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Comorbidity and frailty assessed by the FRAIL scale in people with HIV aged ≥ 60 years switching to long-acting injectable cabotegravir plus rilpivirine

Baseline results from the LOVER60 trial

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CLINICAL QUESTION

What are the baseline comorbidity burden and FRAIL-defined frailty status among virologically suppressed PWHIV aged ≥60 years switching to long-acting injectable cabotegravir plus rilpivirine (LAI CAB+RPV)?

28.3%

PRE-FRAIL OR FRAIL

More than 1 in 4 participants showed vulnerability.

KEY FINDING

Most participants were robust, despite a substantial burden of comorbidity.

Comorbidity does not mean frailty. Screen for both.

Baseline data support complementary assessment, not a treatment effect.

WHY THIS MATTERS

Ageing people with HIV have a high burden of multimorbidity and an increased risk of frailty. FRAIL is a brief 5-item screening tool that classifies individuals as robust, pre-frail or frail.

OBJECTIVE

To describe baseline comorbidity burden and frailty among older PWHIV enrolled in LOVER60 at the time of switching to LAI CAB+RPV.

METHODS

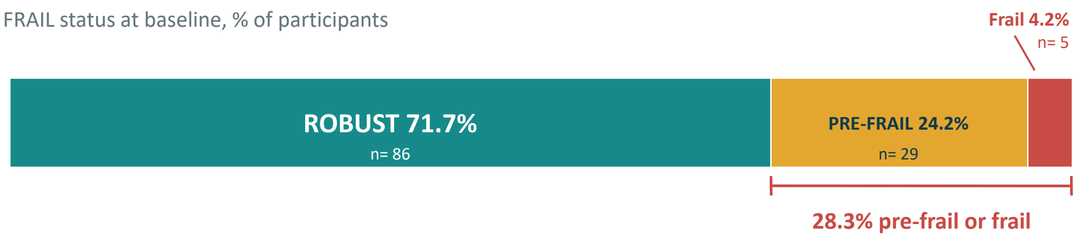
Prospective · open-label · single-arm · multicenter phase IV study · 24-month treatment period · Spain

1. PWHIV aged ≥ 60 years
2. Virologically suppressed
3. Switched oral ART to LAI CAB+RPV
4. Baseline comorbidities collected
5. **Frailty was assessed using the 5-item FRAIL scale.**

OUTCOMES Continuous variables were summarised as mean ± standard deviation; categorical variables as frequencies and percentages.

MOST WERE ROBUST, BUT 28.3% SHOWED VULNERABILITY

FRAIL status at baseline, % of participants

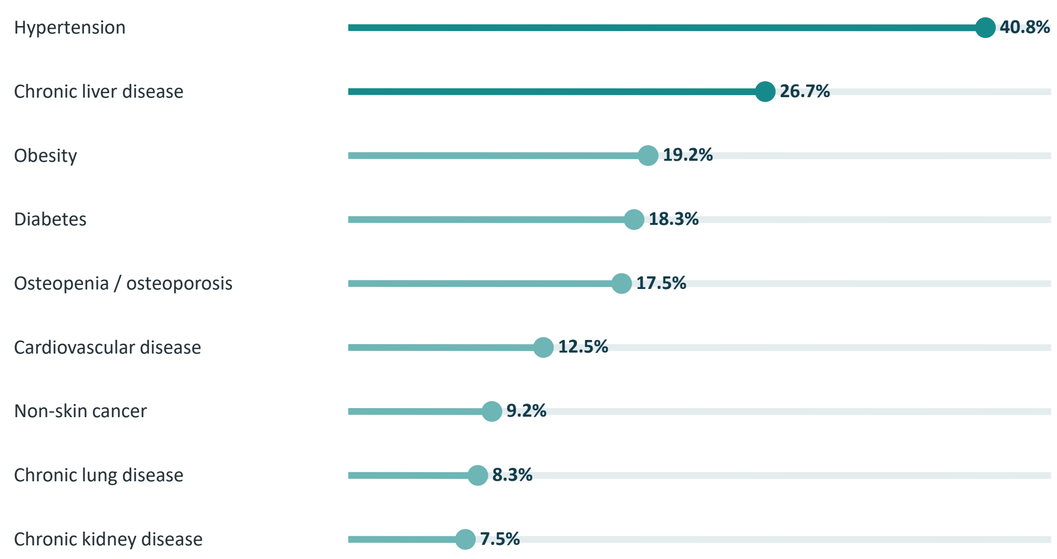


FRAIL scores range from 0 to 5, with one point assigned for each criterion met: 0 indicates robust status, 1–2 pre-frailty, and 3–5 frailty.

Percentages total 100.1% because of rounding.

COMORBIDITY BURDEN WAS HIGH AND MULTIDIMENSIONAL

Prevalence of selected baseline comorbidities (%)



Also reported: myocardial infarction 5.0%; angina 3.3%; stroke 3.3%; asthma 2.5%; heart failure 1.7%. Categories may overlap.

STUDY AT A GLANCE

120 participants	**65.7 ± 5.3** mean age, years
21.1 ± 10.6 years since HIV diagnosis	**SPAIN** multicentre phase IV

BASELINE CHARACTERISTICS

Characteristic	Value
Prior AIDS-defining condition	31.7%
Mean CD4 count	778 cells/µL
Mean CD4/CD8 ratio	1.12
Previous 2-drug ART	55.0%
INSTI-based previous ART	91.7%
NNRTI-based regimens	12.4%
Rilpivirine-containing regimens	8.3%
Protease inhibitor-based regimens	3.3%

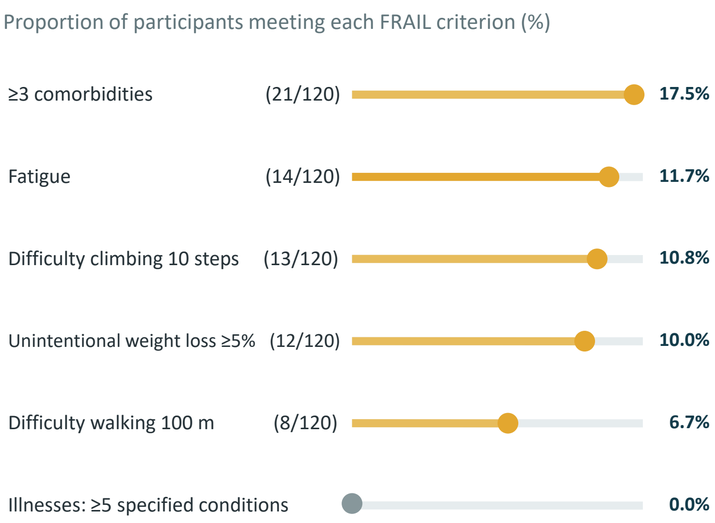
40.8% **Hypertension**

26.7% **Chronic liver disease**

the most prevalent comorbidities

WHAT DROVE FRAIL STATUS?

Proportion of participants meeting each FRAIL criterion (%)



Illnesses were scored according to the FRAIL scale definition.

INTERPRETATION

ROBUSTNESS **71.7% were classified as robust.**

VULNERABILITY **24.2% were pre-frail and 4.2% frail.**

COMORBIDITY A substantial burden of chronic comorbidities coexisted with preserved functional robustness in most participants.

Scientific interpretation

Frailty screening using the FRAIL scale may complement comorbidity assessment by identifying a vulnerable subgroup among clinically stable, virologically suppressed older PWHIV.

LIMITATIONS

- Baseline descriptive analysis
- Single-arm study with no comparator
- **Selected clinical trial population eligible for LAI CAB+RPV**
- No longitudinal outcomes in this abstract
- No confidence intervals or association analyses reported

Next supported step

Prospective follow-up within the LOVER60 study will evaluate longitudinal changes in frailty and associated clinical outcomes.

TAKE-HOME MESSAGE

In older PWHIV initiating LAI CAB+RPV, comorbidity burden and frailty reflect distinct dimensions of health. Incorporating a brief FRAIL assessment may help identify individuals who could benefit from closer monitoring and closer clinical follow-up.

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