

EFFECTIVENESS OF ANTIRETROVIRAL THERAPY AMONG RACE/ ETHNIC GROUPS WITH SIMILAR ACCESS TO HEALTHCARE: RESULTS FROM THE TRI-SERVICE STUDY OF HIV DISEASE IN US MILITARY BENEFICIARIES

Paris R, Brown A, Milazzo M, Hawkes CA, Blazes DL, Tamminga CL, Stephan KT, McAllister CK, Wallace MR, Fraser SL, Johnson AC and Wegner S

Background: Since 1988, the US military HIV-1 natural history study has enrolled volunteers, which are heterogeneous with respect to race and ethnicity, and have free access to high-quality health care. In this setting, we wanted to determine if there were differences in survival (time to AIDS) and response to antiretroviral therapy among these groups.

Methods: Data were analyzed for differences in time to a combined endpoint of first AIDS-defining diagnosis or CD4 count <200. Kaplan-Meier analysis was used to assess differences in survival time to the combined endpoint among race/ethnic groups. A Cox model with therapy modeled as a time-dependent covariate was used to assess the effectiveness of HAART.

Results: Data was available on 1,229 (of 1,338) volunteers. Of these, 1251 had entered the study prior to a diagnosis of AIDS with 7,196 person-years of follow up. The incidence rate of the combined endpoint was 4.7/100 person-years. There were no significant differences in survival (adjusted for age, baseline CD4 count). African-Americans (RH 0.56; 95% CI 0.51-0.63) and Hispanic/other ethnic groups (RH 0.75; 0.63-0.89) were less likely to achieve an undetectable viral load on HAART when compared to whites.

Conclusions: In this population with equal access to HIV disease management, there were no apparent differences in time to AIDS. HAART appeared to be less effective among Hispanics and African-Americans.

XIV International AIDS Conference. Barcelona, Spain. 7-12 May 2002.
