

CO-MORBIDITIES RESEARCH: AN EMERGING REACH PRIORITY

With over 100 members involved in the CIHR Centre for REACH, competing priorities could be an issue. Instead, we are starting to see more collaboration and synergies around key issues and common interests – such as co-morbidities.

Because of better therapies and access to treatment in Canada, people living with HIV/AIDS are living longer. As they age, they are increasingly faced with many other health concerns and conditions. For example, people living with HIV are more likely than their non-infected peers to develop cardiovascular disease, some types of cancer, liver disease, and gastrointestinal, pulmonary and neurologic disorders. They are also more likely to be co-infected with hepatitis B and C and other sexually transmitted infections. Although rates of these conditions are higher in people with HIV, we do not necessarily know why or how best to treat these conditions in the presence of HIV. We also need to know more about how co-morbidities affect people's health and quality of life, and the services they need and receive.

REACH is helping to shape co-morbidities research

To help improve health for people with HIV, REACH has made co-morbidities and co-infections a strategic research priority. Over the past year, several REACH members were part of a team (with OHTN researchers) that conducted an overview of systematic reviews on HIV and co-morbidities requested by CIHR. The summary of that review, [*Issues of comorbidity in HIV/AIDS: An overview of systematic reviews*](#), was used to inform a Roundtable on HIV and Co-morbidities hosted by CIHR in September. Based on the recommendations of the Roundtable, CIHR will be launching a new funding opportunity in 2011 to address this priority research issue.

REACH is helping to set the co-Infections agenda

REACH has also been working closely with CTAC – the Canadian Treatment Action Council – and its partners to develop a roadmap for research on co-infections. REACH staff helped CTAC prepare a successful CIHR meetings grant to support the 1st HIV/HCV/HBV Research Summit, which brought together over 120 people living with co-infections, researchers, clinicians, front-line service providers and government and industry representatives to review the current state of co-infections research

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and identify priorities for future work. REACH staff assisted at the Summit and are now helping to prepare the roadmap.

REACH is using existing data to explore co-morbidities

The Health Services and Economic Evaluation Program of Research – aka 'the data group' – has begun preliminary data extraction and analysis of the Institute for Clinical and Evaluative Studies (ICES) administrative and health services data and OHTN Cohort Study data to lay the groundwork for a broader research program on HIV and co-morbidities.

They are looking at the characteristics of people living with HIV in Ontario, the risk factors for co-morbidities among people living with HIV and between those living with HIV and those not living with HIV, and the use of health services for co-morbidities and associated costs for people living with HIV. Findings and learnings from this initial Ontario-based work will support similar studies in other provinces, starting with British Columbia, Quebec, and Nova Scotia, where partnerships have been established through REACH.

REACH is looking at HIV across the life course, beginning with aging

The Determinants of Health Program of Research has made aging with HIV a specific focus of co-morbidity research within their group. Led by Susan Kirkland – co-Chair of the group, David Brennan, Ana Johnson and Kerstin Roger, the team brought together over 25 other co-Investigators and Collaborators to develop a CIHR Catalyst Grant for Pilot Projects in Aging. The pilot will use a qualitative approach to explore the experiences of people aging with HIV in both urban and smaller town settings. The findings of this formative work will be used to shape research priorities in this domain of co-morbidities research, and set the stage for a broader program on HIV across the life course.

With all these activities underway, REACH should be in a good position to respond to new opportunities and – more importantly – to provide leadership in this important area of investigation.

