

FACT SHEET

What is COAST?

The Comparative Outcomes And Service Utilization Trends (COAST) study is a population-based cohort study that aims to examine the health outcomes and health service use of people living with HIV (PLHIV), including both those who are accessing and not accessing antiretroviral therapy, as compared to the general population of British Columbia. The study comprises two defined cohorts of adults (≥ 19 years): a cohort including PLHIV and a comparison group consisting of a 10% random sample of adults from the general population of BC followed from 1996 to 2013. COAST contains de-identified health-related data on antiretroviral and health service use from the BC Centre for Excellence in HIV/AIDS (BC-CfE) and other health administrative data holdings within Population Data BC. The study currently has linked data from 1996 to 2013, with future data linkages planned for additional years.

Major Aims



To evaluate health outcomes related to antiretroviral and health care services use among adults living with HIV.

1

To assess how these health outcomes differ from those observed in a random sample of the total population of BC.

2

COAST is uniquely positioned to assess health outcomes and resource utilization because it is the only study that allows a comparison between individuals living with HIV and the general population of British Columbia, on a population-wide basis. The COAST study is funded by the Canadian Institutes of Health Research (CIHR) with support from the BC-CfE.

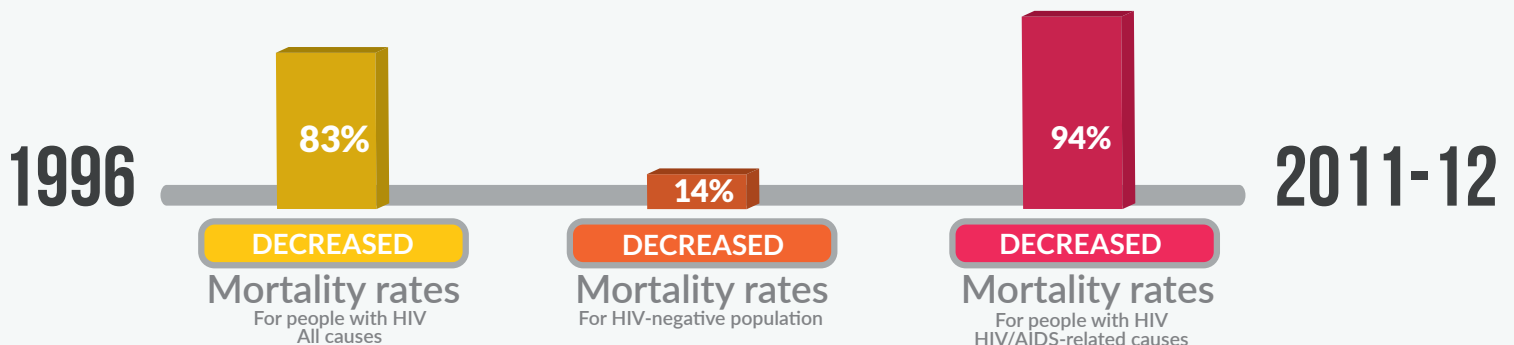
<https://www.ncbi.nlm.nih.gov/pubmed/29331972>

RECENT FINDINGS FROM COAST



1 People living with HIV are living longer — but their mortality rates remain higher than individuals without HIV.

The findings showed a huge drop in mortality rates from when lifesaving combination antiretroviral treatment was introduced—a treatment now the gold standard in HIV treatment. There was an over 90% drop in the mortality rate from HIV/AIDS-related causes, when rates were compared from 1996 to those from the 2011-2012 era. Between 1996 and 2011-12, among individuals living with HIV, all-cause age-standardized (accounting for differences in the age structure of the populations being compared) mortality rates decreased by 83%; mortality rates for HIV-negative population decreased by 14%. Mortality rates from HIV/AIDS-related causes decreased by 94% over a similar period. Despite significant drops in mortality rates among people living with HIV, they still have a higher mortality risk compared to HIV-negative individuals.



Non-AIDS-defining cancers are the leading non-HIV cause of death among people with HIV.

2

People living with HIV are most likely to die from HIV-related causes; however, the second major cause of death is non-HIV-related cancers, matching the leading cause of death among HIV-negative individuals.¹

3 People with HIV are now more susceptible to neurological disorders.

Now that individuals are living longer with HIV they are seeing significant increases over time in aging-related neurological disorders, such as dementia and Alzheimer's. HIV-negative individuals still appear to die more from neurological disorders compared to HIV-positive individuals, as these increase with age.

People with HIV spend less overall time in a healthy state than individuals without HIV.

4

The COAST study has found that individuals living with HIV still have significant lower amount of time spent in good health than individuals who are HIV-negative. People, especially women, living with HIV spent less time in a healthy state. Expanded service delivery interventions to address complex care needs of aging people with HIV are crucial to address shorter life expectancies, to improve their healthy states.²

5 HIV status was associated with greater odds of mood disorder diagnoses among men and lower odds among women.

Among people living with HIV, mood disorder diagnosis was significantly associated with: identifying as gay, bisexual or other men who have sex with men compared to heterosexuals; higher viral load; history of injection drug use; and concurrent anxiety, dysthymia and substance use disorders. These findings highlight the need for comprehensive and holistic HIV and mental health care.³

People living with HIV were more likely to report unintentional and intentional injury, compared with the general population.

6

The proportion of deaths attributable to injuries was over twice as high among people living with HIV compared with the general population. The highest rates of injury among people living with HIV were associated with falls, self-harm and assault. Intentional injury, characterized by exceedingly high rates of self-harm and assault among people living with HIV in the COAST study, was highly associated with a lifetime occurrence of mental health conditions and depression. Addressing issues of poverty, drug use and mental health is important to reduce the burden of largely preventable injury among people living with HIV—and is paramount for achieving continued gains in life expectancy and quality of life.⁴

Learn more about  : <https://www.ncbi.nlm.nih.gov/pubmed/29331972>

REFERENCES

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