

Figure 1. Independent clinical and demographic predictors of mortality

Clinical/Demographic Characteristic	Number (%)	Hazard Ratio	p-value
CD4 count			
< 100	112 (9%)	24.02	<0.001
100-299	232 (18%)	4.45	0.001
300-499	346 (27%)	2.56	0.037
≥ 500	578 (46%)	Ref.	Ref.
HIV viral load			
< 50 or undetectable	727 (52%)	Ref.	Ref.
50-14,999	292 (21%)	3.45	<0.001
15,000-74,999	165 (12%)	6.20	<0.001
75,000-249,999	137 (10%)	1.34	0.775
≥ 250,000	66 (5%)	14.96	<0.001
Age		1.05	<0.001
< 30	223 (16%)		
30-34	178 (13%)		
35-39	177 (13%)		
≥ 40	818 (59%)		
Sex Assigned at Birth		1.04	0.903
Male	1052 (75%)		
Female	344 (25%)		
Race/Ethnicity			
Non-Hispanic White	746 (54%)	Ref.	Ref.
Non-Hispanic Black	419 (30%)	1.07	0.811
Hispanic	178 (13%)	0.35	0.077
Other		0.89	0.873
Native American	16 (1%)		
Asian	31 (2%)		
Other	11 (1%)		
Income ≤ 138% of Federal Poverty Level	640 (42%)	4.83	0.004

Figure 2. Mean CD4+ cell count over time by race/ethnicity

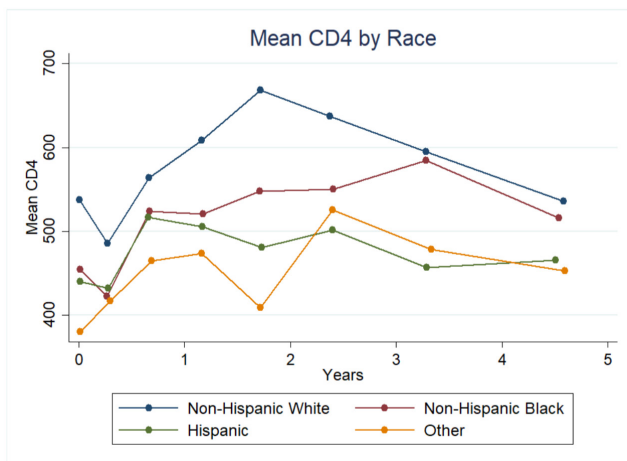


Figure 3. Kaplan-Meier survival curve over time by race/ethnicity among high-risk patients

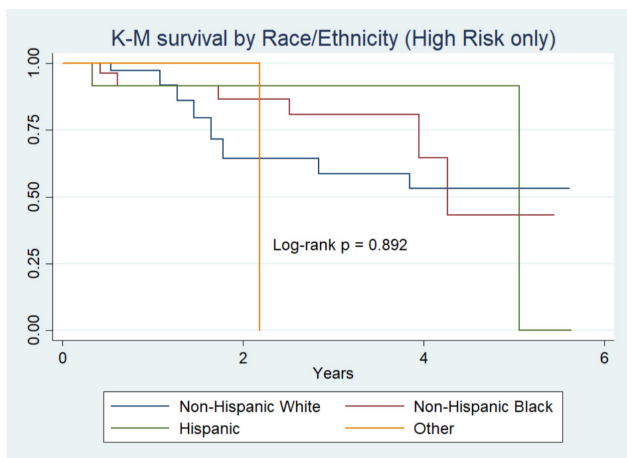
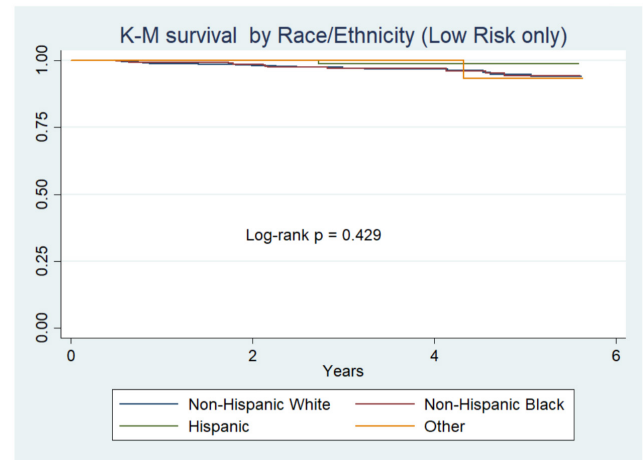


Figure 4. Kaplan-Meier survival curve over time by race/ethnicity among low-risk patients



Disclosures. All authors: No reported disclosures.

1257. Mental Health, Quality of Life, and Accessibility to Care Among Virally Suppressed People Living with HIV in the United States

Tammeka Evans, MoP<sup>1</sup>; Katelyn Cutts, MS<sup>2</sup>; Paul Swinburn, MRRes<sup>2</sup>; Konstantinos Lykopoulos, MSc<sup>3</sup>; Pedro A. Ferrer, PhD<sup>4</sup>; <sup>1</sup>ViiV Healthcare, Research Triangle Park, North Carolina; <sup>2</sup>Evidera, Bethesda, Maryland; <sup>3</sup>Kite Pharma, London, UK; <sup>4</sup>Independent, Raleigh, North Carolina

Session: 148. HIV: General Epidemiology  
Friday, October 4, 2019: 12:15 PM

**Background.** Life expectancy of people living with HIV (PLHIV) in the United States has improved dramatically in the last 25 years, and more than ever are virally suppressed (VS). However, HIV is a complex chronic condition associated with a myriad of concurrent conditions. The “Real-world Insights of PLHIV Shared through Electronic devices” (RISE) study was a cross-sectional survey designed to obtain an up-to-date understanding of the unmet needs in virally suppressed PLHIV.

**Methods.** Participants completed the survey on a mobile application downloaded directly to their device. The survey included a sociodemographic and clinical section, and seven validated patient-reported outcome measures. The current analysis was limited to Functional Assessment of HIV Infection (FAHI) total and domain scores as well as the Patient Satisfaction Questionnaire (PSQ-18) accessibility and convenience domain. A two-point difference in the FAHI domain scores and a five-point difference in the total score are generally considered clinically meaningful and were used as benchmarks for comparisons.

**Results.** Most of the sample ( $n = 1,226$ ) were virally suppressed (VS) (92%), male (81%), White (53%), homosexual (77%), and reported some type of mental health condition (90%). On average participants were  $46 \pm 11$  years old and had been diagnosed with HIV  $14.3 \pm 9.6$  years ago. VS participants with a mental health condition reported significantly lower quality of life (QoL) than participants without a mental health condition, except on the FAHI social well-being and cognitive functioning scores (Table 1). VS participants with depression reported lower QoL even when controlling for key demographic variables ( $F = 278.3$ ;  $P < 0.0001$ ;  $R^2 = .77$ ).

**Conclusion.** While treatment and care for PLHIV has improved in recent years, there remain significant unmet needs. Although achieving VS significantly improves the QoL of PLHIV, additional attention should be placed on the role of mental health and well-being, especially as individuals age while living with HIV. These results highlight the need to understand factors contributing to decreased HRQoL in PLHIV, and the importance of addressing these factors in clinical care.

Table 1. FAHI Scores by Presence of Mental Health Condition

FAHI Score	Comorbidity: Mental Disorder <sup>1</sup> (N=1116)		Change in Score	p-value <sup>2</sup>	Effect Size
	Yes (n=999)	No (n=117)			
<b>Total Score</b>					
Mean (SE)	112.2 (1.02)	123.8 (2.60)	-11.6	0.0002	-0.37
95% CI	(110.2, 114.2)	(118.7, 129.0)			
<b>Physical Well-Being Score</b>					
Mean (SE)	28.82 (0.27)	31.54 (0.65)	-2.72	0.0002	-0.32
95% CI	(28.28, 29.36)	(30.24, 32.83)			
<b>Emotional Well-Being Score</b>					
Mean (SE)	35.65 (0.29)	28.72 (0.79)	-6.93	0.0006	-0.34
95% CI	(25.08, 26.22)	(27.16, 30.30)			
<b>Functional and Global Well-being Score</b>					
Mean (SE)	32.34 (0.34)	35.56 (0.95)	-3.22	0.0022	-0.30
95% CI	(31.66, 33.01)	(33.69, 37.44)			
<b>Social Well-Being Score</b>					
Mean (SE)	17.96 (0.25)	19.33 (0.77)	-1.37	0.0778	-0.17
95% CI	(17.47, 18.45)	(17.80, 20.86)			
<b>Cognitive Functioning Score</b>					
Mean (SE)	7.41 (0.09)	8.68 (0.23)	-1.27	<0.0001	-0.43
95% CI	(7.23, 7.60)	(8.24, 9.13)			

Disclosures. All authors: No reported disclosures.