CLINICAL TRIALS GROUP to assess the impact of common HIV-related symptoms (either due to HIV disease or its treatments). The present study demonstrated that patients with AD had significantly lower risk of having AD (p < 0.0001). In addition to depression (RR = 1.67) and psychoses (RR = 2.63), which are the known comorbidities of AD, peripheral vascular disorder (RR = 1.49) and other neurological disorders (RR = 1.82) were associated with the AD diagnosis. Interestingly, AD patients had significantly lower risk for many other chronic diseases such as CHF (RR = 0.82), valvular disease (RR = 0.85), hypertension (RR = 0.84), COPD (RR = 0.85), diabetes (RR = 0.85), renal failure (RR = 0.86), peptic ulcer (RR = 0.86), cancer (RR = 0.69), and rheumatoid arthritis (RR = 0.80). The yearly incidence rate for AD slightly declined from 5.8 per 10,000 person-years in 1995 to 4.8 per 10,000 person-years in 2002. Average annual incidence rate was 5.3 per 10,000 person-years. CONCLUSIONS: The present study demonstrated that patients with AD had increased risk of some diseases, yet were less likely to experience many chronic disorders common to elderly patients.