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RISK FACTORS FOR DEVELOPING LIPODYSTROPHY IN PATIENTS RECEIVING PROTEASE INHIBITORS.

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OBJECTIVE: To assess which risk factors, if any, are associated with the development of lipodystrophy (LD) in patients on protease inhibitor (PI) therapy.

METHODS: Database retrospective analysis of antiretroviral naïve patients who started therapy with at least one PI and two nucleoside reverse transcriptase inhibitors (NRTI). Patients were censored when clinically apparent LD was reported by the patient and confirmed by the physician and whenever PI therapy was withdrawn on follow-up. Data collected included: age; gender; transmission route for HIV infection; months on therapy with PI, AZT, d4T, ddI, ddC, and 3TC; baseline and last values of CD4 cells, viral load, glucose, cholesterol, and triglycerides.

RESULTS: Out of 506 patients, 68 (13.4%) reported LD after a median of 18 months (IQR:12-21). Number of months on therapy with PI, AZT, d4T, ddI, ddC, and 3TC were 7854, 3125, 4732, 2312, 448, and 5050, respectively. Percentage of patients that had received PI, AZT, d4T, ddI, ddC, and 3TC were 100%, 55%, 65%, 36%, 6%, and 76%. Risk factors associated with LD on univariate analysis were a higher age ($p=0.0001$), sexual (not parenteral) transmission of HIV infection ($p=0.0001$), higher baseline cholesterol ($p=0.006$), and more months on 3TC ($p=0.05$) and on d4T (0.0002), whereas longer duration AZT was a protective factor ($p=0.02$). Patients developing LD showed significant higher increases in CD4 cells, cholesterol, and triglycerides than those not developing LD ($p=0.0001$, for each variable). Regression analysis entering those factors significant on univariate analysis disclosed a higher age ($p=0.002$), sexual transmission of HIV infection ($p=0.005$), and longer d4T therapy ($p=0.001$) as independent risk factors for developing LD.

CONCLUSION: Our results should be considered with caution as the incidence of LD may have been

underscored. Although no definitive conclusion on the etiology of LD can be drawn from this study, we were able to identify several factors that distinguished those patients who developed LD from those who did not while receiving combined antiretroviral therapy including PI.

Keywords: AEGIS, Lipodystrophy, Stavudine, Reverse Transcriptase Inhibitors, Lamivudine, Zidovudine, Protease Inhibitors, Didanosine, Viral Load, Anti-HIV Agents, HIV Infections, Diabetes Mellitus, Lipoatrophic, HIV Protease Inhibitors, Risk Factors, Human, AIDS

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