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Death Certificates Confirm Non-HIV-Attributable Diseases Cause Increase in Deaths of People Living With HIV/AIDS in US

During the decade since the advent of highly active antiretroviral therapy (HAART), or 1996-2006, mortality among people living with HIV/AIDS (PLWHA) sharply decreased in the United States. So, too, did the percentages of PLWHA deaths attributable to AIDS-defining illnesses, just as there was a marked increase in the percentage of deaths attributable to heart, kidney, and liver disease.

These data from a US Centers for Disease Control and Prevention (CDC) review of trends in diseases reported on death certificates in the United States from 1996 to 2006 are published ahead of print in the Journal of the International Association of Physicians in AIDS Care (JIAPAC) published by SAGE.

Some specific findings about HIV deaths during the analysis period included:

Deaths reported with HIV decreased from 35,340 to 13,750

Deaths reported with AIDS-defining opportunistic infections decreased; and AIDS-defining cancers declined then had stable percentages after 2001

Deaths reported with all other cancers increased from 2.7 to 7.3%

Deaths reported with heart, kidney, and liver disease increased from 4.9 to 10.2%, 7.9 to 12.0%, and 5.8 to 13.0%, respectively

"HAART has prolonged the survival of HIV-infected persons by reducing deaths caused by diseases attributable to HIV," write the authors, William K. Adih, MD, DrPH, MPH; Richard M. Selik, MD; and Xiaohong Hu, MS, of the Division of HIV/AIDS Prevention at the CDC's National Center for HIV, Viral Hepatitis, STD, and TB Prevention in Atlanta. "HIV-infected persons and their health care providers should take action to prevent diseases unrelated to HIV that are common in populations at risk of HIV infection, including conditions resulting from smoking and abuse of alcohol and other drugs, as well as chronic diseases common in the general population."