



# The design and purpose of the 2000HIV study

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## How is the 2000HIV study structured?

1910 people with HIV in the Netherlands are participating in the 2000HIV study: they are included from the Radboudumc in Nijmegen, OLVG in Amsterdam, the Erasmus MC in Rotterdam and the Elisabeth-TweeSteden Hospital in Tilburg. To participate, the HIV virus must be undetectable in the blood and age older than 18 years. Two extra visits were planned for each participant. The first visit took place between 2019 and 2021. During this visit, blood was taken and urine, saliva and stool were collected, an ECG was made, as well as an ultrasound of the liver and neck, and a fibroscan (a sort of liver scan). Extensive questionnaires were also completed.

A lot of analyses are planned, with which we hope to answer questions like how does the immune system work or what does the metabolism look like? Or how do the cells work at microscopic level? The stool and saliva are used to investigate which 'bacteria' live in the intestines and mouth of people living with HIV.

## Who participate in the 2000HIV study?

The study group corresponds well with an average population of people living with HIV in the Western world.

- Nearly 2 in 10 participants are cis-female
- More than 7 out of 10 participants have a white ethnic background
- 7 out of 10 participants got HIV through sexual contact between two men
- On average, participants were diagnosed with HIV 12.5 years ago
- 2 in 10 participants have also been diagnosed with AIDS in the past

It is also important that 'elite controllers' participate in the research. These participants are able to suppress HIV spontaneously without HIV medication. It is not fully understood how this spontaneously control works. We are trying to get a better understanding with this study. Elite controllers are rare, about 1 in 100 people with HIV is an elite controller.

## What do we do?

There are four main research questions in the 2000HIV study:

1. Do people with HIV have a good immune system, even if they become older with HIV?
2. Why do people with HIV more often develop other conditions, such as cardiovascular disease, liver diseases or psychological complaints.
3. What can we learn from rare groups of people living with HIV, such as the 'elite controllers'? Also people whose CD4 cell count only increases very slowly after starting HIV medicines have our attention.
4. Why do we see HIV again in the blood after people stop taking HIV medicines? How does HIV hide in the body when HIV medicines are taken?

The outline of the 2000HIV study is published in a well-known scientific journal. This scientific article is freely accessible to everyone via the following link:

[Go to article](#)

Do you have any questions about the study?  
Reach out to us via the contact form on our website [www.2000hiv.com](http://www.2000hiv.com)