

OBJECTIVE

To describe HIV and health status, psychosocial characteristics, education achievement and sexual behaviors of HIV-positive adolescents and young adults followed in a French administrative region "Pays de Loire".

PATIENTS AND METHODS

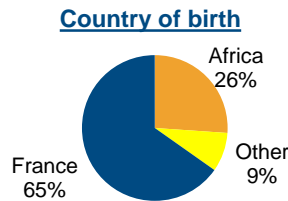
Cross-sectional, prospective, multicentric study. Patients completed self-administered questionnaires. Physicians filled out standardized electronic medical data.

Inclusion criteria : 16 to 25 years old / HIV-1 infected perinatally or before 5 years / Oral informed consent.

RESULTS

Characteristics of the 23 patients (all vertically HIV-infected)

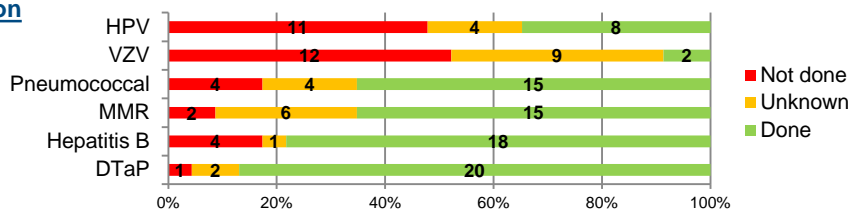
	Median [IQR]
Female	18 (78%)
Age (years)	21 [19-23]
CDC stage C	5 (22%)
Weight (kg)	
Female	54 [50-63.7]
Male	71 [65.9-74]
Height (cm)	
Female	160 [156-164]
Male	178 [175-178]
BMI	
Female	22.3 [19.7- 25.1]
Male	21.5 [20.7-24.1]
Female effective contraception	8 (44%)
Diploma	21 (91%)
Current tobacco use	5 (22%)
Current marijuana use	2 (9%)



Sexually active (n=16 (70%))

	n (%)
Inconsistent use of condom	11(2M/9F) (69%)
Detectable HIV viral load	6 (55%)
Knowledge about post exposure prophylaxis	8 (50%)
Disclosed their HIV status to their partner	9 (56%)

Vaccination



ARV adherence was considered as satisfactory by 57% of clinicians versus 35% of patients.

Immunologic and virologic status

	Median [IQR]
CD4 (cells/mm³)	
cell count	565 [334-752]
nadir	198 [50-283]
CD4 cell count > 500 cells/mm³	15 (65%)
HIV viral load < 50 c/mL	13 (56.5%)

Therapeutic status

	Median [IQR]
Age at first ARV therapy (years)	5 [1-8]
Duration of ARV therapy (years)	15 [11-20]
Current ARV therapy	n (%)
2 NRTI + PI/r	9 (39%)
2 NRTI + NNRTI	6 (26%)
RAL + PI/r	5 (22%)
NRTI + NNRTI + RAL	1 (4%)
NRTI + NNRTI + RAL + PI/r	1 (4%)
Unstructured ART interruption	1 (4%)
Prevalence of resistance mutations (cumulative historical genotypes)	19
Protease	11 (58%)
Reverse Transcriptase	13 (68%)

DISCUSSION

There was a high (26%) but not significant (p=0.11) rate of discordance for ARV adherence between clinicians' and patients' reports. 22% of youths (1 male, 4 female) had low BMI, 17% were overweight (4 women). Rate of substance use was lower for tobacco and marijuana compared to the general French students (26.8 and 21.4%, respectively). Compared with French teenagers, vaccination coverage for Hepatitis B and HPV was higher in our small cohort (43% and 29% vs 78% and 44%, respectively). Despite a high rate of grade repeating (65%), most of HIV-infected youths had diploma.

CONCLUSION

Despite a good health and a relative good immunological status, virological suppression rate was low and levels of resistance to PI and RTI high in these HIV-1 infected youths with over 15 years of ARV history. Safe sex practices should be promoted and adherence must be improved in this predominantly female population to preserve quality of life and life expectancy.

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