## Supplementary material

Comorbidities definition:

Comorbidities have been defined following the classic Charlson Comorbidity Index (CCI) (1):

- DM free of complications
- DM with complications

Diabetes with retinopathy, neuropathy or nephropathy

Cardiac disease

Cardiac disease includes myocardial infarction and congestive heart failure

Lung disease

Lung disease includes patients who had dyspnea with moderate/slight activity or at rest

Liver disease

Liver disease includes mild and moderate-severe liver disease.

Mild liver disease: chronic hepatitis or cirrhosis without portal hypertension Moderate-severe liver disease: cirrhosis with portal hypertension (with or without history of variceal bleeding)

• Renal disease

Renal disease includes patients on dialysis or who had a kidney transplant

• Peripheral vascular disease

Peripheral vascular disease includes patients with intermittent claudication, those who had a bypass for arterial insufficiency, those with an untreated thoracic or abdominal aneurysm o those with acute arterial insufficiency

Cerebrovascular disease

Cerebrovascular disease includes patients with a history of a cerebrovascular accident with minor or any neurological symptom.

- Hemiplegia
- Dementia

Patients with chronic cognitive deficit

• Connective tissue disease

Connective tissue disease includes patients with systemic lupus erythetamous, polymyositis, mixed connective tissue disease, polymyalgia rheumatica and rheumatoid arthritis

Ulcer disease

Ulcer disease includes patients who requires treatment for ulcer disease or history of bleeding from ulcers

• Metastatic solid tumor

Metastatic solid tumor includes patients with metastatic solid tumors

Any tumor

"Any tumor" includes patients with solid tumors without documented metastases, but treated in the last five years

- Leukemia
- Lymphoma
- AIDS

Table e1. Comorbidities

Comorbidities	n	%
DM free of complications	10	3.5
DM with complications	2	0.7
Cardiac disease	13	4.6
Lung disease	25	8.8
Liver disease	185	65.4
Moderate-Severe liver disease	37	13.1
Renal disease	5	1.8
Peripheral vascular disease	0	0
Cerebrovascular disease	4	1.4
Hemiplegia	0	0
Dementia	1	0.4
Connective tissue disease	4	1.4
Ulcer disease	0	0
Metastatic solid tumor	0	0
Any tumor	10	3.5
Leukemia	0	0
Lymphoma	8	2.8
AIDS	195	68.9

Superinfection definition:

Superinfection was defined as any infection acquired during ICU stay

## Diagnosis at admission:

• Severe sepsis/Septic shock

The second definition of sepsis was used to define severe sepsis/septic shock

Cardiac

Cardiac diagnosis includes: acute coronary syndrome, acute aortic syndrome, arrhythmia, cardiac arrest and heart failure

Trauma

Admission from trauma includes brain trauma, thoracic trauma, abdominal trauma, burns and combination of this

Neurological

Neurological diagnosis includes ischemic or hemorrhagic stroke and subarachnoid hemorrhage.

Postoperative control

Postoperative control includes patients admitted after scheduled surgery

Digestive

Digestive diagnosis includes digestive bleeding, acute pancreatitis, acute liver failure, and acute on chronic liver failure.

Respiratory

Respiratory diagnosis includes exacerbation of chronic obstructive pulmonary diseases or asthma, pulmonary embolism or hemoptysis.

Others

"Others" diagnosis category includes all diagnosis not included in previous categories (intoxication by drugs of abuse or pharmacological, withdrawal syndrome, epileptic status, anaphylaxis, diabetes decompensation, ...)

Table e2. Diagnosis at admission

Diagnosis	n	%
Severe sepsis/Septic shock	140	49.5
Cardiac	55	19.4
Trauma	19	6.7
Neurological	11	3.9
Digestive	17	6.0
Respiratory	5	1.8
Postoperative control	3	1.1
Others	33	11.6

Table e3. HAART-related complications

Complication	n	% over patients receiving HAART (n=111)
Immune reconstitution inflammatory syndrome	3	2.7
Liver toxicity	2	1.8
Lactic acidosis	1	0.9
Weakness	1	0.9
Hyperlipidemia	1	0.9
Skin reaction	1	0.9
Pancytopenia	1	0.9
Total	10	9

1. Charlson ME, Pompei P, Ales KL, MacKenzie CR. A new method of classifying prognostic comorbidity in longitudinal studies: development and validation. J Chronic Dis. 1987;40(5):373-83.