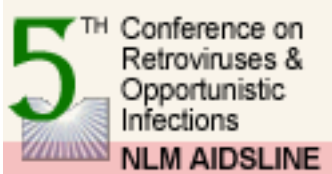


# 5th Conference on Retroviruses and Opportunistic Infections



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## Improved survival time after diagnosis with AIDS among adults in New York City (NYC), 1980-1994.

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**OBJECTIVE:** To assess trends of survival after AIDS diagnosis among adults in NYC. Background: AIDS mortality has declined markedly and previous AIDS survival analyses that covered the first decade of the epidemic in NYC reported improving survival. We extend the survival analyses over 15 years from 1980 through 1994.

**METHODS:** The cohort of 71,289 included all adult AIDS cases diagnosed in NYC before January 1995. Subjects who were diagnosed and died during the same month were excluded. The cohort was censored on December 31, 1994 and all follow-up was truncated on April 30, 1997, allowing for 28 months after the last diagnosis.

**MAIN OUTCOME MEASURE:** Number of months survived from AIDS diagnosis to death.

**ANALYSES AND RESULTS:** Overall median survival time was estimated using the Kaplan Meier method to be 20 months with no difference between males and females. Median survival time is improving: for those diagnosed prior to 1989, a median of 14 months; 1989 - 1990, 17 months; 1991 - 1992, 21 months; and 1993 - 1994, 29 months. The covariates examined using the Cox Proportional Hazards model are period of diagnosis, age at diagnosis, racial/ethnic group, Centers for Disease Control (CDC) AIDS case definition, AIDS indicator disease at diagnosis, probable route of transmission and sex. Survival time was longer for younger than for older age groups, for whites than blacks and Hispanics and longer for those who met the 1993 CDC AIDS case definition than those who only met the 1987 CDC case definition. Similarly, pulmonary tuberculosis had better survival, followed by KS, PCP. Those with wasting had poorer survival than those with opportunistic infections.

Heterosexuals and men who have sex with men fared slightly better than injecting drug users.

**CONCLUSIONS:** Survival time improved consistently with each successive time period of diagnosis and across all groups assessed.

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**Keywords:** AEGIS, Acquired Immunodeficiency Syndrome, Proportional Hazards Models, Survival Analysis, Centers for Disease Control and Prevention (U.S.), Disease Outbreaks, New York City, CD4 Lymphocyte Count, Prognosis, Survival, Multivariate Analysis, Adult, Human, Male, Female, diagnosis, mortality, AIDS

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