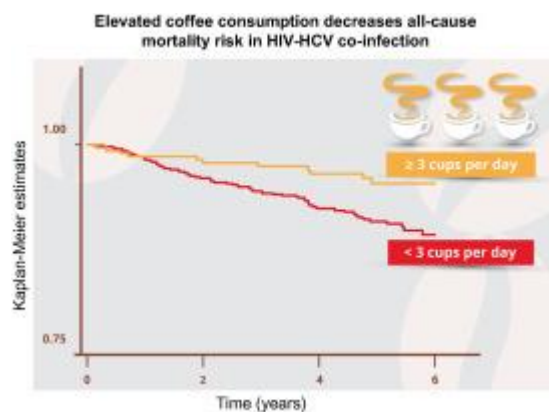


## The impact of coffee consumption on fibrosis and steatosis in HIV-HCV co-infected patients.

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### Summary:

- Coffee has anti-inflammatory and hepato-protective properties.
- Drinking three or more cups/day halves mortality risk in HIV-HCV co-infected patients.
- While curing HCV is fundamental, not smoking further improves survival in this group.
- Healthy behaviour change should also be promoted after HCV clearance.



### Lay summary

Coffee has anti-inflammatory and hepato-protective properties but its effect on mortality risk has never been investigated in patients co-infected with human immunodeficiency virus (HIV) and hepatitis C virus (HCV). This study shows that elevated coffee consumption ( $\geq 3$  cups/day) halves all-cause mortality risk in patients co-infected with HIV-HCV. The benefits of coffee extracts and supplementing dietary intake with other anti-inflammatory compounds need to be evaluated in this population.

### Background & Aims

Coffee has anti-inflammatory and hepato-protective properties. In the general population, drinking  $\geq 3$  cups of coffee/day has been associated with a 14% reduction in the risk of all-cause mortality. The aim of this study was to investigate the relationship between coffee consumption and the risk of all-cause mortality in patients co-infected with human immunodeficiency virus (HIV) and hepatitis C virus (HCV).

### Methods

ANRS CO13 HEPAVIH is an on-going French nationwide prospective cohort of patients co-infected with HIV-HCV collecting both medical and psychosocial/behavioural data (annual self-administered questionnaires). A Cox proportional hazards model to estimate the effect of elevated coffee consumption ( $\geq 3$  cups/day) at baseline on all-cause mortality during the cohort's five-year follow-up.

### **Results**

Over a median [interquartile range] follow-up of 5.0 [3.9–5.9] years, 77 deaths occurred among 1,028 eligible patients (mortality rate 1.64/100 person-years; 95% confidence interval [CI] 1.31–2.05). Leading causes of death were HCV-related diseases ( $n = 33$ , 43%), cancers unrelated to AIDS/HCV ( $n = 9$ , 12%), and AIDS ( $n = 8$ , 10%). At the first available visit, 26.6% of patients reported elevated coffee consumption. Elevated coffee consumption at baseline was associated with a 50% reduced risk of all-cause mortality (hazard ratio 0.5; CI 0.3–0.9;  $p = 0.032$ ), after adjustment for gender and psychosocial, behavioural and clinical time-varying factors.

### **Conclusions**

Drinking three or more cups of coffee per day halves all-cause mortality risk in patients co-infected with HIV-HCV. The benefits of coffee extracts and supplementing dietary intake with other anti-inflammatory compounds need to be evaluated in this population.