Poster Abstracts

Effect of Polymorphisms in Genes Associated with Lipid Metabolism on Cardiovascular Disease Risk in HIV-infected Children Initiating Antiretroviral Therapy in India

Ramanaligam Srinivasan, Ph.D.; Ramesh Karunaiananthan, M.S.; Padmapriya darsiV Chandrasekar, M.D., M.S.; Bindu Parachalil Gopalan, M.S.; Sanjeewa G N, M.D., DCH, DNB Paediatrics; S. Rajkumar, M.Sc. ; Ramesh Kumar, M.D.; Soumya Swaminathan, M.D.1,2 and Anita Shet, M.D.; PhD3,4,5,6; 7; 8; 9, 10

Introduction. Patients with HIV virus in the V A Loma Linda Healthcare System’s Clinical Case Registry (CCR) from 2000 to 2015 were screened to identify those with a history of deep venous thrombosis (DVT) or pulmonary embolism (PE); these patients were included in a retrospective case series. Each patient’s chart was reviewed to record characteristics common to HIV-positive patients who developed VTE.

Methods. All patients with HIV and who developed VTE were selected for this study. Data collected include prevalence of pre-DM (Hgb A1C > 5.6% to ≤ 6%) and DM, demographics and HIV disease characteristics. Inadequate glycemic control was defined as Hgb A1C ≥ 7.0% in ≥ 50% of measures during study.

Results. There were 1137 HIV+ patients during the study period. The population was mostly Black or Hispanic; mean age was 52.6±11.2 years; 70% were male. Pre-DM prevalence was 301/1137 (26.5%) and DM prevalence was 176/1137 (15.5%). In uni-variate analysis, patients with DM were more likely to be older, female, Hispanic, HCV co-infected, had higher BMI, longer duration of HIV infection, and family history of DM (all p values < 0.05). Almost 40% of those with DM were also HCV co-infected. Of the 176 with DM, 91 (52%) had inadequate glycemic control. Only insulin use and referral to endocrinology were associated with poor control (P <0.05).

Conclusion. Rates of DM in our HIV clinic were almost twice the rate reported in the adult US population (8.3%) and 25% had pre DM. Traditional risk factors such as older age, family history, and higher BMI were more frequent in our population. The poorer outcomes in those referred to endocrinology probably reflect difficulty to manage advanced DM that prompted endocrine referral. The high rates of DM and pre DM support the DHHS recommendations for continuous monitoring of co-location of endocrine services to provide appropriate glycemic control.

Disclosures. All authors: No reported disclosures.

5.81. Venous Thromboembolism in Patients Infected with Human Immunodeficiency Virus

Archana Reddy, MD; Gregory Aung, PharmD2 and Michael Ing, MD; Internal Medicine, Loma Linda University Medical Center, Loma Linda, California

Introduction. The current anti-retroviral era, the morbidity and mortality related to Human Immunodeficiency Virus (HIV) infection has shifted away from opportunistic infections to HIV-related cardiovascular disease (CVD). In addition, the risk of deep vein thrombosis (DVT) in HIV-infected individuals is not well described. The few studies published have provided conflicting results.

Methods. All patients with HIV and who developed VTE were selected for this study. Data collected include prevalence of pre-DM (Hgb A1C > 5.6% to ≤ 6%) and DM, demographics and HIV disease characteristics. Inadequate glycemic control was defined as Hgb A1C ≥ 7.0% in ≥ 50% of measures during study.

Results. There were 1137 HIV+ patients during the study period. The population was mostly Black or Hispanic; mean age was 52.6±11.2 years; 70% were male. Pre-DM prevalence was 301/1137 (26.5%) and DM prevalence was 176/1137 (15.5%). In uni-variate analysis, patients with DM were more likely to be older, female, Hispanic, HCV co-infected, had higher BMI, longer duration of HIV infection, and family history of DM (all p values < 0.05). Almost 40% of those with DM were also HCV co-infected. Of the 176 with DM, 91 (52%) had inadequate glycemic control. Only insulin use and referral to endocrinology were associated with poor control (P <0.05).

Conclusion. Rates of DM in our HIV clinic were almost twice the rate reported in the adult US population (8.3%) and 25% had pre DM. Traditional risk factors such as older age, family history, and higher BMI were more frequent in our population. The poorer outcomes in those referred to endocrinology probably reflect difficulty to manage advanced DM that prompted endocrine referral. The high rates of DM and pre DM support the DHHS recommendations for continuous monitoring of co-location of endocrine services to provide appropriate glycemic control.

Disclosures. All authors: No reported disclosures.

5.82. Opportunistic Infections in Patients with HIV/AIDS at the Hospital Universitario de Santander: An Anatomopathological Study in the Period 2000-2016

Julio Cesar Mantilla Hernandez, MD1; Olga Mercedes Alvarez Ojeda, MD2 and Kihara Alejandra Jerez Torra, MD1

Introduction. Opportunistic infections (OIs) are one of the most important causes of morbidity and mortality in patients living with HIV/AIDS (PLWH). The objective of this work is to describe the epidemiological profile of the most frequent OIs during the years 2000-2016 in patients attended at the Hospital Universitario de Santander (HUS).

Methods. An anatomopathological study of resected tissues and post-mortem examinations were analyzed. The data were obtained from the medical records of the patients who died of these infections.

Results. A total of 172 patients were included in this study. The most frequent OIs were Pneumocystis jirovecii pneumonia (48%), toxoplasmosis (42%), and Cryptococcus neoformans (23%). The most common sites of infection were the lungs (66%), central nervous system (21%), and skin (13%).

Conclusion. This study highlights the importance of the diagnosis and treatment of opportunistic infections in PLWH to reduce morbidity and mortality. Further studies are needed to identify risk factors and improve management strategies for these infections.

Disclosures. All authors: No reported disclosures.

5.80. The Prevalence and Outcome of Pre-DM/DM in an Urban HIV Primary Care Clinic

Young Gwang Jeong, MD,1 Sanjana Koshy, MD, MD,2 Nadim Salomone, MD,1,2, Tessa Gomzer, MD,3 Takashi Kobiayashi, MD4 and Yasuo Kinugawa, MD4

Introduction. Patients with HIV virus in the V A Loma Linda Healthcare System’s Clinical Case Registry (CCR) from 2000 to 2015 were screened to identify those with a history of deep venous thrombosis (DVT) or pulmonary embolism (PE); these patients were included in a retrospective case series. Each patient’s chart was reviewed to record characteristics common to HIV-positive patients who developed VTE.

Methods. All patients with HIV and who developed VTE were selected for this study. Data collected include prevalence of pre-DM (Hgb A1C > 5.6% to ≤ 6%) and DM, demographics and HIV disease characteristics. Inadequate glycemic control was defined as Hgb A1C ≥ 7.0% in ≥ 50% of measures during study.

Results. There were 1137 HIV+ patients during the study period. The population was mostly Black or Hispanic; mean age was 52.6±11.2 years; 70% were male. Pre-DM prevalence was 301/1137 (26.5%) and DM prevalence was 176/1137 (15.5%). In uni-variate analysis, patients with DM were more likely to be older, female, Hispanic, HCV co-infected, had higher BMI, longer duration of HIV infection, and family history of DM (all p values < 0.05). Almost 40% of those with DM were also HCV co-infected. Of the 176 with DM, 91 (52%) had inadequate glycemic control. Only insulin use and referral to endocrinology were associated with poor control (P <0.05).

Conclusion. Rates of DM in our HIV clinic were almost twice the rate reported in the adult US population (8.3%) and 25% had pre DM. Traditional risk factors such as older age, family history, and higher BMI were more frequent in our population. The poorer outcomes in those referred to endocrinology probably reflect difficulty to manage advanced DM that prompted endocrine referral. The high rates of DM and pre DM support the DHHS recommendations for continuous monitoring of co-location of endocrine services to provide appropriate glycemic control.

Disclosures. All authors: No reported disclosures.

5.88. Opportunistic Infections in Patients with HIV/AIDS at the Hospital Universitario de Santander: An Anatomopathological Study in the Period 2000-2016

Julio Cesar Mantilla Hernandez, MD1; Olga Mercedes Alvarez Ojeda, MD2 and Kihara Alejandra Jerez Torra, MD1

Introduction. Opportunistic infections (OIs) are one of the most important causes of morbidity and mortality in patients living with HIV/AIDS (PLWH). The objective of this work is to describe the epidemiological profile of the most frequent OIs during the years 2000-2016 in patients attended at the Hospital Universitario de Santander (HUS).

Methods. An anatomopathological study of resected tissues and post-mortem examinations were analyzed. The data were obtained from the medical records of the patients who died of these infections.

Results. A total of 172 patients were included in this study. The most frequent OIs were Pneumocystis jirovecii pneumonia (48%), toxoplasmosis (42%), and Cryptococcus neoformans (23%). The most common sites of infection were the lungs (66%), central nervous system (21%), and skin (13%).

Conclusion. This study highlights the importance of the diagnosis and treatment of opportunistic infections in PLWH to reduce morbidity and mortality. Further studies are needed to identify risk factors and improve management strategies for these infections.

Disclosures. All authors: No reported disclosures.