
Poster Presentation
Substance use in the WA HIV Cohort Study: 2002-2008

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Introduction

HIV associated immune dysregulation is linked with an increased risk of HIV and non-HIV related cancers¹,². Substance abuse, particularly alcohol, can increase the risk of cirrhosis and the likelihood of liver related death. The high rate of smoking in people with HIV is of concern against a background of immunodeficiency. In this study we describe alcohol and drug use in the WA HIV Cohort over a five year period and current statistics on smoking in order to guide multidisciplinary, preventive health measures in our hospital setting.

Methods

In 2002 and 2008 patients completed a self-report questionnaire on alcohol intake: use in the last 30 days; number of drinks/day and number of drinks in a row; and drug use: marijuana, cocaine, heroin, amphetamines, ecstasy, and benzodiazepines. In 2008 a survey of smoking habits was conducted by a nurse who had undergone training as a Smoking Cessation Facilitator. Self reported smoking status (current smoker yes/no); number of cigarettes/day, history of stopping, whether patients had sought or would seek advice about quitting and/or reducing risk of heart disease/cancer from a health professional, was collated. A short information sheet containing information about the risks of smoking for people with HIV and the health benefits of quitting accompanied the questionnaire.

Demographics

388 patients (85% male) attending the RPH Immunology Outpatient Clinic in 2002 and 2008 completed the drug and alcohol surveys (2002: n=215, 2008: n=158, both: n=60). Gender distribution: 2002: n=215; 181 (84%) male, 34 (16%) female; mean (±SD) age = 43 (±11) years; 2008: n=158; 137 (87%) male, 21 (13%) female; mean (±SD) age = 48 (±11) years.

The survey of smoking habits in 2008 included 187 pts; 154 (82%) male and 33 (18%) female. 84 patients had also completed the 2008 drug and alcohol questionnaire.

Results

Indulging in any binge drinking was associated with younger age (p=0.004, 2003; p=0.01, 2008), but not with gender (p=0.1).

Amongst those responding to both alcohol surveys (n = 60), mean (±SSE) difference in number of drinks over past month: males: -7.8 (±5.0), p=0.1 vs females: 2.8 (±7.4), p=0.7. Changes were not associated with age, p=0.2.

Conclusion

The surveys demonstrate the high rate of multi-substance use in HIV infected West Australians over the last 5 years. Widespread use of antiretroviral treatment has transformed HIV into a chronic disease³. Individuals have the potential to lead active, productive lives and even expect a normal life span. However epidemiologic studies show that cancer is now accounting for one third of all deaths and more than half are from non AIDS defining malignancies¹,². There is also a significant link between substance use and HIV transmission⁴. Smoking abstinence has been associated with reduced HIV related symptom burden and, arguably, quality of life⁵. This audit indicates that by offering advice and information that smoking cessation, cardiovascular and cancer disease risk assessments may be welcomed by patients. A multidisciplinary approach is needed to formulate and integrate preventive health interventions into routine HIV clinical care.

References:


Funding: National Health & Medical Research Council Scholarship support for first author received from ASHMH.