3 Cups of Coffee Daily Appear to Halve Death Risk in Those With HIV/Hep C

Other factors linked to a reduced risk of death include a hep C cure, less advanced liver disease, not smoking and well treated HIV.

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Drinking at least three cups of coffee daily is associated with a 50 percent reduction in the risk of death among people coinfected with HIV and hepatitis C virus (HCV). This finding derives from a five-year study that is the first to examine the relationship between coffee consumption and death from any cause in HIV/HCV-coinfected individuals and suggests that coffee likely benefits the health of those with HIV and HCV to a much greater degree than the general population.

Numerous previous studies in people with hep C have laid the groundwork for this finding. Research has also identified coffee's potential benefits related to several other health conditions, such as type 2 diabetes. In the general population, three or more cups per day is associated with a 14 percent reduction in the risk of death, likely because of chemicals called polyphenols that reduce harmful inflammation and protect the liver.

Scientists believe that even decaf coffee may provide such health benefits to people with HIV and hep C.

"This is a very exciting time for HCV research, as a cure that can eradicate the virus is now available for all patients," said the study's lead investigator, Dominique Salmon-Céron, MD, PhD, of the Université Paris Descartes in Paris. "However, even when cured of HCV, patients coinfected with HIV have a higher risk of death with respect to the general population, due to an accelerated aging process that may result from cancer, complications related to diabetes and to liver disease and from cardiovascular events."

Publishing their findings in the Journal of Hepatology, Salmon-Céron and her colleagues analyzed long-term follow-up data on 1,028 HIV/HCV-positive adults who were members of the French ANRS CO13 HEPAVIH Study Group. This ongoing French cohort study follows a nationally representative sample of coinfected individuals and collects medical as well as psychological and behavioral data about them at annual study visits.

The study's findings were first presented in February at the 2017 Conference on Retroviruses and Opportunistic Infections (CROI) in Seattle.

The median age of participants was 49 years old and 70.2 percent were male. A total of 53.4 percent had genotype 1 of HCV.

At the study's baseline, 51.3 percent of the participants reported low coffee consumption (one or fewer cups daily), 22.1 percent reported moderate consumption (two cups daily) and 26.6 percent reported elevated consumption (three or more cups daily). A respective 61.1 percent and 38.4 percent of the cohort members did and did not have a steady partner. A total of 82.5 percent had mild to moderate fibrosis (scarring) of the liver while 17.4 percent had advanced fibrosis or cirrhosis. A total of 1.3 percent had a history of liver cancer or transplantation. A total of 70.8 percent had clinical stages A or B of HIV, indicating less advanced HIV disease, while 29 percent had HIV clinical stage C, indicating an advanced case, or AIDS, with greater destruction of the immune system. A total of 91.8 percent had a CD4 count greater than 200. And finally, 87.5 percent were past or current smokers while 11.7 percent had never smoked.

During a median five years of follow-up, including a cumulative 4,700 years of follow-up among all cohort members, 77 of them died, for a death rate of 1.64 percent per year. Thirty-three (42.8 percent) died of hep C–related causes, including hepatocellular carcinoma (HCC, the most common form of liver cancer), nine (11.7 percent) died of non-AIDS-defining cancers, eight (10.4 percent) died of AIDS-related causes, three (3.9 percent) died of cardiovascular disease, three (3.9 percent) died of overdose and three (3.9 percent) suicide. The cause of death was unknown for 11 people (14.3 percent).

At the end of the study's follow-up, 53.3 percent of the cohort members had not yet been treated for hep C, 7 percent were on direct-acting antiviral (DAA) treatment for the virus and the remaining had completed treatment, including 15.7 percent who were not cured and 24 percent who achieved a sustained virologic response 12 weeks after completing therapy (SVR12, considered a cure).

Seeking to identify factors associated with varying death risk, the researchers adjusted the data to account for differences among the cohort members, including sociodemographic, behavioral and clinical factors, such as the level of severity of liver fibrosis (scarring) and whether they had received hep C treatment.

The adjusted data indicated that, compared with low or moderate coffee consumption, elevated consumption of at least three cups daily was associated with a 50 percent reduction in the risk of death from any cause.

Additionally, the following factors were associated with the corresponding degrees of difference in the risk of death: not having a steady partner, compared with having one, a 50 percent reduction in the risk of death; having been cured of hep C, compared with never being treated, 80 percent reduction; having advanced fibrosis or cirrhosis, compared with having no to moderate fibrosis, 2.3-fold increased risk; having a history of liver cancer or transplantation, compared with not having such a history, 4.4-fold increase; having HIV clinical stage C, compared with having clinical stage A or B, 2.2-fold increase; having a CD4 count of 200 or below, compared with a CD4 count

above that threshold, 1.8-fold increase; and never having smoked, compared with being a current or past smoker, 70 percent reduction.

“The results of our study show that while curing HCV is fundamental, it must be complemented by behavioral changes if we are to improve health and survival in HIV-infected patients whether or not they cleared HCV,” said Salmon-Céron. “I think we need to better monitor coffee consumption, together with other behaviors, such as alcohol use, smoking and physical activity, and to propose interventions to our patients which facilitate healthy behaviors even after HCV clearance.

“We also suggest that those patients who cannot tolerate a high intake of caffeine should consider drinking a few cups of decaffeinated coffee a day,” Salmon-Céron continued. “Accordingly, I believe that the benefits of coffee extracts and supplementing dietary intake with other anti-inflammatory compounds need to be evaluated in HIV-HCV patients.”

To read a press release about the study, click here.

To read the study abstract, click here.

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