RESEARCH ON ALCOHOL AND HIV

2025 RSA Satellite Meeting

PRESENTED BY Vanderbilt Center for Population Science and Randomized Clinical Trials (V-POLARIS), NIH Office of AIDS Research, and the National Institute on Alcohol Abuse and Alcoholism

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SAT. JUNE 21, 2025 | NEW ORLEANS, LA

Research on Alcohol and HIV

Meeting Overview

The objective of this satellite meeting is to present updates on alcohol research among people living with HIV from several large NIAAA-funded HIV and alcohol consortia. We will present data from observational studies, pilot studies, and randomized controlled trials involving participants from the United States and around the world.

Presented by:

NIH NIAAA

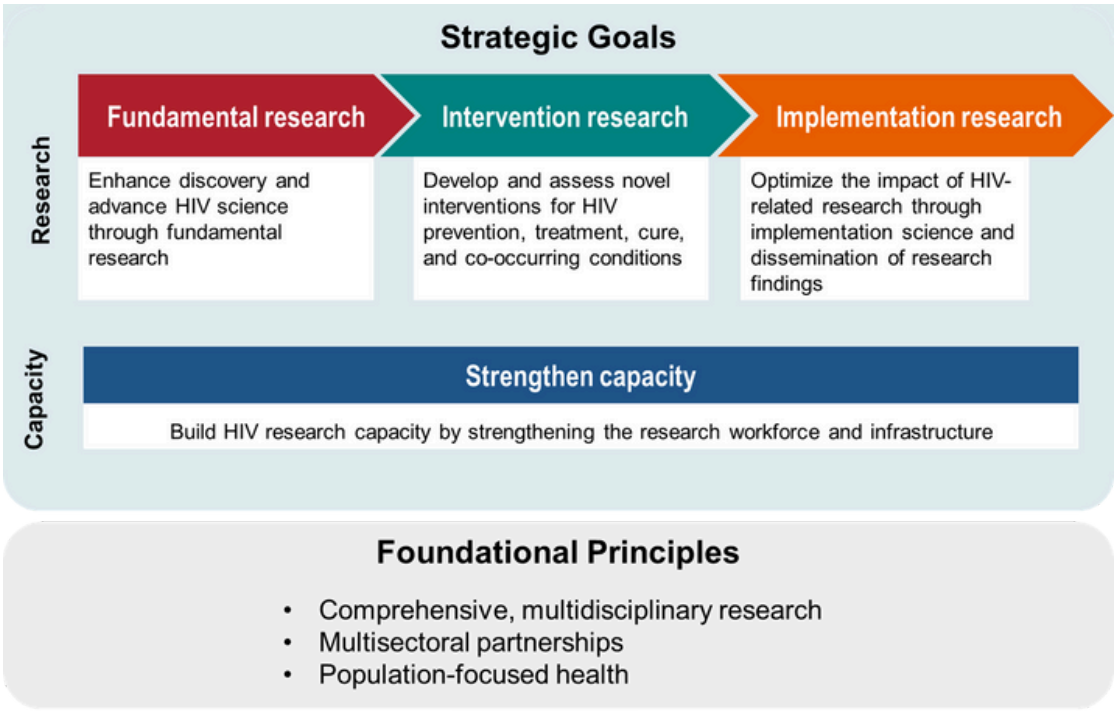
V-POLARIS

NIH National Institutes of Health Office of AIDS Research

35 YEARS

VANDERBILT UNIVERSITY MEDICAL CENTER

NIH Strategic Plan for HIV and HIV-Related Research



RESEARCH ON ALCOHOL AND HIV

Sat. June 21, 2025
New Orleans, LA

8.00 - 8.15 a.m Opening Remarks & NIAAA Welcome

8.15 - 9.30 a.m

Speaker Group 1

Moderated by Kaku So-Armah, PhD

8.15 – 8.30 Receipt of spironolactone is associated with reduced alcohol consumption in people living with and without HIV - Amy Justice MD, Yale School of Medicine for Christopher Rentsch PhD

8.30 – 8.45 Effect of alcohol use on active TB incidence among persons with HIV with prior receipt of TB preventive therapy - Winnie Muyindike MD, Mbarara University

8.45 – 9.00 Combining alcohol measurements and exploring its association with HDL in people with and without HIV – Suman Kundu DSc, Vanderbilt University Medical Center

9.00 – 9.15 Q & A

9.15 – 9.30 Break

9.30 - 10.45 a.m

Speaker Group 2

Moderated by Shirish Barve, PhD

9.30 – 9.45 Pioglitazone reverses alcohol-induced HIV replication and impaired bacterial clearance in alveolar macrophages – Moses New-Aaron PhD, Emory University

9.45 – 10.00 Alcohol and calorie dense diet: implications on lipid metabolism in HIV/SIV – Liz Simon MVSc PhD, LSU Health Science Center

10.00 – 10.15 Heavy alcohol consumption induced gut dysbiosis is marked by changes in inflammatory gut bacteria, gut homeostasis and peripheral inflammation in People with HIV infection – Smita Ghare PhD, Norton Research Institute

10.15 – 10.30 Q & A

10.30 – 10.45 Break

10:45 a.m. - 12.00 Poster Session

12.00 - 12.30 p.m Lunch

12.30 - 1.45 p.m

Speaker Group 3

Moderated by Hilary Tindle, MD, MPH

12.30 – 12.45 The moderating effects of unhealthy alcohol use on a clinical pharmacist-delivered treatment for tobacco use disorder among people with HIV: A secondary analysis of A SMART Approach to Treating Tobacco Use Disorder (SMARTTT) in Persons with HIV – E. Jennifer Edelman MD, Yale School of Medicine

12.45 – 1.00 Pilot trial results of Masibambisane: couples motivational interviewing with breathalyzers to address alcohol use and HIV treatment adherence – Amy Conroy PhD, UCSF

1.00 – 1.15 Open trial of an itervention to reduce alcohol misuse among young adults at risk for HIV/AIDS – Kaylia Carroll MPH, Yale University for Carolyn Lauckner PhD

1.15 – 1.30 Q & A

1.30 – 1.45 Break

1.45 - 2.45 p.m

Speaker Group 4

Moderated by Matt Freiberg, MD, MSc

1.45 – 2.00 Addressing alcohol use and depression as a strategy to reduce HIV in KwaZulu-Natal, South Africa – Scott Braithwaite MD, New York University

2.00 – 2.15 Changes in alcohol use are associated with changes in depression severity among people living with HIV in the United States – Mindy Dai PhD Candidate, University of Washington

2.15 – 2.30 Provider practices and attitudes towards screening and follow-up care for unhealthy alcohol use in three HIV clinics across the US – Madeleine Bentley MPH, University of Washington

2.30 – 2.45 Q & A

2:45 - 3.00 p.m. Closing Remarks

3.00 - 4.00 p.m Early Stage Investigator One-on-One Mentoring Sessions

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Director of HIV/AIDS Research
National Institute on Alcohol Abuse and Alcoholism

Dr. Bryant is the Director of HIV/AIDS Research in the National Institute on Alcohol Abuse and Alcoholism (NIAAA). Extraordinary progress in HIV/AIDS research has led to the development of interventions and medications to reduce transmission and has transformed an almost inevitably fatal disease into a preventable and treatable disorder. People with HIV/AIDS can achieve their full potential and normal life expectancy if antiretroviral therapy (ART) is initiated promptly and continued for life. Nonetheless, alcohol misuse can compromise the treatment and prevention of HIV, which remains a serious public health concern worldwide.

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Dr. Freiberg is an internal medicine physician and cardiovascular epidemiologist. He is a Professor of Medicine and the Dorothy and Laurence Grossman Chair in Cardiology in the Division of Cardiovascular Medicine at Vanderbilt University Medical Center. He is the founding director of the Vanderbilt Center for Population Science and Randomized Clinical Trials (V-POLARIS). His work focuses on the epidemiology of alcohol consumption, HIV infection, and CVD; mechanisms underlying this association; and conducting clinical trials designed to lower CVD risk in persons with HIV (PWH) who consume alcohol.

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Receipt of spironolactone is associated with reduced alcohol consumption in people living with and without HIV

AMY C. JUSTICE
MD, PHD

CNH Long Professor of Medicine and of Public Health, Yale University
Staff Physican, VA Connecticut Healthcare System

Please see Page 32 for information about Dr. Christopher Rentsch

Dr. Justice is the CNH Long Professor of Medicine and Public Health at Yale University, a Clinical Epidemiologist, and an expert in the use of electronic health data in research. She has conducted research within the national VA Healthcare System for three decades. She also served as a VA primary care provider for two decades and Section Chief of General Medicine at the VA Connecticut Healthcare System for 13 years. Her marquee study, the Veterans Aging Cohort Study (VACS), a longitudinal study of >180,000 United States (US) veterans with and without HIV infection, has been continuously funded by US National Institutes of Health (NIH) for 30 years. VACS has been instrumental in informing our understanding of aging with and without HIV infection. As a result of this work, she led a collaborative series of papers in The Lancet HIV and The Lancet Healthy Longevity on Aging and HIV which expanded into an international summit on this topic and is now the focus of a Lancet Commission which she leads. Recently she has served as the national Scientific Liaison for VA-Department of Energy Research collaboration. Dr. Justice has published 600+ peer reviewed manuscripts, and presented work at the United Nations, the International AIDS Society, the Royal Medical College, the White House, and Congress. She serves on International Advisory Boards of Lancet HIV and the Journal of the International AIDS Society. Dr. Justice received the 2025 John M. Eisenberg National Award for Career Achievement in Research from the Society of General Internal Medicine (SGIM).

CT Rentsch, M Farokhnia, J Tazare1, JC Gray, V Lo Re, DA Fiellin, HR Kranzler, AC Justice, L Leggio

Background: Of particular interest for people living with HIV (PWH) who have problematic alcohol use, preclinical and preliminary clinical studies suggest that spironolactone–a nonselective mineralocorticoid receptor (MR) antagonist commonly prescribed for cardiovascular indications–may be repurposed to treat alcohol use disorder (AUD).
Methods: We extracted data from the Veterans Aging Cohort Study (VACS)-National cohort, comprising ~14.1 million patients who ever received care in the Department of Veterans Affairs, the largest HIV care provider in the US. We included patients with Alcohol Use Disorder Identification Test – Consumption (AUDIT-C; 0-12 scale) scores >0 who initiated and continued spironolactone for ≥60 days between 2009 and 2022. We propensity score (PS)-matched spironolactone recipients 1:1 to individuals who did not receive spironolactone ("unexposed") separately for PWH and people living without HIV (PWoH). Unexposed patients were sampled from outpatient clinics with highest spironolactone prescription rates to ensure a comparable source population, similar patterns of care, and opportunity to receive spironolactone. We estimated the association between spironolactone receipt and changes in pre- to post-index AUDIT-C scores using difference-in-difference (DiD) analyses, overall and by baseline AUD and AUDIT-C category, separately for PWH and PWoH.
Results: The 66,664 spironolactone recipients (286 PWH; 65,378 PWoH) and PS-matched unexposed patients did not differ demographically or clinically. Spironolactone recipients had greater reductions in AUDIT-C scores over time than unexposed patients, which was similar among PWH (DiD, 0.21, 95% CI -0.35-0.77) and PWoH (DiD, 0.19, 95% CI 0.16-0.24), though the confidence interval for PWH was wide. Among patients with AUD, DiD estimates were 1.04 (95% CI 0.03-2.04) for PWH and 0.59 (95% CI 0.50-0.68) for PWoH. Among patients with baseline AUDIT-C ≥8 (hazardous drinking), DiD estimates were 3.29 (95% CI 1.67-4.92) for PWH and 0.82 (95% CI 0.72-0.93) for PWoH.
Conclusion: Receipt of spironolactone for any indication was associated with decreased AUDIT-C scores in both PWH and PWoH, with a suggestion of greater decreases among PWH with AUD or hazardous drinking. Potential mechanisms that could explain the latter observation include HIV-related dysregulation of renin-angiotensin-aldosterone system activity, although this hypothesis requires testing.

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Effect of alcohol use on active TB incidence among persons with HIV with prior receipt of TB preventive therapy

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Dr. Muyindike, MBChB, MMED, is the Director of the Chronic Infectious Diseases Clinic in Mbarara Regional Referral Hospital (MRRH) and Mbarara University of Science and Technology (MUST), Mbarara, Uganda. She is trained in Internal Medicine and works in infectious diseases as well. She has led numerous research projects in collaboration with several researchers at UCSF (Judy Hahn), Boston University/Boston Medical Center under the URBAN ARCH umbrella, and Massachusetts General Hospital. Her research is on the biomedical, preventive and clinical management of HIV/TB, antiretroviral drug resistance, the social behavioral aspects of HIV, HIV/TB co-infection and the interaction between alcohol use and these diseases.

W Muyindike, R Fatch, S Rao, A Tumwegamire, C Ngabirano, J Adong, N Emenyonu, G Chamie, J Hahn

Background: High-risk alcohol use is associated with increased risk for TB disease among persons with HIV (PWH). We hypothesized that the incidence rate of active TB after receipt of TB Preventive Therapy (TPT) would differ by level of alcohol use among PWH.
Methods: The TB Risk by Alcohol Consumption (TRAC) study reviewed HIV/TB clinic charts to find active TB diagnoses among 988 PWH with prior positive tuberculin skin tests who received 6 months of TPT in southwestern Uganda. We used person-time methods and defined time at risk as months from 6-months after TPT start (t0) to TB diagnosis, last TB-free clinic or study visit, or death not due to TB. We conducted Cox modeling to obtain the hazard ratio (HR) and 95% confidence intervals (CI) for the outcome of active TB. High-risk alcohol use at t0 (the main explanatory variable) was defined as Alcohol Use Disorders Identification Test – Consumption (AUDIT-C, prior 3 months) ≥6 or phosphatidylethanol (PEth, an alcohol biomarker) ≥200 ng/mL; models adjusted for gender and age. We also explored the following potential confounders: HIV viral non-suppression (≥200 copies/ml), CD4 count, cigarette smoking, bar attendance, TPT non-completion, body mass index (BMI), and household crowding.
Results: 968 (98%) persons had 3940 person-years (py) of follow-up. There were 23 TB cases, confirmed by GeneXpert (n=15) or lipoarabinomannan (LAM, n=8); the TB incidence rate was 0.58% (95% CI: 0.39-0.88%) per py (ppy). 410 (42.4%) had high-risk alcohol use, 634 (65.5%) completed TPT, and 32 (3.3%) were HIV non-suppressed. The TB incidence rate was 1.11% (95% CI: 0.69-1.79%) ppy among those with high-risk alcohol use, and 0.25% (95% CI: 0.11-0.55%) ppy among those without high-risk alcohol use. The adjusted hazard ratio (aHR) for active TB for high-risk alcohol use was 3.07 (95% CI: 1.16-8.13), after adjusting for gender, age, HIV non-suppression, BMI and smoking. The aHR for active TB was 4.54 (95% CI: 1.34-15.40) for HIV non-suppression and 1.67 (95% CI: 0.71-3.97) for smoking.
Conclusions: Results suggest ongoing TB acquisition and/or reactivation despite high rates of viral suppression and receipt of TPT among PWH, particularly among those with high-risk alcohol use.

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Combining alcohol measurements and exploring its association with HDL in people with and without HIV

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Suman Kundu is a Research Assistant Professor in the Vanderbilt Center for Population Science and Randomized Clinical Trials (V-POLARIS) at Vanderbilt University Medical Center. He received his DSc in Epidemiology from Erasmus University in the Netherlands and MSc in Mathematics from Indian Institute of Technology, Kanpur. Dr. Kundu has published 40+ per-reviewed manuscripts. Dr. Kundu's research largely focuses on investigating the impact of standard risk factors, genetic variants and biomarkers in understanding the relationship between HIV infection and the risk of cardiovascular disease.

S Kundu, M Freiberg, S Tandon, H Tindle, S Barve, S Ghare, GH Wallace, ES Wells, R Greevy, S Eden, AN Mumpuni, K So-Armah

Background: Traditionally, alcohol measurements depend on clinical diagnoses of alcohol use disorder (AUD) or self-reported tools like the Alcohol Use Disorder Identification Test (AUDIT). Clinical and self-reported alcohol use measures are subject to reporting biases (e.g., social desirability). Alcohol biomarkers like phosphatidylethanol (PEth) that reflect more recent (past 21 days) and more objective measures of alcohol use. We propose and test a combination of alcohol measures vs. PEth alone using high-density lipoprotein cholesterol (HDL-c) as a biological outcome.
Methods: Participants (N=2300) were from the Veterans Aging Cohort Study Biomarker Cohort. Composite alcohol variable: those reporting PETH ≥20 or weekly drinks of >14 drinks (men, or >7 for women) or those with binge drinking (≥6 drinks on one occasion) were classified as drinking at hazardous levels (group 1). Of those remaining, people with PEth [8, 20] or more than 0 drinks/week were classified as drinking at non-hazardous levels (group 2). We stratified those in group 2 by AUD diagnosis (groups 2a and 2b). The remainder reporting 0 drinks/week were classified as non-current drinking and stratified by AUD diagnosis (groups 3a and 3b). Those not categorized due to missing data were put in group 4. We compared this grouping to a grouping based on PEth thresholds: <8 ng/mL without AUD, <8 ng/mL with AUD, 8 to <20, 20 to <80, and >80 ng/mL. We used linear regression stratified by HIV status adjusted for age, hepatitis C, and HIV-1 RNA (among those with HIV) to determine association of alcohol and HDL-c.
Results: Models using the composite alcohol variable explained less of the variability in HDL-c than models using PEth or PEth/AUD measured by the R2 corrected for optimism. Although groups with greater alcohol consumption had higher HDL-c than groups with lower alcohol consumption regardless of how alcohol was categorized, dose effects with PEth categories were more evident compared to dose effects in the composite alcohol variable. The combination algorithm grouped people with more homogeneity than the PEth algorithm e.g., among 1488 people with PEth<8 ng/ml suggesting non-quantifiable recent alcohol exposure, 30% had an AUD diagnosis.
Conclusion: For biological outcomes like HDL, PEth based alcohol categories (with or without clinical AUD diagnoses) may explain a greater amount of variability in HDL-c than composite categorizations combining self-report, clinical AUD diagnoses, and biomarkers.

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Pioglitazone reverses alcohol-induced HIV replication and impaired bacterial clearance in alveolar macrophages

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Dr. New-Aaron's research interest was shaped by watching his uncle die of acquired immunodeficiency syndrome (AIDS) and multiple organ failure when he was twelve. This experience motivated him to build a career in HIV research with a strong focus on factors such as alcohol that induce organ dysfunction among people living with HIV. This passion led him to join the pioneering team of the newly established diagnostic molecular laboratory at the Institute of Human Virology of Nigeria for the Early Infant Diagnosis program, a subprogram of the US PEPFAR-funded prevention of mother-to-child transmission of HIV. He later joined the University of Nebraska Medical Center (UNMC) to pursue a Masters in Public Health where he explored HIV-related comorbidities in Tanzania's largest HIV clinic. After obtaining his MPH, he joined Dr. Natalia Osna's laboratory at UNMC to elucidate the molecular mechanisms of hepatocyte-hepatic stellate cell axis in the potentiation of alcohol and HIV-induced liver injury via the support from the NIAAA Ruth L. Kirschstein National Research Service Award for Individual Predoctoral Fellowship. He is currently in Dr. Samantha Yeligar's lab at Emory University studying how alcohol metabolism potentiates HIV-induced lung and liver multimorbidity via interorgan crosstalk. His current research is supported by the NIAAA K99 award.

M New-Aaron, M Koval, and SM Yeligar

Despite antiretroviral therapy, people living with HIV (PWH) are at increased risk of respiratory complications, such as chronic inflammation and bacterial pneumonia, and alcohol misuse contributes significantly to this risk. Recently, we provided epidemiological evidence of elevated pulmonary dysfunction and respiratory symptom burden among PWH with a history of heavy alcohol consumption. Studies describing the contributions of alveolar macrophages (AMs) to HIV-induced respiratory complications in the setting of alcohol misuse are limited. This is critical since AMs, the lungs' innate immune cells, are HIV reservoirs and are constantly exposed to the circulating toxic alcohol metabolite, acetaldehyde, in individuals with alcohol use disorder. Therefore, we studied how alcohol metabolism potentiates HIV-induced pathological processes in AMs. Using the murine EcoHIV model, we found that acetaldehyde enhanced mitochondria-linked ATP respiration, which may lead to increased HIV replication and release of IL-1β, a proinflammatory cytokine. Additionally, acetaldehyde and HIV synergistically impaired bacterial clearance in AMs. We show that HIV replication, proinflammatory activation, and impaired bacterial clearance in acetaldehyde-exposed HIV- infected AMs are all pathological processes modulated by enhanced nuclear translocation of the nuclear factor kappa B p65 (p65), which is negatively regulated by peroxisome proliferator-activated receptor (PPAR)γ. These molecular processes underlie the mechanisms of acetaldehyde-induced immune dysfunction in HIV-infected AMs. Treatment of AMs with a PPARγ agonist, pioglitazone (PIO), attenuated HIV replication and proinflammatory activation and improved bacterial clearance in HIV-infected AMs exposed to acetaldehyde. AMs isolated from the murine EcoHIV model showed that PIO decreased nuclear p65 and concurrently suppressed acetaldehyde-induced HIV replication, IL-1β release, and improved bacterial clearance. PIO treatment may provide a novel therapeutic strategy to decrease the risk of AM immune dysfunction in PWH who misuse alcohol by suppressing HIV replication and proinflammatory activation and improving bacterial clearance.

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Alcohol and calorie dense diet: implications on metabolism in HIV/SIV

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Health Science Center

Dr. Liz Simon is an Associate Professor in the Department of Physiology at Louisiana State University Health Sciences Center in New Orleans. She earned her veterinary degree from the College of Veterinary Sciences in Kerala, India and completed her PhD in Endocrine Physiology. She completed a postdoctoral fellowship at the University of Illinois in Urbana Champaign and joined LSUHSC in 2013. She is a key investigator of the Comprehensive HIV/AIDS Alcohol Research Center at LSUHSC that integrates preclinical and clinical research to investigate the interactions of alcohol and HIV/SIV on disease progression. The lab focuses on identifying alcohol-mediated biological mechanisms contributing to metabolic dysfunction, particularly in context of HIV/SIV and aging. Her team uses in vivo approaches, state-of the art cell culture systems; and a wide array of molecular biology techniques to examine metabolic regulation and mitochondrial bioenergetics. In addition to her research, she is deeply committed to mentorship and training, having successfully mentored graduate and postdoctoral fellows who are NIH F30/F32 awardees and is passionate about fostering the development of the next generation of physician-scientists and biomedical researchers.

L Simon, E Gallegos, HY Lin, T Ferguson, D Welsh, PE Molina

Background: With effective ART, HIV is a now a chronic disease with increased risk of non-AIDS illness, particularly cardiometabolic diseases. The Comprehensive HIV/AIDS Alcohol Research Center in New Orleans uses a bidirectional translational approach to study the interactions of alcohol on HIV-associated comorbidities.
Methods:The New Orleans Alcohol Use in HIV (NOAH) Study is a longitudinal clinical observational study of ~365 people with HIV (PWH). There are parallel studies in rhesus macaques that are on a high fat high sucrose diet and administered chronic binge alcohol (CBA) and seronegative and SIV-infected (4 groups, n=5-6 animals).
Results: In the NOAH Study participants, the Framingham cardiovascular disease risk score is significantly associated with lifetime drinking. In macaques fed HFSD, there was a statistically significant effect of SIV to decrease circulating triglyceride levels, and CBA increased triglyceride levels. We also show significant changes in lipid homeostasis in the liver and skeletal muscle. CBA/HFSD increased hepatic triglyceride levels and preliminary data shows increased microsteatosis in the liver. This was associated with CBA-mediated decreased hepatic PGC expression and SIV-mediated effect to decrease phosphorylation of AMPK in both the skeletal muscle and the liver.
Summary: Ongoing studies will identify how alterations in lipid metabolism in the liver, skeletal muscle, and adipose tissue contribute to the observed dysregulation of lipid homeostasis and whole-body metabolic dysregulation.

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Heavy alcohol consumption induced gut dysbiosis is marked by changes in inflammatory gut bacteria, gut homeostasis and peripheral inflammation in people with HIV infection

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Dr. Ghare is dually appointed as Assistant Professor, Department of Medicine, University of Louisville, and as Senior Research Scientist, Norton Neurology Institute, Norton Healthcare (NHC). Her academic research focuses on understanding the alcohol and HIV-1 induced pathogenic changes in T cell immunology, gut-barrier function, and systemic and hepatic inflammation. Her current collaborative research examines alcohol and HIV-1 infection-induced gut-microbial dysbiosis, associated alterations in microbial metabolites and consequent immune changes affecting inflammation and T cell dysfunction. She is Technical Director for NIH-funded Integrated Metagenomics and Metabolomics Core (IMMC) that supports HIV clinical studies examining pathogenic changes in the Gut-Liver-Brain axis and effects of probiotic supplementation.

S Ghare, G Patts, D Cheng. J Petrosino, E Kruptisky, K So-Armah, J Samet, H Tindle, M Freiberg, S Barve

Heavy alcohol consumption is a prevalent comorbidity among People with HIV (PWH) and is increasingly recognized as a significant contributor to gut dysbiosis and systemic inflammation. This study investigates the impact of chronic alcohol use on gut microbial composition, intestinal homeostasis, and peripheral immune activation in PWH. The data will present the effects of heavy alcohol consumption on gut microbial dysbiosis, marked by an increased prevalence of pro-inflammatory bacterial taxa as well as a reduction in beneficial bacteria. Moreover, a correlation between these microbial shifts with impaired gut barrier function, increased microbial translocation, and elevated markers of systemic inflammation is demonstrated. The study outcomes likely underscore the role of alcohol-induced dysregulation of gut homeostasis leading to the exacerbation of immune activation and acceleration of HIV-associated comorbidities. Understanding these interactions has the potential to inform the development of microbiome-targeted interventions to reduce alcohol-related health risks in PWH.

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The moderating effects of unhealthy alcohol use on a clinical pharmacist-delivered treatment for tobacco use disorder among people with HIV: A secondary analysis of a SMART approach to treating tobacco use disorder (SMARTTT) in persons with HIV

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Professor of Medicine and Public Health
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E. Jennifer Edelman, MD, MHS is a Professor of Medicine and Public Health. Certified as an internist, HIV specialist and in Addiction Medicine, she provides clinical care at the Yale New Haven Hospital Center for Infectious Disease and routinely treats individuals with HIV and substance use disorders. She is Director of the Yale Center for Interdisciplinary Research on AIDS Clinical and Health Services Research Core, co-Director of Education of the Yale Center for Clinical Investigation and Associate Director of the Research in Addiction Medicine Scholars Program. Her research over the past 15+ years has centered on addressing the intersection between HIV and substance use, including alcohol, opioids, and tobacco use with various methodological approaches and in collaboration with clinical, community, and public health partner.

EJ Edelman, Y Deng, J Dziura, KW Bold, L Barakat, I Nahum-Shani, C Mistler, E Payne, D Harsono, JM Weiss, KM Sigel, JE Yager, DM Ledgerwood, SL Bernstein

Aims: We explored whether unhealthy alcohol use (UAU) moderated the impact of clinical pharmacist-delivered medications for tobacco use disorder (TUD) +/- contingency management (CM) on smoking among PWH.
Methods: We conducted a post-hoc secondary analysis of Stage 1 SMARTTT data. In this stage, participants were randomized 1:1 to clinical pharmacist-delivered nicotine replacement therapy (NRT) or NRT+CM in HIV clinics. Herein, we restricted analyses to those with AUDIT-C data (9 missing; 7 NRT, 2 NRT+CM); UAU defined by baseline AUDIT-C(women=3+/men=4+). Outcomes were cigarettes per day (CPD) and verified abstinence at week 12. Analyses adjusted for age, gender, Heaviness of Smoking Index, site, and treatment group.
Results: The 314 participants (44% female, 73% Black, mean age 55y) smoked a mean of 13 CPD and 27% reported UAU at baseline. Among participants with UAU, CPD at week 12 was not significantly different between NRT+CM and NRT groups (Least square means=5.9 vs. 6.7, p=0.64). Similar findings were found among those without UAU (6.1 vs. 5.2, p=0.41). The impact of NRT+CM on CPD was not significantly modified by UAU (p-interaction=0.40). Among participants with UAU, NRT+CM group were more likely to be abstinent than NRT alone group (10.6% vs. 4.6%, p=0.02). Findings were consistent among those without UAU (23.1% vs. 11.6%, p=0.02). The impact of NRT+CM on abstinence was not significantly modified by UAU (p-interaction=0.37).
Conclusions: For PWH who smoke cigarettes +/- UAU, clinical pharmacist-delivered NRT+CM promotes abstinence, but not CPD reduction. Future studies should focus on targeting UAU and TUD together with clinical pharmacist-delivered CM.
Funding: National Cancer Institute (R01CA243910)

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Pilot trial results of Masibambisane: couples motivational interviewing with breathalyzers to address alcohol use and HIV treatment adherence

AMY CONROY
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University of California San Francisco

Dr. Amy Conroy is behavioral scientist and an Associate Professor at the Center for AIDS Prevention Studies at the University of California San Francisco. Over the past decade, Dr. Conroy's research has centered on couple-based approaches to understand and intervene upon unhealthy alcohol use, intimate partner violence, mental health, and HIV care engagement with couples living with HIV in sub-Saharan Africa. Dyadic approaches to address unhealthy alcohol use and HIV outcomes include the use of alcohol biosensors and biomarkers with couples, as well as economic empowerment approaches to strengthen couple and families as sources of resilience. Dr. Conroy is currently leading two NIAAA-funded clinical trials to evaluate couple-based interventions to reduce unhealthy alcohol use among couples living with HIV in Malawi and South Africa.

AA Conroy, RM Butterfield, B Chibi, JA Hahn, TB Neilands, L Msimango, A van Heerden, H Humphries, TJ Starks

We evaluated the feasibility, acceptability, and preliminary efficacy of couples motivational interviewing (MI) with and without mobile breathalyzer enhancement (Masibambisane) to reduce unhealthy alcohol use among couples living with HIV in KwaZulu-Natal, South Africa. Ninety couples were randomized to couples MI with breathalyzers (MI-plus), couples MI without breathalyzers (MI-only), or enhanced usual care (EUC). Eligible couples had at least one partner on antiretroviral therapy (ART) who reported unhealthy alcohol use based on AUDIT-C. Primary outcomes included retention, session attendance, breathalyzer completion, and satisfaction rates. Exploratory outcomes were unhealthy alcohol use (based on AUDIT-C and an alcohol biomarker), number of drinking days in the past month, AUDIT-C score, optimal adherence to ART (95% or higher), and viral suppression. Retention rates were 97.7% at six months. Session attendance rates exceeded 83.3%. Breathalyzer completion was limited (58.2%) due to cellular connectivity and power challenges. Satisfaction exceeded 94.8%. In exploratory analyses, MI-only and MI-plus arms had larger declines in drinking days and AUDIT-C score and larger increases in ART adherence vs. EUC. We observed no differences in biomarker-confirmed unhealthy alcohol use, which remained high across all arms at two months (94.6%, 96.5%, and 100%) for EUC, MI-only, and MI-plus. Viral suppression rates at two months were 86.7%, 96.5%, and 86.2% for EUC, MI-only, and MI-plus. Between-arm differences for outcomes were non-significant overall; however, moderation analysis revealed that MI-only ($p<0.001$) and MI-plus ($p<0.016$) significantly reduced AUDIT-C scores for those with severe drinking (AUDIT-C>7). Masibambisane was highly feasible and acceptable. Results provide initial evidence of couples MI with breathalyzers to reduce alcohol use among those with very high-risk drinking.

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Open trial of an itervention to reduce alcohol misuse among young adults at risk for HIV/AIDS

KAYLIA CARROLL
MPH

Student
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Kaylia Carroll, MPH, is a public health researcher with a focus on substance use reduction and health in disadvantaged populations. She currently works as a Postgraduate Research Associate on the TRAC-ER study, a project between the Yale School of Public Health and the University of Kentucky. TRAC-ER is a smartphone-based health promotion program designed for the disadvantaged communities. The study uses ecological momentary assessment, GPS-triggered surveys, and breathalyzer data to help participants track their alcohol use and understand how the places they visit influence behavior. In this role, Kaylia leads a community advisory board, recruits participants, and monitors their engagement throughout the study. This summer, she will begin her PhD in Social and Behavioral Sciences at Yale, where she plans to continue examining the intersection of substance use and health in disadvantaged populations.

Please see Page 33 for information about Dr. Carolyn Lauckner

C Lauckner, K Haney, JS Brown, SJ Kirklewski, K Carroll, E Nicholson, F Sesenu, B Puesta Takenaka, DT Boyd, T Kershaw

Background: Alcohol misuse is a known risk factor for HIV/AIDS, which is concerning for young adults who are at increased risk of both alcohol misuse and HIV seroconversion. In response, we developed a hybrid human-digital ecological momentary intervention, TRAC-ER. It incorporates four remote counseling sessions that utilize motivational interviewing approaches. Additionally, when participants visit places where they are likely to drink, a customized mobile app delivers in-the-moment messaging to prevent alcohol misuse and delivers messages if they report drinking, determined through a breathalyzer reading completed after they leave. This open trial sought to refine TRAC-ER and associated protocols prior to a large-scale randomized controlled trial (RCT).
Methods: Ten young adults completed the trial, including a baseline and follow-up assessment, 30 days of alcohol monitoring (participants completed a morning survey, 2 random surveys and breathalyzers, and up to 1 location-based survey and breathalyzer each day), and a post-trial focus group. All participants had weekly intervention sessions with a counselor and rated app-delivered messages on a scale of 1-5.
Results: Overall study retention was 100%. Nearly all participants (90%) completed all intervention sessions, and 10% completed 3/4. Average session ratings ranged from 8.8-9.5 out of 10. Adherence to morning, random, and location-based surveys was 69%, 72%, and 86%, respectively. Adherence to breathalyzers was 56%, mostly due to technical issues and participants forgetting them at home. Average message ratings were 3.65 out of 5. Focus group results indicated that participants found TRAC-ER to be useful in identifying their motivations and triggers for drinking, and appreciated getting non-judgmental feedback on their alcohol use. They suggested adding a “drinking diary” to the app for users to document their triggers and drinking in real time.
Conclusions: The TRAC-ER open trial yielded positive feedback on intervention content. Adherence to data collection was acceptable but demonstrated technical difficulties with the breathalyzer. Revisions and fixes to the app and protocols were completed in response, including asking participants to generate their own messages to improve acceptability. TRAC-ER is now being tested in a 3-arm RCT (N=405).

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Addressing alcohol use and depression as a strategy to reduce HIV in KwaZulu-Natal, South Africa

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R. Scott Braithwaite, MD, MSc, FACP is Chief of the Division of Comparative Effectiveness and Decision Science at NYU Langone Health, founding Director of the NYU Master of Science - CEIRT Program, and Past-President of the Society of Medical Decision Making. He is an accomplished investigator in the field of decision science, quality, and cost-effectiveness, focusing on policy-relevant research to optimize quality and value in healthcare. He has an outstanding record of funding from the NIH and other extramural sources.

YR Yao, M Jeetoo, D Charles, T Moll, S Shenoi, N Morojele, J Mbaya, S Braithwaite

Background: KwaZulu-Natal (KZN) has the highest burden of HIV infections in South Africa, with continually high incidence across the province. Alcohol use disorder (AUD) and major depressive disorder (MDD) substantially increase HIV risk behaviors, especially for high-risk groups. We identified the impact and cost-effectiveness of screening and treatment for AUD and MDD as a potential strategy to reduce HIV burden in KZN.
Methods: Using a validated HIV compartmental transmission model, we simulated the impact of AUD and MDD screening and treatment interventions on HIV diagnosis, treatment, and viral load suppression. Screening included the AUDIT-C and PHQ-9. Treatment included culturally tailored interventions such as motivational interviewing and problem-solving therapy for AUD, and cognitive-behavioral therapy for MDD. High-priority risk groups, identified with public health stakeholders (e.g., people in care with detectable viral load (DVL), adolescent girls and young women ages 15-24 (AGYW), adolescent boys and young men ages 15-24 (ABYM), and men ages 25-34). Outcomes were HIV infections averted through 2030, quality-adjusted life-years (QALYs) gained through 2030, cost per infection averted, and cost per QALY gained. Analyses were based on causal components of HIV-risk associations, using a modified societal perspective with a 3% discount rate and 2022 $USD.
Results: Due to the high prevalence of AUD and MDD in KZN, AUD accounts for 28.3%, MDD for 11.8%, and combined they account for 33.6% of new HIV infections in KZN. Screening and treatment for AUD can reduce new infections by 7.7% ($1,584/infection and $2,256/QALY). Screening and treatment for MDD can reduce new infections by 5.9% ($901/infection and $1,284/QALY). Combined, AUD and MDD interventions can reduce new infections by 16.1% ($1,078/infection and $1,529/QALY). The most efficient way to scale up AUD and MDD interventions is to target AGYW ($952/infection and $1,251/QALY), DVL ($1,318/infection and $2,060/QALY), men ages 25-34 ($1,493/infection and $2,132/QALY), and ABYM ($2,175/infection and $3,107/QALY).
Conclusions: Scaling-up AUD and MDD screening and treatment on targeted risk groups has the potential to substantially reduce the number of HIV infections in KZN with very favorable cost effectiveness.

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Changes in alcohol use are associated with changes in depression severity among people living with HIV in the United States

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University of Washington

Mindy Dai is currently a PhD student in Biomedical and Health Informatics at University of Washington, where she works with the CFAR Network of Integrated Clinical Systems (CNICS) team. She received an MPH in Epidemiology from University of Washington and a BA in Statistics from University of California, Berkeley. Her current research explores the impact of alcohol use across a range of health outcomes, including falls, depression, and kidney function, among people living with HIV in care. She has a strong interest in the secondary use of electronic health record data, epidemiologic methods, and applications of machine learning to health research.

M Dai, LN Drumright, L Bamford, G Burkholder, E Cachay, K Christopoulos, HM Crane, J Delaney, KH Mayer, ME McCaul, S Napravnik, MS Saag, BM Whitney, GA Yendewa, G Chander

Background: High-risk alcohol use has been associated with depressive symptoms cross-sectionally. However, it is unclear if changes in alcohol use are correspondingly associated with changes in depression severity and limited studies on this topic have been conducted among PWH specifically.
Methods: We used data from seven Center for AIDS Research Network of Integrated Clinical Systems (CNICS) sites, an ongoing cohort study of PWH in primary care in the United States. Patient reported outcomes and measures (PRO) are collected ~6 months in conjunction with care visits, including alcohol use (measured by Alcohol Use Disorders Identification Test (AUDIT-C)) and depression (measured by Patient Health Questionnaire-9 (PHQ-9)). PWH were included if they completed both the PHQ-9 and AUDIT-C at their most recent PRO and at a prior PRO occurring 1-2 years earlier. All analyses were stratified for alcohol consumption at baseline: no use, lower-risk use (AUDIT-C score of <4 (women)/<5 (men)), and higher-risk use. We used linear regression, adjusted for age, sex, and race/ethnicity, to estimate the association between change in AUDIT-C and change in PHQ-9 from baseline to Timepoint-2.
Results: Among 6331 PWH, mean age was 47.6 (SD: ±11.9), 15.0% were female, and 53.4% identified with a non-White race/ethnicity. 34% (N=2146) had no alcohol use at baseline while 50% (N=3147) and 16% (N=1038) had lower-risk and higher-risk use at baseline, respectively.
Among PWH who reported no baseline alcohol use, change in AUDIT-C was not significantly associated with change in PHQ-9. However, each 1-point change in AUDIT-C was associated with a 0.16-point change in PHQ-9 (95%-CI: 0.04–0.27) among PWH with baseline lower-risk use and a 0.41-point change in PHQ-9 (95%-CI: 0.28–0.54) among PWH with baseline higher-risk use. On average, those with higher-risk use at baseline decreased alcohol consumption (mean AUDIT-C change: -1.4 (±2.6)) and had decreased depression severity (mean PHQ-9 change: -0.6 (±5.7)).
Conclusion: There is a statistically significant, though modest, association between change in AUDIT-C and change in PHQ-9 for participants who reported consuming alcohol at baseline. Increases in AUDIT-C are associated with increases in PHQ-9; correspondingly, decreases in AUDIT-C are associated with decreases in PHQ-9. This suggests that decreases in alcohol consumption may decrease depression severity, but future studies are warranted to explore causal ordering for changes.

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Provider practices and attitudes towards screening and follow-up care for unhealthy alcohol use in three HIV clinics across the US

MADELEINE BENTLEY
MPH

Research Coordinator
University of Washington

Madeleine J Bentley, MPH is a Research Coordinator within the Department of Health Systems and Population Health at the University of Washington where she manages multiple studies aimed at the development and implementation of interventions for unhealthy alcohol use in primary care and community settings. She serves as a coordinator for the implementation arm of the Alcohol Research Consortium in HIV (ARCH) study, which supports 3 HIV clinics in providing alcohol-related care for people living with HIV. Prior to her current role, Ms. Bentley worked in adolescent mental health as a group facilitator (Cognitive and Dialectical Behavioral Therapies) and teacher.

MJ Bentley, EJ Austin, V Ravi, ER Cachay, DJ Grelotti, C O'Cleirigh, J Fleming, SNapravnik, C Farel, ME McCaul, DS Batey, G Chander, EC Williams

Purpose: Unhealthy alcohol use (UAU) is common among people living with HIV and negatively impacts all stages of the HIV care continuum, including increasing risk of HIV transmission and reducing effectiveness of HIV treatment as prevention. Providing routine screening and effective UAU treatments (brief interventions, alcohol pharmacotherapy, and cognitive behavioral therapy) are recommended but inconsistently offered alongside HIV primary care. We surveyed clinic staff on their experiences and attitudes toward delivering alcohol-related care as part of formative evaluation for an alcohol-related practice change intervention at 3 HIV clinics.
Methods: Clinic staff (i.e., medical/behavioral health providers and other patient-facing roles) at 3 HIV clinics in western, northeastern, and southern United States were identified using purposive and snowball sampling in partnership with local clinic champions. Participating staff completed a survey, which asked validated and structured questions related to current practices and attitudes towards screening for UAU, delivering brief counseling (advice to reduce/stop drinking), and referral to specialty treatment for patients screening positive for UAU. Data were collected online using REDCap and analyzed descriptively.
Results: Among 46 participants (46% female, 80% white), 100% agreed that providing alcohol-related care was important, could save lives, and could be done successfully in primary care. Most (87%) agreed that alcohol use affects HIV care (medication adherence, specifically). Most (91%) reported screening patients for UAU at least annually, yet only 22% regularly used standardized screening tools. When clinic staff identified a patient with UAU, only 24% usually or always advised patients to reduce drinking, and 41% reported regularly referring patients with UAU to specialty treatment. Thirty-five percent did not feel they knew enough about UAU to carry out their role, and 41% did not feel confident counseling patients with UAU.
Conclusions: Despite providers' belief in the importance of alcohol care and the impact of UAU on HIV care outcomes, screening and follow-up practices varied, and providers reported low confidence when discussing UAU with patients. Implementation efforts should leverage providers' strong shared values regarding the importance of alcohol-related care and provide additional training to address low self-efficacy in their role and increase the consistency of alcohol care delivery.

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Dr. Amy Justice is presenting on behalf of Dr. Christopher Rentsch

Dr. Rentsch is a pharmacoepidemiologist specialising in the use of electronic health records, with a focus on creating real-world evidence for the safety and effectiveness of medications. He is Co-Chair of the Veterans Aging Cohort Study (VACS) Pharmacoepidemiology Core at Yale School of Medicine and Program Director for pharmacoepidemiology and pharmacovigilance training at the London School of Hygiene & Tropical Medicine (LSHTM). In 2024, he was named a Fellow of the International Society of Pharmacoepidemiology and elected to its Board of Directors. Dr. Rentsch received his MPH from Emory University in 2011 and his PhD from LSHTM in 2018.

CHRISTOPHER RENTSCH

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Please see Page 8 for information about Dr. Amy Justice

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Kaylia Carroll is presenting on behalf of Dr. Carolyn Lauckner

Dr. Carolyn Lauckner conducts research focused on the development of behavioral interventions that utilize modern communication technologies to address substance and alcohol use among disadvantaged populations. She is currently MPI on a NIAAA-funded R01 testing an innovative app-based alcohol reduction intervention for young adult individuals at risk for HIV. Her work combines phone-based motivational interviewing, ecological momentary assessments, customized smartphone apps, Bluetooth breathalyzers, and home-based drug, alcohol, and STI testing, all in an effort to provide fully remote behavioral interventions.

CAROLYN LAUCKNER

PHD

Professor
University of Kentucky

Please see Page 24 for information about Kaylia Carroll

Research on Alcohol and HIV

Poster Presentations

1. Bleasdale, Jacob

University of Washington
Consumption of low- and non-alcoholic beverages among people living with HIV: Preliminary findings from the Florida cohort study

2. Britton, Mark

University of Florida
Alcohol reduction is associated with lower LBP and sCD14 at 2-Year Follow-up in People with HIV

3. Carlson, Lydia

Presented by Kaku So-Armah
Boston Medical Center
Physiologic, anatomical, and functional indices of TB-related lung damage by hazardous alcohol use among PWH in Uganda

4. Tandon, Sonam

Presented by Kaku So-Armah
Boston Medical Center
Alcohol use and microbiome-dependent metabolites in people with and without HIV: Exploring how alcohol measurement affects variability of butyric acid

5. Couvillion, Kaitlin

Louisiana State University Health Sciences Center
Interaction of interferon gamma and alcohol to alter cell death pathways in a hepatocyte spheroid model

6. Eden, Svetlana

Vanderbilt University Medical Center
Association of different measures of alcohol exposure with mortality and cardiovascular disease among veterans

7. Edwards, Scott

L*ouisiana State University Health Sciences Center*
Influence of body mass index on alcohol use-pain interactions in people with HIV

8. Fisk-Hoffman, Rebecca

Boston Medical Center
Is alcohol pharmacotherapy an acceptable treatment option among persons with HIV and tuberculosis in Uganda?

9. Fitzpatrick-Schmidt, Taylor

Louisiana State University Health Sciences Center
Proteomic analysis of chronic binge alcohol-induced hippocampal and anterior cingulate cortex neuroadaptations in simian immunodeficiency virus (SIV)-infected female rhesus macaques

10. Garcia, Adelyn

Yale University
Information, motivation and behavior skills-related feedback from a clinical pharmacist-delivered pilot intervention to reduce bothersome symptoms from polypharmacy and alcohol use among people with HIV

11. Haque, Lamia

Yale School of Medicine
Feasibility, acceptability, and preliminary efficacy of off-label medications for alcohol use disorder among patients with HIV: Protocol for an open-label pilot study

12. Heads, Angela

University of Texas HSC Houston
Associations among PTSD symptoms, alcohol use, PrEP and ART adherence among women living with or at risk for HIV

13. Hutton, Heidi

Presented by Betsy (Mary) McCaul
Johns Hopkins University
Unhealthy alcohol use, depression, and anxiety are associated with unprotected vaginal sex among women attending an urban HIV/STI clinic

14. Kerr, Jelani C.

University of Louisville
A longitudinal study of microbiome changes among PrEP users with moderate to high risk alcohol drinking: A comparison of SBIRT and treatment as usual

15. Lee, Stephanie

Louisiana State University
Health Sciences Center
Alcohol and cannabis use in relation to pain and negative affect in people with HIV

16. Lima Bornas, Veronica Herlinda

University of Florida
Hazardous drinking and dietary intake: preliminary findings from the syndemic intervention with microbiome probiotics pilot (SIMPPL) study

17. McNeely, Kayla

University of Florida
Exploring probiotic beliefs and adherence across HIV status and alcohol use

18. McTernan, Patrick

Louisiana State University
Health Sciences Center
At-risk alcohol use increases circulating activated senescent CD8+ T cells and caspase 1 activation in people with HIV

19. Mirko Pavicic

Oak Ridge National Laboratory
Predicting alcohol consumption using proteomic data to uncover biological pathways and potential therapeutic targets in people with and without HIV

20. Presutti, Emily

Syracuse University
Role of the therapeutic alliance in a pilot trial of acceptance and commitment therapy for people with HIV who drink at unhealthy levels

21. Rodriguez-Graciani, Keishla

Louisiana State University
Health Sciences Center
Skeletal muscle mitochondrial resilience: Impact of exercise on people with HIV and alcohol misuse

22. Rubio, Lisbeth M.

University of Florida
Recruitment and retention for the syndemic intervention with microbiome probiotics pilot (SIMPPL) study

23. Salling, Michael

Louisiana State University
Health Sciences Center
Chronic alcohol and SIV interactions on the neuronal excitability of the dorsal anterior cingulate cortex

24. Samet, Jeffrey

Boston Medical Center/Boston University
People with non-suppressed HIV in Mbarara, Uganda have high prevalence of self-reported unhealthy alcohol use

25. Williams, Emily

University of Washington
Unhealthy alcohol use and initiation of and adherence to pre-exposure prophylaxis among veterans at elevated risk for HIV

26. Austin, Elizabeth

Presented by Elizabeth Williams
University of Washington
The intersection of internalized HIV stigma and unhealthy alcohol use among a national sample of patients with HIV

27. Kaitlin Zinsli

Presented by Geetanjali Chander
University of Washington
WHO drinking risk level and quality of life among men and women with HIV

Mentor Pairings

If you have signed up for the mentoring session, please meet your mentor/mentee at the front of the room.

MENTEE - MENTOR

Elizabeth J. Austin, PhD, MPH - Jen Edelman, MD, MHS, BS
Rebecca Fisk-Hoffman, PhD, MPH - Geetanjali Chander, MD, MPH
Kaitlin Zinsli, PhD, MPH - Kaku So-Armah, PhD
Stephanie Lee, PhD/MD (candidate) - Bob Cook, MD, PhD
Madeleine J. Bentley, MPH - Jeffrey Samet, MD, MA, MPH
Mindy Dai, MPH - Tekeda Ferguson, MPH, MSPH, CHES, PhD
Moses New-Aaron, BMLS, PhD, MPH - Mollie Monnig, PhD
Lisbeth M Rubio, MS, NCC - Matt Freiberg, MD, MSc
Veronica Herlinda Lima Bornas, MPH - Emily Williams, PhD, MPH
Kayla McNeely, MPH - Hilary Tindle, MD, MPH
Jacob Bleasdale, PhD, MS - Justin Knox, PhD
Adelyn I. Garcia, BA - Natalie Chichetto, PhD, MSW
Emily Presutti, MS - Chris Kahler, PhD
Mark Britton, MS, PhD - Natalia Osna, MD, PhD

Thank you from our team

V-POLARIS

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