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The Prevalence of Chronic Diseases among HIV infected Medicaid Recipients in New York State

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Background: The widespread use of Highly Active Antiretroviral Treatment (HAART) in developed countries has resulted in significant reductions in morbidity and mortality among people infected with HIV. However, increased survival means that HIV infected patients are now at risk for a variety of chronic diseases that are commonly seen among the general population.

Study Objectives: To examine the changes in the prevalence of cardiovascular diseases, diabetes, renal diseases, end stage liver disease and chronic pulmonary diseases in HIV infected individuals who were Medicaid recipients in New York State.

Methods: A retrospective logistic regression analysis was conducted to describe the trends in chronic disease prevalence in the HIV-infected population from 1996 to 2005. The Medicaid Insurance Claims database was used to identify patients. HIV status was defined by using the New York State Department of Health's AIDS Institute Screen.

Results: Preliminary results indicate that increasing age due to greater survival of HIV/AIDS does not contribute to greater prevalence of chronic disease in HIV/AIDS Medicaid recipients, instead the disease itself makes a contribution.

Conclusions: The presence of HIV/AIDS disease is associated with increased prevalence of chronic disease independent of increased survival over time.

Public Health Significance: These results can be used to evaluate the implications for current and future health policies relating to HIV infected patient's need for and access to specialized care to treat the complex health problems associated with their HIV status and co-morbidities.