

Clinical Sciences - Poster Abstracts / Sciences cliniques - Abrégés affiches

Abstract #113

Five-Year Trajectories of Disability and the Associated Factors Among Adults Aging with HIV in the Ontario HIV Treatment Network Cohort Study

Tai-Te Su¹, Lisa Avery², Ahmed Bayoumi^{1,3}, Soo Chan Carusone⁴, Tsegaye Bekele⁵, Francisco Ibáñez-Carrasco¹, Ada Tang⁴, George Da Silva⁶, Puja Ahluwalia⁶, Adrian Betts⁷, Kiera McDuff¹, Ivan Ilic⁸, Annamaria Furlan⁹, Kelly O'Brien¹

¹University of Toronto, Toronto, Canada, ²University Health Network, Toronto, Canada, ³St. Michael's Hospital, Toronto, Canada, ⁴McMaster University, Hamilton, Canada, ⁵Ontario HIV Treatment Network, Toronto, Canada, ⁶Realize, Toronto, Canada, ⁷AIDS Committee of Durham Region, Oshawa, Canada, ⁸Central Toronto YMCA, Toronto, Canada, ⁹North York YMCA, North York, Canada

Objectives: To investigate trajectories of disability and associated contextual factors among adults aging with HIV.

Methods: We analyzed longitudinal data from adults living with HIV enrolled in the Ontario HIV Treatment Network Cohort Study (OCS) who had between one to five annual self-reported disability assessments from 2019–2023. Disability was measured using summary scores from the short-form World Health Organization Disability Assessment Schedule (WHODAS 2.0; range 0 to 48, with higher scores indicating greater disability). We assessed intrinsic (age, gender, race, education, household income, number of comorbidities, smoking, alcohol consumption) and extrinsic (stigma, social support) contextual factors at baseline. We used growth mixture modeling to identify subgroups with similar patterns of disability over time, while accounting for individual variations in these trajectories. Multinomial logistic regression was applied to examine associations between contextual factors and disability trajectories.

Results: In 2019, the mean age of 1,896 OCS participants was 51.8 (standard deviation±12.1) and 77% were men. Three disability trajectories were identified: low (n=1,112; 58.7%), moderate (n=442; 23.3%), and high-increasing disability (n=342; 18.0%). Variability in disability within and between participants was observed in the moderate and high-increasing trajectory groups. Factors associated with the high-increasing disability trajectory were: identifying as women (b=0.10, 95% CI:0.04, 0.14), lower household income (b=0.08, 95% CI:0.03, 0.13), comorbidities (b=0.05, 95% CI:0.04, 0.06), and HIV stigma (b=0.05, 95% CI:0.03, 0.07). Conversely, older participants (b=0.04, 95% CI:0.01, 0.06), identifying as Black or African (b=0.09, 95% CI:0.03, 0.15), and reporting greater social support (b=0.08, 95% CI:0.05, 0.10) were more likely to follow the low disability trajectory.

Conclusion: Disability experiences among OCS participants followed three distinct trajectories over a 5-year period. Results highlight the heterogeneous nature of disability over time, and underscore the potential role of modifiable factors, such as HIV stigma and social support, to reduce disability among adults aging with HIV.