



PDF



Full Text



Share



Article

December 28, 1994

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

The Terry Beirn Community Programs for Clinical Research on AIDS

Sandra L. Melnick, DrPH; Renslow Sherer, MD; Thomas A. Louis, PhD; [et al](#)

» [Author Affiliations](#)

JAMA. 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, 0.82 to 1.15; $P = .72$). Women were at increased risk for bacterial pneumonia (RR, 1.38; 95% CI, 1.05 to 1.92) and at reduced risk for the development of Kaposi's sarcoma (RR, 0.16; 95% CI, 0.04 to 0.65) and oral hairy leukoplakia (RR, 0.54; 95% CI, 0.31 to 0.94). The 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)

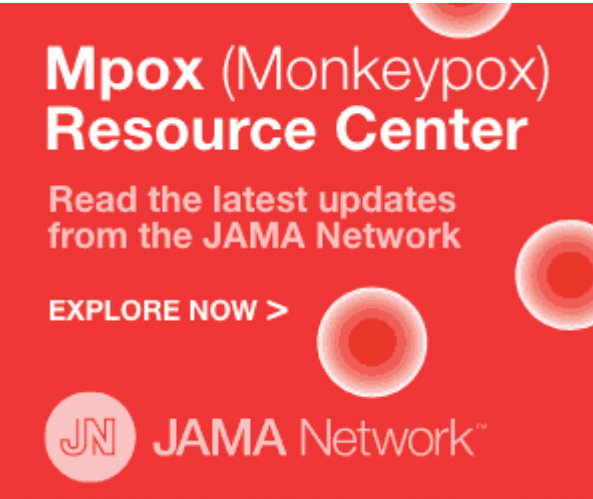
 [Full Text](#)

 | [Access through your institution](#)

Advertisement

 **Best of JAMA Network 2022**


Advertisement



**Mpox (Monkeypox)
Resource Center**

Read the latest updates
from the JAMA Network

[EXPLORE NOW >](#)

 **JAMA Network™**

JOB LISTINGS ON JAMA CAREER CENTER®

Physician (Obstetrics/Gynecology)

Ft. Campbell, KY

Physician- Internal Medicine

Spring Medical Diagnostic CenterHouston, Texas

Physician- Internal Medicine

PearlandPearland, Texas

Physician - Dermatology

Clear LakeWebster, Texas

Physician - Family Medicine

Spring Medical Diagnostic CenterHouston, Texas

See more at JAMA Career Center

Trending

Effects of Time-Restricted Eating on Nonalcoholic Fatty Liver Disease

JAMA Network Open | *Original Investigation* | March 2023

Machine Learning-Based Prediction of ADHD and Sleep Problems Among Children

JAMA Network Open | *Original Investigation* | March 2023

Development of a Machine Learning Model to Estimate Firearm Homicides

JAMA Network Open | *Original Investigation* | March 2023