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INCIDENCE OF LIPODYSTROPHY IN PATIENTS WITH PRIMARY HIV-1 INFECTION TREATED WITH HAART.

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BACKGROUND: There is little information on the incidence of lipodystrophy in patients with Primary HIV-1 infection (PHI) treated with triple therapy regimen including a protease inhibitor (HAART).

OBJECTIVE: To describe the incidence of fat redistribution and metabolic abnormalities in 17 consecutive patients diagnosed with PHI (May 1997-January 1999) who started HAART within 90 days after onset of symptoms ($N=14$) or seroconversion ($N=3$) and received more than 6 months of treatment.

METHODS: Patients with PHI were treated with stavudine (d4T, 30-40 mg bid), lamivudine (3TC, 150 mg bid) and indinavir (IDV, 800 mg tid). Clinical and biological (glucose, cholesterol, triglycerides) follow-up was performed every 3 months including the determination of T-cell subsets (FACS) and plasma HIV viral load (VL)(Amplicor[®] Roche). Clinical lipodystrophy was accepted if patients had loss of peripheral fat (limbs, buttocks, face) and/or increase of central fat (abdomen, neck, chest).

RESULTS: 14 patients were male and 3 female. Mean age was 36 year (25-50). HIV-1 risk factors were homosexuality in 12 cases, heterosexuality in 4 and i.v. drug abuse in 1. Median follow-up was 20 months (7-28). In two cases (at 6 and 12 months) HAART needed to be changed because of virological failure, being d4T, ddI, nevirapine and nelfinavir the new regimen for both patients. In three patients nelfinavir (2) or nevirapine (1) was substituted for indinavir due to recurrent nephrolithiasis. After a median of 18 months (6-24), RNA HIV-1 viral load in plasma was <200 copies/

mL and <20 copies/mL in 100% and 75% of patients respectively. Six patients (35%) developed lipodystrophy (4 men and 2 women, one with subcutaneous fat nodules). The incidence at 6 ($N=17$), 12 ($N=14$), 18 ($N=10$) and 24 ($N=7$) months was 6%, 14%, 40% and 57% respectively. No patient had impaired fasting glucose. Cholesterol > 240 mg/dL was detected in 6 cases (33%). Triglyceridemia > 200 mg/dL was seen in 9 cases (53%) being the levels moderate (200-400 mg/dL) and high (>400 mg/dL) in 5 and 4 cases respectively. Nevirapine (3) or efavirenz (1) was substituted for the protease inhibitor in four out of 6 patients with lipodystrophy.

CONCLUSIONS: The long-term incidence of lipodystrophy, hipercholesterolemia and hipertriglyceridemia was high in patients with PHI treated with this antiretroviral regimen. These findings should be taking into account in order to decide whether is necessary to initiate HAART in all patients soon after the PHI.

Keywords: AEGIS, Antiretroviral Therapy, Highly Active, Lipodystrophy, HIV-1, Indinavir, Viral Load, Stavudine, Nelfinavir, Anti-HIV Agents, Lamivudine, HIV Protease Inhibitors, Reverse Transcriptase Inhibitors, Nevirapine, Didanosine, Diabetes Mellitus, Lipoatrophic, Human, Female, Male, epidemiology, AIDS

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