – 1.0)	**.001**	1 (.99 – 1.0)	.82
Alexithymia	.000 (.000 - .000)	**<.0001**	5.64 (3.2 – 9.8)	**<.0001**	2.6 (1.28 – 5.41)	**.009**