Conclusion. Our observation of PLWH with venous thromboembolism suggest that this population has an increased risk of venous thromboembolism as compared to general population. Female gender is an independent risk factor for venous thromboembolism in PLWH and higher HIV viral load seems to associate with higher risk. Larger prospective studies in this population are needed to dissect the interplay between HIV and venous thromboembolism.

Disclosures. All Authors: No reported disclosures

951. Weight Gain Associated With Antiretroviral Therapy
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Session: P-44. HIV: Complications and Special Populations

Background. Obesity is a global public health crisis with a growing prevalence in persons with human immunodeficiency virus (PWH) population. In this study, we aimed to investigate factors associated with weight gain in the PWH population.

Methods. This was a single-centered, retrospective cohort study of our clinic patient population from January 1, 2015 to January 1, 2019. Patients with human immunodeficiency virus (HIV) were identified through an electronic health record (EHR) for a randomized sample of 300 patients who had at least two follow up appointments, were on antiretroviral therapy, and had viral loads less than 200 were evaluated. The primary outcome was weight change over follow up. Cox Proportional Hazards models were run, taking a weight gain > 3 kg as the outcome, and the time on therapy between visits as the time to event. Robust linear regression was used to model median changes in weight, accounting for influential observations. All analysis were performed in STATA 16.0.

Table 1

Results. At baseline, 87% were male, 63% were white, and 65% were overweight or obese. 30% were on a protease inhibitor, 46% were on non-nucleoside reverse transcriptase inhibitor, and 37% were on an integrase inhibitor. 64% were on Tenofovir disoproxil (TDF), 8% were on Tenofovir alafenamide (TAF), and 19% were on Abacavir. Mean weight change over follow up was significantly increased at 1.31 kg (95% CI = 0.58 – 2.04 kg, p = 0.0004). TAF use and male gender were significantly associated with weight gain > 3 kg, while TDF use was not. In univariate analysis, there was significant association with weight gain > 3 kg in univariate analysis (respectively, OR = 2.53, 95% CI = 1.30 – 4.92, p = 0.006; OR = 2.60, 95% CI = 1.05 – 6.45, p = 0.04). In multivariate analysis, TAF use was significantly associated with weight gain > 3 kg, while male gender was of borderline significance [respectively, OR = 2.29, 95% CI = 1.17 – 4.47, p = 0.01; OR = 2.40, 95% CI = 0.96 – 5.97, p=0.060]. Significant factors associated with weight change are noted in Table 3 as the outcome, and the time on therapy between visits as the time to event.

Conclusion. As PWH are living longer on effective ARV therapy, monitoring for weight gain is required as obesity contributes to morbidity and mortality from cardiovascular and metabolic diseases. Key factors for weight gain in our clinic population include male gender, baseline diagnosis of hypertension, use of TAF, bictegravir use, and rilpivirine use.

Disclosures. Carlos Malvestuto, MD, Gilead Sciences (Advisor or Review Panel member)/ViiV Healthcare (Advisor or Review Panel member)

952. Weight-Gain in Treatment Naive Newly Diagnosed HIV-Infected Persons After Initiation on Integrase Strand Inhibitor Based Treatment Regimens
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Session: P-44. HIV: Complications and Special Populations

Background. We performed a retrospective cohort study of treatment-naive patients with newly diagnosed HIV infection enrolled at an urban university specialty clinic to identify whether INSTI-based ART regimens were associated with greater weight gain compared to NNRTI and PI based regimens in the first 12-18 months of treatment. The secondary aim of this study was to determine differences in weight gain between males and females within each of the three ART classes.

Methods. Differences in weight change and BMI change were compared across ART class using nonparametric tests, specifically the Wilcoxon rank sum test. Nonparametric tests were also used to compare differences in weight change and BMI change between males and females within each ART class. Data were analyzed using R Core Team. 2020

Results. Among the 348 individuals included in the study, 73% were African American and 79% were male and the median age was 32 years. There were 155 individuals initiating therapy on NNRTI based regimens (44%), 58 were on PI based regimens (17%), 30 were on TDF/3TC based regimens (9%), and 5% were on other regimens. Of the 348 individuals included in the study, 37% were on TAF and 33% were on TDF. Median weight increase across all 3 ART regimens within the first 12-18 months of treatment. Median weight gain among the PI group was the greatest, at 6.8 lbs. (p= 0.04). Median weight gain among those on NNRTI based regimens was the lowest, .88 lbs (p=0.01). Median weight gain among those on INSTI based regimens was 4.8 lbs. (p= 0.11). Among those on INSTI-based regimens, women had a greater median increase in weight compared to men, 10.1 lbs. compared to 3.2 lbs. (p=0.046).

Conclusion. Overall, among individuals initiating HIV treatment those initiating PI based regimens experienced the most weight gain and individuals initiating INSTI based regimens did not experience a significant weight gain. Women on INSTI based regimens did experience a significant weight gain in comparison to men. More research is needed to elucidate specific ART regimens’ causal role in weight gain and to identify risk factors for ART associated weight gain.

Disclosures. All Authors: No reported disclosures

953. Frailty Among People Living with HIV in Miami, A Cross Sectional Pilot Study
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Session: P-45. HIV: Epidemiology and Screening

Background. Frailty, a status of high vulnerability, is a clinical syndrome associated with adverse health outcomes and characterized by a constellation of various health deficits. Although age is a major contributor of being frail, HIV infection is associated with accelerated aging, and likely contributes to frailty. This association has not been evaluated. This study evaluated factors associated with frailty among PWH in Miami.

Methods. Cross-sectional study. Adults (> 18 years), HIV infected (HIV+), and uninfected (HIV-), were recruited for at least one year (< 50 copies/μl), and had at least two follow up appointments. The self-reported FRAIL scale was administrated (Fatigue, Resistance or ability to climb a single flight of stairs, Ambulation or ability to walk one block, Illnesses or non-HIV associated comorbidities, and more than 5% weight loss in the previous year). Participants were categorized based on the FRAIL scale scoring as Non-Frail (0), Pre-Frail (1-2), and Frail (3 or more).

The association by Frail categories were analyzed using descriptive statistics and ordinal logistical regression.

Results. N (40), median age was 43 years (SD 20.6); 35% White; 20% Hispanic; 55% female. 23 (62.5%) HIV+ / 15 (37.5%) HIV-. A small number of participants reported use of tobacco 2 (5%) and alcohol 7 (18%). More than half of the participants were frail or pre-frail (18 or 45% Non-Frail, 18 or 45% Pre-Frail, and 4 or 10% Frail, and HIV+ were more likely to be pre-frail or frail than HIV-, 72% vs 26%, p = 0.019).

Frail scale symptoms were common among all participants but HIV+ reported higher fatigue than HIV- (85% vs 14%, p = 0.01). On Regression analysis, both HIV status and age were significant predictors of frailty status (HIV χ2 (1) = 4.36, p = .037 and age χ2 (1) = 13.48, p < .001). When controlling for age, being HIV+ on average reduced frailty by 0.07 (b = 0.07, SE = 0.02, p < .001, 95% CI [0.03 0.1]). When controlling for HIV status, for every one year of increase in age, the ordered log odds of being frail increased by 0.07 (b = 0.07, SE = 0.02, p < 0.01, 95% CI [0.03 0.1]).

Conclusion. Using the FRAIL scale, a simple tool to screen for frailty, we identified high prevalence of frailty among PWH. Further studies are needed to identify the best tools to assess frailty and prevent poor health outcomes among this vulnerable population.

Disclosures. All Authors: No reported disclosures

954. Missed opportunities for HIV Screening in the Emergency Department
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Session: P-45. HIV: Epidemiology and Screening

Background. There are 1.14 million people infected with human immunodeficiency virus (HIV) in the United States, and only about 86% are diagnosed. HIV diagnosis is the first step to care and expanded testing is essential to reduce transmission. Individuals with undiagnosed HIV have a transmission rate 3.5 times higher than those aware of their infection. Individuals seeking testing and treatment for sexually transmitted infections (STIs) represent a higher risk population for HIV infection. Despite revised Centers for Disease Control and Prevention (CDC) recommendations to expand HIV testing in healthcare settings, testing remains low. A significant obstacle to expanded testing, especially in emergency departments (EDs), is concern about ensuring appropriate HIV test tracking and follow-up.

Methods. We performed a retrospective chart review of patients presenting with symptoms of an STI between January 1, 2015 and July 8, 2019 at eight Beaumont EDs in Southeast Michigan. A de-identified data set was collected from the electronic health record (EHR) for patients aged 10 and older who had testing for one or more STIs including gonorrhea, syphilis, and chlamydia. Patients were evaluated for concurrent HIV testing during the encounter, and patients known to be HIV infected were excluded.

Results. Of 32,640 encounters during which patients not known to be HIV infected were tested for STIs, only 68 (0.21%) included HIV antibody/antigen