

Impact of sexually transmitted infections on mortality in a cohort of people living with HIV

Ciencia Clínica - Coinfecciones / ITS / Hepatitis virales

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Introducción. In cohorts of people living with HIV (PLWH), STIs have an impact on co-infection; however, little has been reported regarding the relationship between STIs and mortality. Objective: To analyze the impact of STIs on mortality in a cohort people living with HIV (PLWH) **Materiales y métodos.** An open-label cohort study of PLWH between 01/2012 and 12/2025. We analysed: age at diagnosis, sex, co-infections w/ VHB, VHC, tuberculosis, opportunistic infections, baseline CD4 count and VL, undetectable VL, mental disease disorder, adherence of ARVs, higher education and history of STIs Quantitative variables were summarised as mean and standard deviation or median and IQR; qualitative variables were summarised as %. We calculated the relative risk (RR) and the attributable risk (AtR) of death along with 95CI. A logistic regression (LR) model was constructed with mortality as the outcome, Variables that showed $p < 0.1$ in the univariate analysis were included in the model; variables with biological criteria and those showing better fit in the Wald test were retained. Calibration testing will be performed using the Hosmer-Lemeshow test with risk deciles. We calculated adjusted Odds Ratio (aOR) The overall discrimination of the model will be checked using a ROC curve with estimation of the area under the curve (AUC). **Resultados.** 712 PLWHIV, men: 53.8% (n=383), women: 46.2% (n=329). Mean follow up: 12.1 years (ICR: 8.44-17.43). A total of 132 PLWH (18.5%) died. Image 1 shows the composition of the cohort. and shows de RR an ArT of dying. Image 2 shows the univariate and multivariate LR model with the AUC. The model has a Hosmer-Lemeshow $p = 0.60$, AUC= 0.84. **Conclusiones.** In this cohort mortality was mainly determined by opportunistic event, hepatitis C coinfection and psychosocial factors. While STI were not independently associated with mortality, they may identify vulnerable populations requiring targeted interventions. Improving adherence and addressing mental health remain key opportunities to reduce mortality. Mortality in HIV is not only biological it is deeply influenced by social and behavior factors

Archivos:

1. [fig 1.jpg](#)
2. [fig 2.jpg](#)