

# 7th Conference on Retroviruses and Opportunistic Infections



San Francisco, CA - January 30 -February 4, 2000

## PREVALENCE OF METABOLIC COMPLICATIONS IN A LARGE DIVERSE COHORT OF HIV-INFECTED PERSONS.

*Conf Retroviruses Opportunistic Infect 2000 Jan 30-Feb 2; 7:77 (abstract no. 13)*

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**BACKGROUND:** A range of prevalence rates of various metabolic complications of HIV or antiretroviral therapy (ART) has been reported. Uniformly collected data on diverse populations and on both ART naïve (ART/NAV) and ART experienced (ART/EXP) patients (pts) are needed.

**METHODS:** We evaluated all pts currently enrolled in CPCRA studies and calculated (in both ART/NAV and ART/EXP) the percentages with the following: diabetes mellitus (DM), coronary artery disease or stroke (CAD/STRK), or body habitus change (BHC). BHC included any of: the following: buffalo hump, peripheral lipodystrophy, increase in abdominal girth, and breast enlargement. Multivariate analyses were done to determine independent factors associated with each condition.

**RESULTS:** A total of 1,370 pts (331 ART/NAV and 1039 ART/EXP) were assessed, with a median age 40.2 years: 86% men, 34% African Americans, 12% Latino, 15% with a history of IDU, median CD4 348 cells/mm<sup>3</sup> and median log HIV RNA 3.0 copies/ml.

	ART/NAV	ART/EXP	P value
DM	3.3%	3.3%	.72
CAD/STRK	1.2%	1.8%	.51
BHC	0.0%	5.4%	.001

Older age ( $p=0.001$ ), non-whites ( $p=0.06$ ), higher CD4 count ( $p=0.003$ ) and higher HIV RNA level ( $p=0.02$ ) were significantly associated with DM; older age ( $p=0.0001$ ) was significantly associated with CAD/STRK; older age ( $p=0.005$ ), white race ( $p=0.001$ ) and ART/EXP ( $p=0.001$ ) were

significantly associated with BHC. In the one study with data on duration of ART, white race ( $p=0.04$ ) and duration of ART ( $p=0.0001$ ) were significantly associated with BHC, while protease inhibitor use was not.

**CONCLUSIONS:** Prevalence of BHC in this cohort was lower than reported previously. Older age was associated with DM and CAD/STRK. BHC was reported among ART/EXP but not among ART/NAV pts. White race and duration of ART were associated with BHC while protease inhibitor use was not.

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**Keywords:** AEGIS, HIV, Prevalence, CD4 Lymphocyte Count, Anti-HIV Agents, HIV Infections, HIV-1, Lipodystrophy, HIV Protease Inhibitors, Whites, HIV Seronegativity, Antigens, CD4, HIV Seropositivity, Human, Male, complications, epidemiology, pathogenicity, immunology, AIDS

2000-01-30  
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