Results. A total of 221/300 study subjects were statin eligible (Table 1). While many eligible PLWH were receiving a statin (54/106), considerably fewer were on the correct statin intensity for their benefit group (33/106). In the univariate analysis (Table 2), correctly treated patients were less likely to be PLWH or female, and were more likely to have polypharmacy and hypertension. In the multivariable logistic regression analysis (Table 3), PLWH (OR 0.26, CI 1.94, 15.69) were significantly more likely to receive correct statin therapy, while those with concomitant polypharmacy were significantly more likely to receive correct statin therapy (OR 5.52, CI 1.94, 15.69).

Conclusion. This study reveals that PLWH may be at a substantial disadvantage in terms of receiving correct statin therapy for ASCVD risk reduction. This finding may be particularly important given the heightened risk for ASCVD in this population.

Discussion. All authors: No reported disclosures.

339. Implementing a Smoking Cessation Intervention Among People Living With HIV (PLWH)
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Session: 44. HIV Complications: Cardiovascular, Metabolic, and Other Complications
Thursday, October 3, 2019: 12:15 PM

Background. PLWH who smoke have increased mortality and decreased quality of life. Our clinic is a large, urban academic center that cares for over 1,600 PLWH with a large proportion of smokers (recent estimates 61% current, 16% former). Our goal was to assess the outcomes of our new clinic-wide smoking cessation intervention. We hypothesize that our intervention will increase smoking cessation among our patients.

Methods. A multidisciplinary committee met to design a cessation pathway to increase smoking cessation in the clinic. The pathway began with an assessment of smoking during triage. The provider then discussed cessation during the visit and patients who were ready to quit were referred to a health educator. Upon referral, participants enrolled in the smoking cessation trust (SCT) which is a free program for patients who have been smoking before 1988 (N = 33) and provides NRT. Participants who were born after 1980 (N = 10) received their NRT through the Ryan White Formulary. The intervention consisted of a baseline interview and 5 modules. Participants received their NRT or pharmacologic agent prior to the intervention. Participants (N = 43) were PLWH from our clinic who smoke and were referred from May 1, 2018 through March 1, 2019.

Results. Participants were 79% black, 74% male and on average were 47 years old. Among participants, 21 participants met with a health educator for the initial interview and participated in the intervention, while 22 only met with the health educator for an introductory interview to determine which pharmacologic/NRT agent would work best for them. Of the 43 participants, 30 participants received pharmacologic/NRT agents. Among all participants, 23% of individuals smoked cigarettes within 2 months of completing the baseline interview and first module. Of those that quit, 50% used Chantix and 70% attended counseling sessions with the health educators. Of the participants who did not quit, 21 participants cut down on the amount they smoked with almost 81% of them cutting the number of cigarettes they smoked in half.

Conclusion. A multidisciplinary intervention consisting of assessment, counseling, and pharmacologic therapy and/or NRT can improve cessation in PLWH that smoke (23%). Future studies are needed to confirm these results among larger populations.

Disclosures. All authors: No reported disclosures.

340. Prevalence of Type II Diabetes Mellitus Among Patients Living with HIV in the United States
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Session: 44. HIV Complications: Cardiovascular, Metabolic, and Other Complications
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Background. An aging HIV-infected population has growing recognition for its increasing prevalence of type 2 diabetes mellitus (T2DM). Most studies of T2DM prevalence among patients living with HIV involve selected samples and/or small cohorts which limit generalizability. We sought to evaluate the overall prevalence of T2DM among patients living with HIV in the United States as well as within specific demographic subgroups.

Methods. A cross-sectional analysis was performed using a large multiple-institutional database (Exploryx), where clinical information across 27 healthcare networks are matched and standardized to create longitudinal records for each unique patient. At present, the database contains 63 million unique lives, representing 18% of the population across all 4 census regions of the United States. Patients with any types of insurance as well as those who are self-pay are represented. The analysis included adult patients with an active status in the database during April 2014 - April 2019 who, not missing data on age, gender, race, and body mass index. For our analysis, we included all 87,946,580 patients as the initial study population and the prevalence of T2DM was highest among patients with HIV who were female, older, other race, obese, hypertensive, hyperlipidemic, smokers, alcoholics, and those with a history of hepatitis C infection. Patients with no exposure to antiretroviral therapy (ART) had higher prevalence of T2DM than those with exposure (24.9% vs. 17.6%).

Conclusion. In this US population-based study, we found in 5 people living with HIV, T2DM prevalence among patients with HIV was 22.1% (20,080/90,900) compared with 14.9% (2,679,490/17,946,580) in the general population. In subgroup analysis, the prevalence of T2DM was highest among patients with HIV who were female, older, other race, obese, hypertensive, hyperlipidemic, smokers, alcoholics, and those with a history of hepatitis C infection. Patients with no exposure to antiretroviral therapy (ART) had higher prevalence of T2DM than those with exposure (24.9% vs. 17.6%).