****

**CONCEPT SHEET: REGIONAL ANALYSES**

|  |  |
| --- | --- |
| **Steering Group approval date:** | *(To be added by UCT data centre)* |
| **Tracking number:** | *(To be added by UCT data centre)* |
| **Title:** |  |
| **Lead author:**  **Email:** | Cristina Mesa Vieira (ISPM)  Cristina.mesavieira@ispm.unibe.ch |
| **IeDEA senior investigator:**  **Email:** | Andreas Haas (ISPM)  [andeas.haas@ispm.unibe.ch](mailto:andeas.haas@ispm.unibe.ch) |
| **Statisticians:**  **Email:** |  |
| **Data manager:**  **Email:** | Nicky Maxwell (IeDEA data centre at UCT)  nicky.maxwell@uct.ac.za |
| **Where will statistical analyses be done?** | ISPM, University of Bern |
| **Required variables:** |  |
| **Target journal:** |  |
| **Ethics:** | *Select as appropriate:*  This concept uses only the IeDEA-SA standard dataset and is covered by the core IeDEA-SA ethics approvals.  This concept requires additional collection of health-related data, measurements or tests, or sampling of biological material not included in the IeDEA-SA standard dataset. Additional ethics approval is required.\* (Describe ethical considerations for any additional data collection here, including responsible IRBs.) |
| **Milestones:** | *Circulation of concept sheet: April 1, 2022*  *Ethics approval (for additional data collection): <date>*  *Circulation of mature draft paper: <date>*  *Submission to target journal: <date>* |
| **Abstract:** (about 100 words) | **Background:**  **Aims and objectives:**  **Methods:** |

**1. Background**

Posttraumatic stress disorder (PTSD) is a maladaptive reaction to a traumatic event, and it is present in about 7% of the population (1). The current scientific literature shows an association between PTSD and CVD risk factors (2) and cardiovascular disease (CVD). For example, a recent systematic review (3) reported that persons with PTSD had a largely increased risk of subsequent myocardial infection (HR 1.49, 95% CI 1.31-1.69).

Two pathways might explain the increased incidence of CVD in persons with PTSD. PTSD can lead to unhealthy behaviours such as substance use, physical inactivity, sleep disorders and dietary changes that lead to common cardiovascular risk factors (hypertension, diabetes, high cholesterol), which can cause CVD (2). An alternative explanation is that PTSD generates an inflammatory state that can cause CVDs such as myocardial infarction, unstable angina and stroke (2). This hypothesis is supported by studies showing that PTSD is independently associated with an increased risk of coronary heart disease even after adjusting for depression and cardiovascular risk factors, such as high cholesterol, hypertension and high blood pressure (3).

The relationship between PTSD and CVD is bidirectional. Evidence suggests that a cardiovascular event can cause PTSD. For example, Edmonson found a 12% prevalence of PTSD secondary to acute coronary syndromes. PTSD, in turn, doubles the risk for recurrent acute coronary syndromes and mortality. The mechanisms through which CVD causally relates to PTSD are under study (2).

While evidence on the association between PTSD and CVD is emerging, there is little empirical support for causal links between PTSD and CVD. We aim to examine PTSD as a causal risk factor for CVD and quantify the mediating effect of PTSD on CVD through CVD risk factors.

**2. Objectives**

1. To describe the incidence of cardiovascular risk factors and major cardiovascular events in persons with and without PTSD
2. To examine PTSD as a causal risk factor for CVD (total effect)
3. To quantify the mediating effect of PTSD through CVD risk factor or inflammation on CVD (indirect effect via mediators).

**3. Study design**

We will conduct a cohort study of South African adults using routine data from a large South African medical insurance scheme.

**3.1 Eligibility criteria**

Adults aged 18 years or older who had insurance coverage with the medical insurance scheme at any point between January 1, 2011, and July 30, 2020, are eligible for analysis. Persons with unknown sex or age will be excluded.

**3.2 Data sources**

We will use data from a large South African private-sector medical insurance scheme.29 Data include sociodemographic information, reimbursement claims, laboratory results, and information of the vital status of beneficiaries of the medical scheme.

**3.3 Key variables**

* Sociodemographic data: age, sex, ethnicity
* Hospital claims contain the date of admission, date of discharge, International Classification of Diseases, 10th Revision (ICD-10), National Reference Price List (NRPL) codes, and Current Procedural Terminology (CPT) codes.
* Outpatient claims contain ICD-10 diagnoses.
* Pharmacy claims contain information on the active ingredients of drugs coded according to the Anatomical Therapeutic Chemical (ATC) classification system, the drug strengths, the dispensed amount, and the date of dispensing.
* Laboratory data contain the date of specimen collection, the type of laboratory test, the laboratory result, and the unit of measurement.
* Mortality data from the medical scheme records and the National Population Register (NPR): date of death and cause of death (natural/unnatural).
* Administrative data on the start and end of beneficiaries’ medical insurance coverage and the health care plan

**3.4. Assumptions**

The assumptions about the relationship between relevant variables are shown in a directed acyclic graph (DAG) (Figure 1). Ethnicity and associated socioeconomic disparities affect the risk of PTSD (4) and depression (5), and lifestyle factors (e.g. smoking, substance use, alcohol use, diet, and physical activity) (6). Lifestyle factors increase cardiovascular risk factors (e.g. high blood pressure, obesity, high cholesterol, and diabetes) that may cause CVD (7). Ethnicity and socioeconomic disparities are risk factors for HIV (8). HIV is a risk factor for CVD (9). PTSD and depression may lead to lifestyle changes that might lead to cardiovascular risk factors (10). Conversely, after a cardiovascular event, lifestyle might change and thus the cardiovascular risk factors. Depression, PTSD (11), and smoking (12), could also lead to an inflammatory state that increases the risk of CVD. This inflammatory state can also cause PTSD or depression after CVD (13).

**3.5 Measures**

**Outcome:** The primary outcome is a major cardiovascular event defined as an acute coronary syndromes or stroke. Cases of acute coronary syndromes are defined in the presence of any of the ICD-10 codes for unstable angina, acute ST-elevation myocardial infarction, acute non-ST-elevation myocardial infarction, or unspecified myocardial infarction (Table 1), or any of the CPT codes for coronary revascularization procedures (Table 2). Stroke diagnoses will be disregarded if a condition mimicking a stroke (Table 1) is co-occurring within less than 30 days before and 30 days after a stroke diagnosis.

**Exposures:** The primary exposure is an ICD-10 diagnosis of PTSD (F43.1). The secondary exposure is an ICD-10 diagnosis of a major depressive disorder (F32, F33, F34.1). Exposure variables will be defined as time-varying variables. Persons will be considered “exposed” from the date of their first diagnosis onwards.

**Sociodemographic characteristics**

We will group age into six categories (18-29, 30-39, 40-49, 50-59, 60-69, and ≥70 years). Population groups will be defined as Black African, Indian/Asian, mixed ancestry [“coloured”], white, or unknown, and sex as male and female.

**Cardiovascular risk factors**

**Hypertension** will be defined based on ICD-10 codes for hypertensive disease (I10-I13, I15, H35.0, and I67.4), evidence of use of medication used to treating hypertension (i.e. certain diuretics, beta blockers, or drug combinations), or at least two elevated systolic (≥140mmHg), or diastolic (≥90mmHg) blood pressure measurements (Table 3).

will be defined base on (E10-E14, H28, H36, M14.2, M14.6, G59.0, G63.2, or G99.0), evidence of use of (ATC codes A10) at least twoabnormal ≥≥≥≥T4

**Dyslipidaemia** will be defined based on the ICD-10 codes E78.0-E78.5, evidence of the use of lipid-modifying medication (ATC codes C10), or at least two abnormal lipid measurements (HDL-cholesterol <1 mmol/L, or LDL-cholesterol >4.1 mmol/L, or total cholesterol >6.2 mmol/L) (Table 5).

**HIV** will be defined based on laboratory data for HIV viral load, CD4 count, or a positive confirmatory HIV test, an ICD-10 diagnosis for HIV or the use of antiretroviral medication for treating HIV excluding medication commonly used in pre- or post-exposure prophylaxis (Table 6).

**Overweight and obesity** will be defined based on ICD-10 codes (E66).

**Inflammatory markers:** We will include C - reactive protein ≥0.3 mg/L as marker for inflammation.

* 1. **Statistical methods**

*Descriptive analysis:* We will use descriptive statistics to analyse characteristics of participants with PTSD that belong to both private- and public-sector ART programs. Descriptive analysis will be stratified by sector (public/private) and history of cardiovascular disease treatment utilization (yes/no).

*Objective i:* We will calculate adjusted incidence rate ratios with 95% confidence intervals (CI), comparing the incidence of cardiovascular admissions between public- and private-sector ART programs using Poisson regression. Patients will be followed from PTSD diagnosis to their last documented clinic visit. We will model the number of hospital admissions recorded in patients with PTSD using Poisson regression). Models will be adjusted for current age, type of health insurance, gender and ethnicity and will use person-years at risk as an offset.

*Objective ii:* We will use causal inference to quantify the effect of PTSD on cardiovascular disease. The target quantity of interest in this analysis is the average treatment effect. The average treatment effect is defined as the expected outcomes under the counterfactual scenario where everyone was continuously affected by PTSD (always exposed) compared to the expected outcome under the scenario where nobody was affected (never exposed). Adjustment variables will be selected based on a direct acyclic graph (DAG) developed based on an extensive literature review and in consultation with domain experts. The target quantity will be estimated using longitudinal targeted maximum likelihood estimation (LTMLE). LTMLE is a state-of-the-art causal inference method for appropriate handling of time-depend exposures in the presence of time-dependent confounding affected by prior exposure. LTMLE reduces the chances of model miss-specification because it can incorporate flexible machine learning methods while retaining valid statistical inference.Risk of bias due to limitations of our data (e.g. unmeasured confounding) will be critically evaluated.

**3.7 Ethical considerations**

The Human Research Ethics Committee of the University of Cape Town, South Africa, and the Cantonal Ethics Committee Bern, Switzerland, authorised the analysis of the database. Beneficiaries of the medical insurance scheme or their guardians provided consent for their data to be used in research.

**4. References**

1. O’Donnell CJ, Schwartz Longacre L, Cohen BE, Fayad ZA, Gillespie CF, Liberzon I, et al. Posttraumatic Stress Disorder and Cardiovascular Disease: State of the Science, Knowledge Gaps, and Research Opportunities. JAMA Cardiol. 2021;6(10):1207-16.

2. Edmondson D, von Kanel R. Post-traumatic stress disorder and cardiovascular disease. Lancet Psychiatry. 2017;4(4):320-9.

3. Jacquet-Smailovic M, Brennsthul MJ, Denis I, Kirche A, Tarquinio C, Tarquinio C. Relationship between Post-traumatic Stress Disorder and subsequent myocardial infarction: a systematic review and meta-analysis. J Affect Disord. 2022;297:525-35.

4. Polimanti R, Ratanatharathorn A, Maihofer AX, Choi KW, Stein MB, Morey RA, et al. Association of Economic Status and Educational Attainment With Posttraumatic Stress Disorder: A Mendelian Randomization Study. JAMA Netw Open. 2019;2(5):e193447.

5. Assari S. Social Determinants of Depression: The Intersections of Race, Gender, and Socioeconomic Status. Brain Sci. 2017;7(12).

6. Mukong AK, Van Walbeek C, Ross H. Lifestyle and Income-related Inequality in Health in South Africa. Int J Equity Health. 2017;16(1):103.

7. Zhang YB, Pan XF, Chen J, Cao A, Xia L, Zhang Y, et al. Combined lifestyle factors, all-cause mortality and cardiovascular disease: a systematic review and meta-analysis of prospective cohort studies. J Epidemiol Community Health. 2021;75(1):92-9.

8. Mabaso M, Makola L, Naidoo I, Mlangeni LL, Jooste S, Simbayi L. HIV prevalence in South Africa through gender and racial lenses: results from the 2012 population-based national household survey. Int J Equity Health. 2019;18(1):167.

9. Hyle EP, Mayosi BM, Middelkoop K, Mosepele M, Martey EB, Walensky RP, et al. The association between HIV and atherosclerotic cardiovascular disease in sub-Saharan Africa: a systematic review. BMC Public Health. 2017;17(1):954.

10. De Hert M, Detraux J, Vancampfort D. The intriguing relationship between coronary heart disease and mental disorders. Dialogues Clin Neurosci. 2018;20(1):31-40.

11. Yuan N, Chen Y, Xia Y, Dai J, Liu C. Inflammation-related biomarkers in major psychiatric disorders: a cross-disorder assessment of reproducibility and specificity in 43 meta-analyses. Transl Psychiatry. 2019;9(1):233.

12. Salahuddin S, Prabhakaran D, Roy A. Pathophysiological Mechanisms of Tobacco-Related CVD. Glob Heart. 2012;7(2):113-20.

13. Jacquet-Smailovic M, Tarquinio C, Alla F, Denis I, Kirche A, Tarquinio C, et al. Posttraumatic Stress Disorder Following Myocardial Infarction: A Systematic Review. J Trauma Stress. 2021;34(1):190-9.Figure 1: Directed acyclic graph (DAG) showing the assumptions about the relationship between variables influencing the relationship between post-traumatic stress disorder and major cardiovascular events

Figure 1: Directed acyclic graph showing the causal relationship between post-traumatic stress disorder and cardiovascular diseases

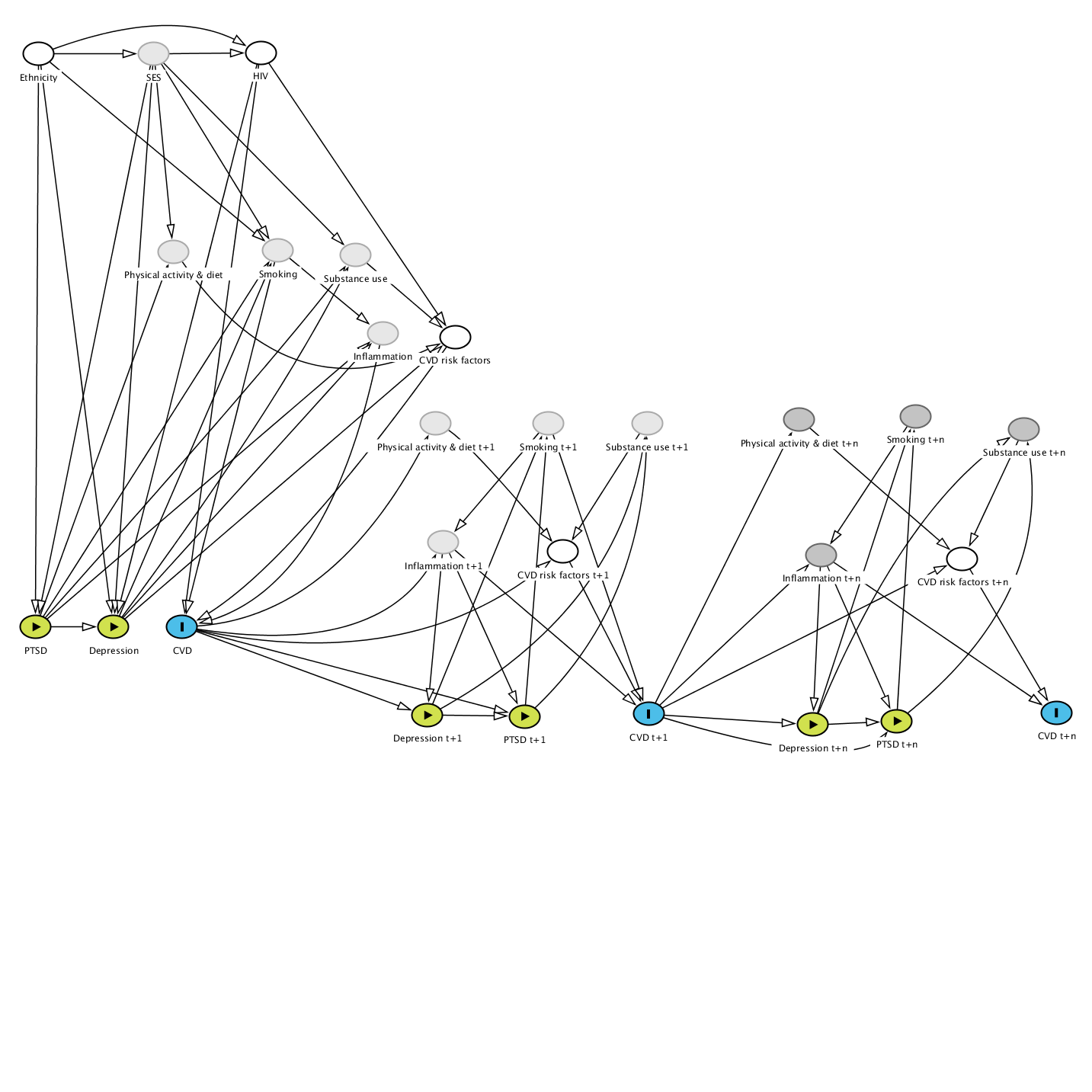


Table 1: List of International Classification of Diseases, 10th Revision (ICD-10) codes of major cardiovascular events and conditions mimicking stroke

|  |  |
| --- | --- |
| **Condition** | **ICD-10**  **Code** |
| Acute coronary syndromes |  |
| Unstable angina | I20.0 |
| Acute ST-elevation myocardial infarction |  |
| Transmural infarct of anterior wall | I21.0 |
| Transmural infarct of inferior wall | I21.1 |
| Transmural infarct of other sites | I21.2 |
| Transmural infarct of unspecified sites | I21.3 |
| Subsequent (<4w) infarction of anterior wall | I22.0 |
| Subsequent (<4w) infarction of inferior wall | I22.1 |
| Subsequent (<4w) infarction of other sites | I22.8 |
| Subsequent (<4w) infarction of unspecified sites | I22.9 |
| Acute non-ST-elevation myocardial infarction |  |
| Acute subendocardial myocardial infarction | I21.4 |
| Unspecified myocardial infarction |  |
| Acute myocardial infarction, unspecified | I21.9 |
| Stroke |  |
| Haemorrhagic stroke |  |
| Subarachnoid haemorrhage from carotid siphon and bifurcation | I60.0 |
| Subarachnoid haemorrhage from middle cerebral artery | I60.1 |
| Subarachnoid haemorrhage from anterior communicating artery | I60.2 |
| Subarachnoid haemorrhage from posterior communicating artery | I60.3 |
| Subarachnoid haemorrhage from basilar artery | I60.4 |
| Subarachnoid haemorrhage from vertebral artery | I60.5 |
| Subarachnoid haemorrhage from other intracranial arteries | I60.6 |
| Subarachnoid haemorrhage from intracranial artery, unspecified | I60.7 |
| Other subarachnoid haemorrhage | I60.8 |
| Subarachnoid haemorrhage, unspecified | I60.9 |
| Intracerebral haemorrhage in hemisphere, subcortical | I61.0 |
| Intracerebral haemorrhage in hemisphere, cortical | I61.1 |
| Intracerebral haemorrhage in hemisphere, unspecified | I61.2 |
| Intracerebral haemorrhage in brain stem | I61.3 |
| Intracerebral haemorrhage in cerebellum | I61.4 |
| Intracerebral haemorrhage, intraventricular | I61.5 |
| Intracerebral haemorrhage, multiple localized | I61.6 |
| Other intracerebral haemorrhage | I61.8 |
| Intracerebral haemorrhage, unspecified | I61.9 |
| Ischaemic stroke |  |
| Cerebral infarction due to thrombosis of precerebral arteries | I63.0 |
| Cerebral infarction due to embolism of precerebral arteries | I63.1 |
| Cerebral infarction due to unspecified occlusion or stenosis of precerebral arteries | I63.2 |
| Cerebral infarction due to thrombosis of cerebral arteries | I63.3 |
| Cerebral infarction due to embolism of cerebral arteries | I63.4 |
| Cerebral infarction due to unspecified occlusion or stenosis of cerebral arteries | I63.5 |
| Other cerebral infarction | I63.8 |
| Cerebral infarction, unspecified | I63.9 |
| Central retinal artery occlusion | H34.1 |
| Unspecified stroke |  |
| Stroke, not specified as haemorrhage or infarction | I64 |
| Conditions mimicking stroke |  |
| Infections of the central nervous system |  |
| Amoebic brain abscess | A06.6 |
| Tuberculosis of nervous system | A17 |
| Symptomatic neurosyphilis | A52.1 |
| Asymptomatic neurosyphilis | A52.2 |
| Unspecified neurosyphilis | A52.3 |
| Gonococcal brain abscess | A54.8 |
| Progressive multifocal leukoencephalopathy | A81.2 |
| Herpesviral meningitis | B00.3 |
| Varicella meningitis | B01.0 |
| Zoster meningitis | B02.1 |
| Candida meningitis | B37.5 |
| Coccidioidomycosis meningitis | B38.4 |
| Phaeomycotic brain abscess | B43.1 |
| Cerebral cryptococcosis | B45.1 |
| Cryptococcosis, unspecified | B45.9 |
| Toxoplasma meningoencephalitis | B58.2 |
| Toxoplasmosis, unspecified | B58.9 |
| Cysticercosis of CNS | B69.0 |
| Sequelae of CNS tuberculosi | B90.0 |
| Bacterial meningitis | G00 |
| Meningitis in bacterial diseases | G01 |
| Meningitis in other (viral / mycotic) diseases | G02 |
| Meningitis due to other / unspecified cause | G03 |
| Encephalitis / myelitis | G04 |
| Encephalitis / myelitis in other diseases | G05 |
| Intracranial abscess and granuloma | G06 |
| Intracranial abscess and granuloma in other diseases | G07 |
| Sequelae of G00 to G08 | G09 |
| Malignancies of the central nervous system |  |
| Malignant neoplasm of meninges | C70 |
| Malignant neoplasm of brain | C71 |
| Malignant neoplasm of rest of CNS / unspecified | C72 |
| Metastases to the brain or meninges | C79.3 |
| Malignant lymphoma, large B-cell, diffuse, not otherwise specified | M9680/3 |
| Intracranial space-occupying lesion | R90.0 |

Table 2: List of Current Procedural Terminology (CPT) codes for coronary revascularization procedures indicative of major cardiovascular events

|  |  |
| --- | --- |
| **Procedure** | **CPT code** |
| Coronary revascularization procedures |  |
| Coronary artery graft | 33503 |
| Coronary artery graft | 33504 |
| Coronary artery bypass graft, vein, single | 33510 |
| Coronary artery bypass graft, vein, two | 33511 |
| Coronary artery bypass graft, vein, three | 33512 |
| Coronary artery bypass graft, vein, four | 33513 |
| Coronary artery bypass graft, vein, five | 33514 |
| Coronary artery bypass graft, vein, six or more | 33516 |
| Coronary artery bypass graft, artery-vein, single | 33517 |
| Coronary artery bypass graft, artery-vein, two | 33518 |
| Coronary artery bypass graft, artery-vein, three | 33519 |
| Coronary artery bypass graft, artery-vein, four | 33521 |
| Coronary artery bypass graft, artery-vein, five | 33522 |
| Coronary artery bypass graft, artery-vein, six or more | 33523 |
| Coronary artery, bypass/reoperation | 33530 |
| Coronary artery bypass graft, arterial, single | 33533 |
| Coronary artery bypass graft, arterial, two | 33534 |
| Coronary artery bypass graft, arterial, three | 33535 |
| Coronary artery bypass graft, arterial, four or more | 33536 |
| Open coronary endarterectomy | 33572 |
| Percutaneous transluminal coronary angioplasty, single major coronary artery or branch | 92920 |
| Percutaneous transluminal coronary angioplasty, each additional branch of major coronary artery | 92921 |
| Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch | 92924 |
| Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch | 92928 |
| Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery | 92929 |
| Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch | 92933 |
| Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery | 92934 |
| Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel | 92937 |
| Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft | 92938 |
| Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel | 92941 |
| Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel | 92943 |
| Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft | 92944 |
| Percutaneous transluminal coronary thrombectomy | 92973 |
| Insert intracoronary stent | 92980 |
| Insert intracoronary stent | 92981 |
| Coronary artery dilation | 92982 |
| Coronary artery dilation | 92984 |

Table 3: List of diagnoses, medications, and test results indicative of hypertension

|  |  |
| --- | --- |
| **Diagnoses** | **ICD10 code** |
| Essential hypertension | I10 |
| Hypertensive heart disease | I11 |
| Hypertensive renal disease | I12 |
| Hypertensive heart and renal disease | I13 |
| Secondary hypertension | I15 |
| Hypertensive retinopathy | H35.0 |
| Hypertensive encephalopathy | I67.4 |
| **Drug** | **ATC code** |
| Low-ceiling diuretics (thiazides) | C03A |
| Low-ceiling diuretics (non-thiazides) | C03B |
| Low-ceiling diuretics in combination with potassium-sparing agents | C03EA |
| Beta-blockers combined with thiazides | C07B |
| Beta-blockers with "other" diuretics | C07C |
| Beta-blockers with thiazide diuretic with "other" diuretics | C07D |
| Calcium channel blockers in combination with diuretics | C08G |
| ACE-inhibitors with diuretics | C09BA |
| Angiotensin II receptor-blockers with diuretics | C09DA |
| Valsartan + amlodipine + hydrochlorothiazide | C09DX01 |
| Olmesartan + amlodipine + hydrochlorothiazide | C09DX03 |
| Candesartan + amlodipine + hydrochlorothiazide | C09DX06 |
| Aliskiren + hydrochlorothiazide | C09XA52 |
| Aliskiren + amlodipine + hydrochlorothiazide | C09XA54 |
| Rosuvastatin + perindopril + indapamide | C10BX13 |
| **Clinical test** | **Value** |
| Systolic blood pressure | ≥140mmHg |
| Diastolic blood pressure | ≥90mmHg |

Table 4: List of diagnoses, medications, and laboratory test results indicative of diabetes mellitus

|  |  |
| --- | --- |
| **Diagnoses** | **ICD10 code** |
| Type 1 diabetes mellitus | E10 |
| Type 2 diabetes mellitus | E11 |
| Malnutrition-related diabetes mellitus | E12 |
| Other specified diabetes mellitus | E13 |
| Unspecified diabetes mellitus | E14 |
| Diabetic cataract | H28.0 |
| Diabetic retinopathy | H36.0 |
| Diabetic arthropathy | M14.2 |
| Diabetic neuropathic arthropathy | M14.6 |
| Diabetic mononeuropathy | G59.0 |
| Diabetic polyneuropathy | G63.2 |
| Diabetic autonomic neuropathy | G99.0 |
| **Drug** | **ATC code** |
| Drugs used in diabetes | A10 |
| **Laboratory test** | **Value** |
| HbA1c | ≥6.5 % (≥48mmol/L) |
| Fasting blood glucose | ≥7.0 mmol/L (~126 mg/dL) |
| Random blood glucose | ≥11.1 mmol/L (~200 mg/dL) |

Table 5: List of diagnoses, medications, and test results indicative of dyslipidaemia

|  |  |
| --- | --- |
| **Diagnoses** | **ICD10 code** |
| Pure hypercholesterolaemia | E78.0 |
| Pure hyperglyceridaemia | E78.1 |
| Mixed hyperlipidaemia | E78.2 |
| Hyperchylomicronaemia | E78.3 |
| Other hyperlipidaemia | E78.4 |
| Hyperlipidaemia, unspecified | E78.5 |
| **Drug** | **ATC code** |
| Lipid-modifying agents | C10 |
| **Laboratory test** | **Value** |
| HDL-cholesterol | <1 mmol/L (~40 mg/dL) |
| LDL-cholesterol | >4.1 mmol/L (~160 mg/dL) |
| Total cholesterol | >6.2 mmol/L (~240 mg/dL) |

Table 6: List of diagnoses, medications, and test results indicative of HIV

|  |  |
| --- | --- |
| **Diagnoses** | **ICD10 code** |
| Human immunodeficiency virus (HIV) disease | B20-B24 |
| Asymptomatic HIV infection status | Z21 |
| Laboratory evidence of HIV | R75 |
| HIV disease complicating pregnancy, childbirth and the puerperium | O98.7 |
| **Antiretroviral medication for treating HIV** | **ATC code** |
| Protease inhibitors | J05AE |
| Nucleoside and nucleotide reverse transcriptase inhibitors | J05AF |
| Non-nucleoside reverse transcriptase inhibitors | J05AG |
| Integrase inhibitors | J05AJ |
| Antivirals for treatment of HIV infections, combinations | J05AR |
| **Antiretroviral medication used in pre- or post-exposure prophylaxis** | **ATC code** |
| Tenofovir disoproxil and emtricitabine (TDF/FTC) | J05AR03 |
| Tenofovir alafenamide (TAF) | J05AF13 |
| Emtricitabine (FTC) | J05AF09 |
| Lamivudine (3TC) | J05AF05 |
| **Laboratory test** | **Value** |
| Confirmatory HIV test | Positive |