18th Annual Conference of the **National HIV Nurses Association (NHIVNA)**



| Speaker Name | Statement |
|-----------------------|---|
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| | No specific funding was received for this project |
| Date : 27th | June 2016 |

the food chain feeding the fight against HIV

High rates of financial crisis, food insecurity and detectable viral loads in those referred for nutrition support

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Introduction and Aims

- US research demonstrates an <u>association between food insecurity</u> and unsuppressed viral load (1,2)
 - Relationship potentially mediated by both biological and behavioural mechanisms.
 - Adherence to medication
 - Appropriate absorption of medication

But does this relationship cross the pond?

- Aim: To investigate relationships between nutritional and socioeconomic factors with viral load.



Background

The Food Chain provide short-term interventions at a time of nutritional crisis

- ✓ Dietetic advice
- ✓ Grocery deliveries
- ✓ Prepared meal deliveries
- ✓ Bi-weekly Eating Together communal lunch
- ✓ Eating Positively interactive cookery and nutrition classes

Information provided at referral

Health

- CD4 and Viral Load
- Years since HIV diagnosis
- HAART Status
- BMI
- Co-morbidities and other medications

Background

- Accommodation status
- Accommodation stability
- UK residency status
- Number of dependants at same address

Financial

- Household income
- Employment status
- Income sources



Method

Data from accepted referrals between <u>January to June 2015</u> was anonymised and collated.

Covariates included were:

- Body Mass Index*
 - **HAART** status
 - CD4 count
 - Years since diagnosis

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- Accommodation stability
- **UK** residency status
- Number of dependants at the same address.

Number of previous -inancia referrals

- Household income
- Income sources
- **Employment status**

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*BMI was grouped as - <18.5 kg/m<sup>2</sup> - Underweight
                -18.5 - 24.9 \text{ kg/m}^2 - \text{Normal}
                - \ge 25 \text{ kg/m}^2 - Overweight
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Undetectable viral load was classified as <50 copies / ml

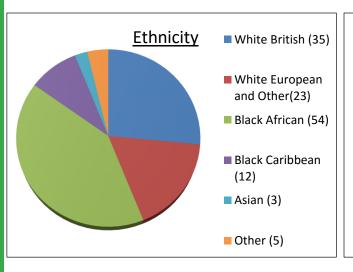
Chi-squared tests performed to explore relationships between variables.

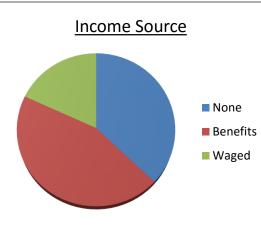


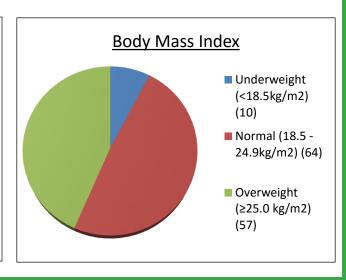
Results - Demographics

132 participants were included in the analysis;

- 59.8% Male
- Mean BMI; 25.3 (±6.0)
- 87.9% treated with HAART
- 34.4% had a detectable VL
- 60.2% lived in stable accommodation
- 67.2% had no dependants



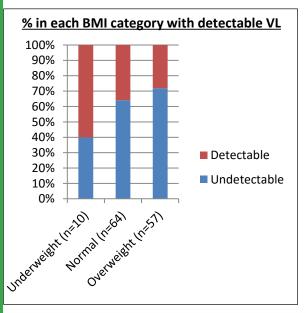


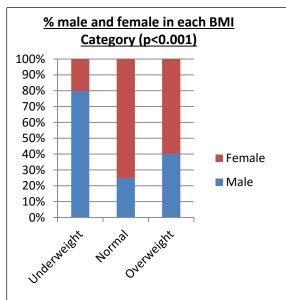


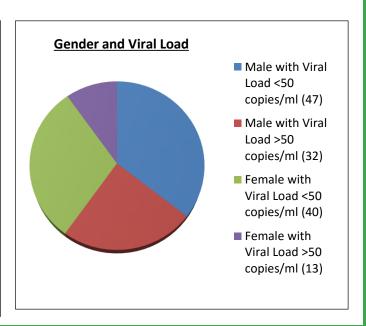


Results

- **❖** A detectable VL was <u>not</u> seen to be independently associated with any factor.
- Those with a combination of <u>low BMI</u>, <u>white ethnicity and male gender</u> were most likely to have a detectable viral load.
- HAART use associated with an undetectable VL (p<0.001)</p>
- Overweight was associated with African ethnicity (p<0.001)</p>









Limitations

Population sample not reflective of the spectrum of food security



- * Results not statistically significant
 - Small sample size
 - Difficult to demonstrate meaningful contrasts within data
- Data from different referrers
 - Accuracy of data provided
 - Differences in 'point of referral'



Conclusions

- Differing health and social care in the UK and USA may explain contrasts in relationship between VL and FI
- ➤ With 37.1% receiving no income and at high risk of food insecurity, there is potential to negatively impact VL.
- Additionally, with 43.6% being overweight, education supporting a healthy diet is a priority in the context of long term health outcomes.

Further research must employ a wide range of methodology to reflect the multi-factorial nature of food security

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2. Wang EA, McGinnis KA, Fiellin DA, Goulet JL, Bryant K, Gibert CL, et al. Food Insecurity is Associated with Poor Virologic Response among HIV-Infected Patients Receiving Antiretroviral Medications. Journal of General Internal Medicine. 2011;26(9):1012-8.



Acknowledgements

With thanks to; Sarah, Alistair and Harriet for their work on this project

The Food Chain staff team

All of our referrers, volunteers and funders

And...... NHIVNA for inviting us!