



Version 1 ▾


Oct 05, 2022

Protocol V.1

Tea Borkowska¹, Nikoloz Chkhartishvili¹, Ekaterine Karkashadze¹,
Otar Chokoshvili¹, Pati gabunia¹, Lali Sharvadze¹, Tengiz Tsertsvadze¹

¹Infectious Diseases, Infectious Diseases, AIDS & Clinical Immunology Research Center, Tbilisi, Georgia

1 Works for me

 Share

dx.doi.org/10.17504/protocols.io.3byl4jke8lo5/v1

The prevalence of hyperglycemia and its impact on mortality among people living with HIV

Tea Borkowska

DISCLAIMER

DISCLAIMER – FOR INFORMATIONAL PURPOSES ONLY; USE AT YOUR OWN RISK

The protocol content here is for informational purposes only and does not constitute legal, medical, clinical, or safety advice, or otherwise; content added to protocols.io is not peer reviewed and may not have undergone a formal approval of any kind. Information presented in this protocol should not substitute for independent professional judgment, advice, diagnosis, or treatment. Any action you take or refrain from taking using or relying upon the information presented here is strictly at your own risk. You agree that neither the Company nor any of the authors, contributors, administrators, or anyone else associated with protocols.io, can be held responsible for your use of the information contained in or linked to this protocol or any of our Sites/Apps and Services.

ABSTRACT

Abstract

Background

Life expectancy and quality of life of people living with HIV have been dramatically improved after introducing antiretroviral therapy, and the prevalence of non-communicable diseases has increased. Several studies have found that hyperglycemia with or without type 2 diabetes was associated with poor outcomes in people living with HIV.

The study's objective was to determine the prevalence of hyperglycemia and assess its impact on mortality.

Materials and Methods

A retrospective cohort study was conducted among people living with HIV diagnosed in 2012-2018 and followed through 2020 at the Infectious Diseases, AIDS and Clinical Immunology Research Center in Tbilisi, Georgia. Primary outcomes of interest included the prevalence of hyperglycemia and mortality. Causes of death were classified according to the Coding of Death in HIV (CoDe) protocol.

Results

Our study included 2914 people living with HIV. Two hundred and forty-two (8.3%) patients had hyperglycemia, with an increasing prevalence by age. Three hundred one (9.7%) participants died over the median 3.71 (IQR: 2.14-5.37) years of follow-up. Among these, 139 (46.2%) were due to AIDS-related causes, 123 (40.9%) – were due to non-AIDS causes, and in 39 (12.9%) cases, the cause of death could not be determined. Overall, the cohort contributed to 11,148 person-years of follow-up (PYFU), translating into a mortality rate of 2.70 deaths per 100 PYFU. The mortality rate was significantly higher among individuals with hyperglycemia - 11.17 deaths per 100 PYFU vs 2.07 deaths per 100 PYFU among normoglycemic patients ($p < 0.0001$).

Conclusions

Hyperglycemia was associated with increased odds of mortality. Screening and management of hyperglycemia should be integrated into routine HIV clinical services as part of a comprehensive care package.

DOI

dx.doi.org/10.17504/protocols.io.3byl4jke8lo5/v1

PROTOCOL CITATION

Tea Borkowska, Nikoloz Chkhartishvili, Ekaterine Karkashadze, Otar Chokoshvili, Pati gabunia, Lali Sharvadze, Tengiz Tsertsvadze 2022. Protocol. **protocols.io**
<https://dx.doi.org/10.17504/protocols.io.3byl4jke8lo5/v1>



KEYWORDS

HIV, diabetes, hyperglycemia, mortality, Eastern Europe, Georgia

LICENSE

————— This is an open access protocol distributed under the terms of the [Creative Commons Attribution License](#), which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited

CREATED

Oct 05, 2022

LAST MODIFIED

Oct 05, 2022

PROTOCOL INTEGER ID

70865

MATERIALS TEXT

 **Hyperglycemia_dataset.xlsx**

DISCLAIMER:

DISCLAIMER – FOR INFORMATIONAL PURPOSES ONLY; USE AT YOUR OWN RISK

The protocol content here is for informational purposes only and does not constitute legal, medical, clinical, or safety advice, or otherwise; content added to [protocols.io](#) is not peer reviewed and may not have undergone a formal approval of any kind. Information presented in this protocol should not substitute for independent professional judgment, advice, diagnosis, or treatment. Any action you take or refrain from taking using or relying upon the information presented here is strictly at your own risk. You agree that neither the Company nor any of the authors, contributors, administrators, or anyone else associated with [protocols.io](#), can be held responsible for your use of the information contained in or linked to this protocol or any of our Sites/Apps and Services.

- 1 Prepare database just like one in the Materials section.
- 2 Analyse the data contained in database.

3 Formulate conclusions.