Mixed Outcomes for HIV-Positive People With Liver Cirrhosis

People with HIV had fewer cirrhosis-related complications but greater healthcare utilization.

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Among people with liver cirrhosis, those living with HIV had fewer cirrhosis-related complications and lower inpatient mortality compared with HIV-negative people. However, the former group also spent more time hospitalized and used more healthcare resources, according to findings presented at the AASLD Liver Meeting.

Over years or decades, chronic hepatitis B, hepatitis C, fatty liver disease and heavy alcohol consumption can lead to serious complications, including cirrhosis and liver cancer. Liver disease is common among people living with HIV, and some research has shown that coinfection with HIV and hepatitis B or C leads to worse outcomes, but most studies have been small.

Syed Ali Amir Sherazi, MD, of Cook County Health in Chicago, and colleagues carried out a study to compare demographics, causes, clinical outcomes and healthcare utilization among HIV-positive and HIV-negative people with cirrhosis.

The team scanned the Healthcare Cost and Utilization Project's National Inpatient Sample to find individuals with cirrhosis, with or without HIV, from 2016 to 2018. They included 18,840 HIV-positive people and 2,260,164 HIV-negative people. Compared with the HIV-negative group, those living with HIV were younger (54 versus 60 years) and were more likely to be male and Black or Latino. People in the HIV-positive group were more likely to live in low-income areas, were more reliant on Medicaid and were more often treated at large hospitals or urban teaching hospitals.

People with HIV were more likely to have hepatitis B (7% versus 1%) or hepatitis C (28% versus 10%) while HIV-negative people had higher rates of non-alcoholic fatty liver disease (NAFLD), non-alcoholic steatohepatitis (NASH) and alcohol-related liver disease. About one in five HIV-positive people and a third of HIV-negative people had an alcohol use disorder. The most common cause of cirrhosis was hepatitis C for people with HIV and alcohol-related liver disease for HIV-negative people.

In addition, people with HIV were more likely to have malnutrition, chronic kidney disease and sepsis. On the other hand, those without HIV had higher rates of high blood pressure, diabetes,

heart disease, obesity and abnormal blood fat levels and were more likely to smoke.

The researchers found that cirrhosis-related complications were markedly lower among people with HIV compared with HIV-negative people. These included portal hypertension, bleeding veins in the esophagus, ascites (abdominal fluid accumulation), liver failure and liver cancer.

However, the researchers found that after adjustig for other factors, HIV-positive people had a longer average hospital stay than HIV-negative people (7.4 versus 6.2 days) and higher total hospital charges ($81,527 versus $66,927).

People with HIV were significantly younger and had “significantly lower cirrhosis complications and lower inpatient mortality” than the HIV-negative group, according to the researchers. “Despite lower comorbidities and cirrhosis complications, HIV-cirrhosis patients had higher healthcare utilization, the cause of which needs further investigation.”

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