

Abstract OC41 Table 1

	PWH-LA (n=38)	PWH-CG (n=9)	p-value
Demographic and clinical characteristics			
Female, n (%)	13 (34.2%)	3 (33%)	ns
Age, median (IQR) years	48 (35-56)	51 (37-52)	ns
Body weight (kg), median (IQR)	76 (67-86)	69 (67-88)	ns
AST (Aspartate Aminotransferase) (U/L), median (IQR)	22 (19-27)	20 (17-25)	ns
ALT (Alanine Aminotransferase) (U/L), median (IQR)	18 (15-32)	15 (13-26)	ns
Creatinine (mg/dL), median (IQR)	0.79 (0.9-1.02)	0.85 (0.83-1.06)	ns
B Lymphocytes (cell/μl), median (IQR)	203 (150-299)	195 (133-349)	ns
Triglycerides (mg/dL), median (IQR)	93 (73-132)	79 (56-104)	ns
HDL (High-Density Lipoprotein) (mg/dL), median (IQR)	52 (44-64)	59 (55-72)	ns
LDL (Low-Density Lipoprotein) (mg/dL), median (IQR)	122 (107-141)	114 (87-134)	ns
Total Cholesterol (mg/dL), median (IQR)	199 (178-224)	197 (170-209)	ns
NK (Natural Killer Cells) (cell/μl), median (IQR)	283 (187-433)	232 (187-389)	ns
HIV-related parameters			
Time from HIV diagnosis, median (IQR) years	14 (7-23)	10 (4-18)	ns
CD4 nadir cell count (cells/μl), median (IQR)	246 (89-408)	226 (104-310)	ns
Current CD4 cell count (cells/μl), median (IQR)	755 (500-963)	659 (599-802)	ns
Current CD8 cell count (cells/μl), median (IQR)	664 (490-936)	512(378-944)	ns
CD4/CD8 ratio, median (IQR)	0.97 (0.69-1.60)	1.50(0.80-1.67)	ns
HIV-RNA <50cp/mL (in patients on HAART), n (%)	100%	100%	-
Co-infection			
HBcAb positivity (%)	-	-	-
HCV Ab positivity (%)	-	-	-
anti-CMV IgG positivity (%)	92%	100%	-
ARV Classes (%)			
	Baseline	Current	
INSTI/NRTI dual	24%	22%	-
NNRTI/2 NRTI	27%	-	-
INSTI/2 NRTI dual	13%	33%	-
INSTI/2 NRTI	27%	33%	-
PI-c/2 NRTI	7%	-	-
PI/INSTI/NNRTI	2%	-	-
PI-c/INSTI	-	12%	-

Data are shown as median (interquartile range, IQR). n: number. PWH-LA: People with HIV; PWH-CG: control group.

responding CD8 T cells further increased at T96 compared to T72 and all preceding time points. Plasma HIV-RNA and CMV-DNA remained undetectable in all subjects at all time points.

Conclusions Switching to CAB/RPV-LA is associated with a sustained and progressive reduction of T-cell activation and senescence up to 96 weeks. These findings suggest a durable restoration of immune homeostasis beyond viral suppression. However, CMV coinfection remains a relevant contributor to residual immune dysregulation.

Success comes at a cost: weight, lipids and metabolic risks in HIV

OC43 THE CHOICE OF FIRST-LINE ART CLASS IS NOT ASSOCIATED WITH DIFFERENTIAL WEIGHT GAIN IN PEOPLE WHO ARE ALREADY OBESE OR OVERWEIGHT

¹L Costacurta, ²L Taramasso, ³E Ricci, ⁴N Squillace, ⁵G Orofino, ⁶GF Pellicano, ⁷GV De Socio, ⁸B Menzaghi, ⁹S Ferrara, ¹⁰P Maggi, ⁴P Bonfanti, ^{1,2}A Di Biagio, on behalf of CISA Study Group. ¹Department of Health's Sciences, University of Genoa, Genoa, Italy; ²Infectious Diseases Clinic, IRCCS Azienda Ospedaliera Metropolitana, Genoa, Italy; ³Fondazione ASIA Onlus, Buccinasco (MI), Italy; ⁴Infectious Disease Unit, Fondazione IRCCS San Gerardo dei Tintori, Monza, University of Milano-Bicocca, Monza, Italy; ⁵Division of Infectious and Tropical Diseases, ASL Città di Torino, Italy; ⁶Unit of Infectious Diseases, Department of Clinical and Experimental Medicine, AOU Policlinico G. Martino, Messina, Italy; ⁷Clinic of Infectious Diseases, Department of Medicine and Surgery, University of Perugia, Italy; ⁸Unit of Infectious Diseases, ASST della Valle Olona – Busto Arsizio (VA), Italy; ⁹Unit of Infectious Diseases, Department of Clinical and Experimental Medicine, University of Foggia, Foggia, Italy; ¹⁰Infectious Diseases Unit, AORN Sant'Anna e San Sebastiano, Caserta, Italy

10.1136/sextrans-ICAR-2026.40

Abstract OC43 Table 1–2

Table 1. Baseline characteristics of 239 overweight and obese ART-naïve people participating in the study.

	BMI class				All		P
	Overweight N=198 (82.8%)		Obese N=41 (17.2%)				
	N	%	N	%	N	%	
Age (years), mean ± SD	43.0 ± 11.9		42.2 ± 10.9		42.9 ± 11.7		0.68
Age ≥ 50 years	57	28.7	11	26.8	68	28.4	0.80
Female	38	19.2	15	36.6	53	22.2	0.015
Caucasian	164	82.8	35	85.4	199	83.3	0.69
Risk factor for HIV							
- IVDU	11	5.6	1	2.4	12	5.0	
- Sexual exposure	172	86.9	36	87.8	208	87.0	
- Other/Unknown	15	7.6	4	9.8	19	8.0	0.65
CD4, cells/mm ³ , median (IQR)	336 (197-496)		413 (336-594)		370 (206-514)		0.01
CD4 < 200 cells/mm ³	53	26.8	5	12.2	58	24.3	0.048
HIVRNA ≥ 10 ³ copies/mm ³	71	35.9	13	31.7	84	35.2	0.71
CDC Stage (4 missing)							
- A	120	60.6	31	75.6	151	63.2	
- B	49	24.8	8	19.5	57	23.8	
- C	25	12.6	2	4.9	27	11.3	0.19
Comorbidities at baseline							
- Diabetes	4	2.0	5	12.2	9	3.8	0.002
- Hypertension	25	12.6	12	29.3	37	15.5	0.007
- Dyslipidaemia*	35	17.7	16	39.0	51	21.3	0.002
On statins	5	2.5	3	7.3	8	3.4	0.12
ART at enrolment in the cohort							
- TAF	83	41.7	20	48.8	103	43.1	0.42
- TDF	82	41.4	12	29.3	94	39.3	0.15
- PI	16	8.1	4	9.8	20	8.4	0.72
- INSTI	158	79.8	36	87.8	194	81.2	0.23
- NNRTI	32	16.2	3	7.3	35	14.6	0.15

*TC>240 or TG>200 or diagnosis of dyslipidaemia or use of lipid lowering drugs

ART: antiretroviral therapy; BMI: body mass index; INSTI: integrase inhibitors; IVDU: intravenous drug use; NNRTI: non-nucleoside reverse transcriptase inhibitors; PI: protease inhibitors; SD: standard deviation; TAF: tenofovir alafenamide; TDF: tenofovir disoproxil fumarate.

Table 2. Factors associated with weight changes (kg/month) in 239 ART-naïve overweight and obese people with HIV.

Variable	Univariate analysis			Multivariate analysis*		
	Mean (kg/month)	95% CI	P**	Adjusted mean (kg/month)	95% CI	Adjusted P**
Age <50 years	0.13	0.07-0.19	0.37	0.16	0.03-0.30	0.39
Age ≥50 years	0.08	-0.01-0.17		0.11	-0.02-0.25	
Female	0.14	0.03-0.24	0.62			
Male	0.11	0.05-0.16				
Overweight	0.11	0.06-0.17	0.86			
Obesity	0.12	0.00-0.24				
Caucasian	0.09	0.04-0.15	0.04	0.08	-0.03-0.19	0.09
Other	0.23	0.11-0.35		0.20	0.04-0.35	
Risk factor for HIV acquisition						
Sexual	0.13	0.07-0.18	0.20	0.19	0.11-0.28	0.39
IDU	-0.08	-0.30-0.14		0.03	-0.20-0.27	
Other/unknown	0.10	-0.05-0.30		0.19	0.00-0.38	
CDC stage						
A	0.10	0.04-0.16	0.32			
B	0.09	-0.01-0.19				
C	0.23	0.09-0.38				
CD4 <200 cells/mm ³	0.15	0.05-0.25	0.42			
CD4 ≥200 cells/mm ³	0.10	0.05-0.16				
HIVRNA <10 ³ copies/mm ³	0.10	0.04-0.17	0.61			
HIVRNA ≥10 ³ copies/mm ³	0.13	0.05-0.22				
Diabetes	0.16	-0.10-0.42	0.74			
No	0.11	0.06-0.16				
Hypertension	0.22	0.09-0.35	0.07	0.20	0.04-0.36	0.08
No	0.10	0.04-0.15		0.07	-0.04-0.19	
Dyslipidaemia						
No	0.12	0.01-0.23	0.90			
Yes	0.11	0.06-0.17				
Ongoing statin	0.08	-0.20-0.35	0.77			
No	0.12	0.06-0.17				
On TAF at baseline						
Yes	0.12	0.05-0.20	0.77			
No	0.11	0.04-0.18				
On TDF at baseline						
Yes	0.11	0.03-0.19	0.78			
No	0.12	0.06-0.18				
On PI at baseline						
Yes	0.20	0.03-0.38	0.30			
No	0.10	0.06-0.16				
On INSTI at baseline						
Yes	0.12	0.06-0.17	0.90			
No	0.11	-0.01-0.22				
On NNRTI at baseline						
Yes	0.07	-0.06-0.20	0.50			
No	0.12	0.07-0.18				

IDU: intravenous drug use; INSTI: integrase inhibitors; NNRTI: non-nucleoside reverse transcriptase inhibitors; INSTI: integrase strand transferase inhibitor; NNRTI: non-nucleoside reverse transcriptase inhibitor; PI: protease inhibitors; PWH: people living with HIV; TAF: tenofovir alafenamide; TDF: tenofovir disoproxil fumarate.

*Including variables with p ≤ 0.40 at univariate (ethnicity, risk for HIV acquisition, hypertension) and variables selected from the literature (sex, age ≥ 50 years, baseline HIV RNA, CD4 < 200, class of ART drug, baseline BMI ≥ 30.0). The model excluded, by step, all those with p ≥ 0.40. Adjusted means are reported for variables included in the final model.

** The P values shown in the table are for group comparisons.

Background The impact of antiretroviral therapy (ART)-associated weight gain in people with HIV (PWH) who are already obese or overweight still needs to be clarified.

Materials and Methods This multicentre, prospective study analysed overweight and obese PWH who were ART-naive in the Italian SCOLTA observational cohort, after they started their first antiretroviral treatment. Weight change was analysed using a linear model adjusted for potentially associated variables.

Results A total of 239 people with HIV (PWH) were selected in this study. Of the participants, 198 (82.8%) were overweight and 41 (17.2%) were obese. The mean age was 42.9 years (SD ± 11.7) and 186 (77.8%) were male. The median CD4+T-cell count at enrolment was 370 cells/mm³ (interquartile range, IQR, 206-514). The study population is further characterized in table 1. During a median follow-up of 24 months (IQR 15-39) the mean weight change observed in this cohort was +0.11 kg/month in overweight individuals (95% CI 0.06; 0.17, p = 0.0001) and +0.12 kg/month in obese PWH (95%CI 0.01-0.24, p=0.025). At the multivariate analysis, a significant weight gain, compared to baseline, was shown in people younger than 50 years (+0.16 kg/month, 95%CI 0.03-0.30), of non-Caucasian origin (+0.20 kg/month, 95%CI 0.04-0.35) and in those who were diagnosed with hypertension (+0.20 kg/month, 95%CI 0.04-0.36). However, the change from baseline was not significantly different from that observed their counterparts, namely in people older than 50 years (p=0.39), in Caucasian participants (p=0.09) and in those without hypertension (p=0.08), as detailed in table 2. Regarding risk factor for HIV acquisition, weight gain resulted significant in people who acquired HIV through sexual exposure (+0.08 kg/month, 95%CI 0.11-0.28) or for other/unknown risk factor (+ 0.20 kg/month, 95%CI 0.00-0.38), but not in those who reported intravenous drug use (IVDU), without significant differences among

weight trends in the three groups (p= 0.39). In univariate analysis, weight change seemed significant in all the types of ART regimens that were studied, except NNRTI. However, after multivariable adjustment, the weight resulted not significantly different compared to baseline in each of the drug regimens explored, nor resulted different in the inter-group comparisons among regimens. See table 2 for details.

Conclusions We observed modest weight changes in overweight and obese PWH who initiated ART, with no influence of different ART classes on the association with weight gain.

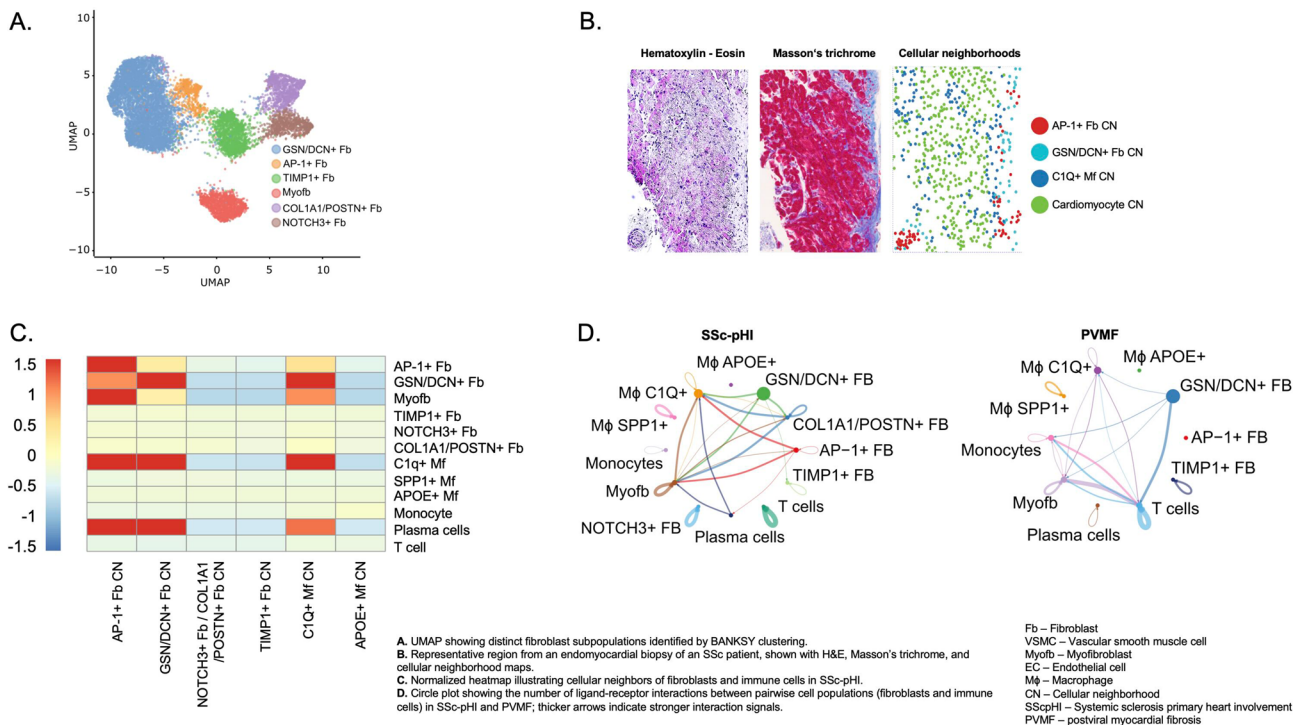
OC46

IMPACT OF ROSUVASTATIN VS. ATORVASTATIN ON INSULIN RESISTANCE AND DIABETES MELLITUS IN PEOPLE WITH HIV

¹J Milic, ²A Carobbio, ^{1,3}M Menozzi, ⁴M Manicardi, ³G Cuomo, ³G Mancini, ¹M Belli, ¹T Albano, ¹M Ricciardetto, ¹I Avanzini, ¹E Delmonte, ¹L Gozzi, ⁵P Raggi, ^{1,3}C Mussini, ^{1,3}G Guaraldi. ¹Modena HIV Metabolic Clinic, University of Modena and Reggio Emilia, Modena, Italy; ²Department of Medical and Surgical Sciences for Children and Adults, University of Modena and Reggio Emilia, Modena, Italy; ³Infectious Diseases Clinic, Azienda Ospedaliero-Universitaria, Policlinico of Modena, Modena, Italy; ⁴Cardiology Division, Azienda Ospedaliero-Universitaria, Policlinico of Modena, Modena, Italy; ⁵Department of Medicine and Division of Cardiology, University of Alberta, Edmonton, Alberta, Canada

10.1136/sextrans-ICAR-2026.41

Background Statins are proven to reduce cardiovascular risk in people with HIV (PWH), but the comparative impact of hydrophilic versus lipophilic statins on metabolic complications remains uncertain. The primary objective of this study was to compare longitudinal changes in Homeostatic Model Assessment for insulin resistance (HOMA-IR) among PWH treated



Abstract OC46 Figure 1–3 and Table 1