

Article

Survival and Disease Progression According to Gender of Patients With HIV Infection

The Terry Beirn Community Programs for Clinical Research on AIDS

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JAMA

Published Online: December 28, 1994

1994;272;(24):1915-1921.

doi:10.1001/jama.1994.03520240043039



Abstract

Objective. —To compare disease progression and mortality between women and men infected with human immunodeficiency virus (HIV).

Design. —Multicenter cohort.

Setting. —Seventeen community-based centers participating in the Terry Beirn Community Programs for Clinical Research on AIDS (CPCRA).

Patients. —A total of 768 women and 3779 men enrolled in one or more of 11 protocols between September 7, 1990, and September 30, 1993.

Main Outcome Measures. —Survival and opportunistic events.

Results. —The median CD4⁺ cell count at enrollment into the cohort was $0.240 \times 10^9/L$ (240/ μ L) for women and $0.137 \times 10^9/L$ for men ($P < .001$). Compared with men, women were younger (36 vs 38 years), more likely to be African American or Hispanic (78% vs 44%), and more likely to have reported a history of injection drug use (49% vs 27%). Women had been followed up for a median of 14.5 months and men for 15.5 months. The adjusted relative risk (RR) for death among women compared with men was 1.33 (95% confidence interval [CI], 1.06 to 1.67; $P = .01$) and for disease progression (including death) was 0.97 (95% CI, 0.83 to 1.15; $P = .72$). Women were at

increased risk of death and bacterial pneumonia for women compared with men was primarily evident among those with a history of injection drug use (RR, 1.68 for death, 95% CI, 1.20 to 2.35, $P=.003$; RR, 1.53 for bacterial pneumonia, 95% CI, 1.03 to 2.29, $P=.04$). Among patients without a history of disease progression at entry, death was the first event reported for more women than men (27.5% vs 12.2%).

Conclusions. —Compared with men, HIV-infected women in the CPCRA were at increased risk of death but not disease progression. Risks of most incident opportunistic diseases were similar for women and men; however, women were at an increased risk of bacterial pneumonia. These findings may reflect differential access to health care and standard treatments or different socioeconomic status and social support for women compared with men. (*JAMA*. 1994;272:1915-1921)

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