



# 1st International Workshop on Adverse Drug Reactions and Lipodystrophy in HIV

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## A CROSS-SECTIONAL STUDY OF METABOLIC DISORDERS AND LIPODYSTROPHY IN HIV-INFECTED PATIENTS TREATED WITH ANTIRETROVIRAL COMBINATION THERAPY INCLUDING PROTEASE INHIBITORS (PI) WITHIN A PHASE IV COHORT STUDY OF PI: APROCO-ANRS EP11

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Aproco Study Group on Metabolic Complications<sup>1</sup>

<sup>1</sup>ANRS, APPIT, INSERM, France

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**BACKGROUND:** Estimation of the prevalence of metabolic complications is not available on large, representative samples of patients started on HAART.

**OBJECTIVES:** To estimate prevalence of metabolic lipid/glucose disorders and lipodystrophy in a multicentre cohort of 1250 HIV1-infected patients started on PI.

**DESIGN:** The APROCO Cohort (ANRS EP11) enrolled patients at initiation of Plover 2 periods: 5/97-10/97 (period I) and 1/98-6/98 (period II). A cross-sectional study was set up to describe metabolic complications at M20 for patients included during period I and at M12 for patients included during period II. Lipodystrophy was defined clinically by physical examination and patient report. Evaluation included anthropometric measures and fasting total and HDL cholesterolemia, triglyceridemia, fasting glycemia and 2nd hr. glycemia after oral glucose tolerance test. This study was initiated in December 1998 and is ongoing until mid-July 1999. Updated data will be presented.

**RESULTS:** Among 116 observations available at M12 and 83 at M20, the same proportion of patients had at least one sign of lipodystrophy: 68%. The most frequent reported abnormalities were: increased abdominal wall thickness (42%M12, 47%M20), buttock atrophy (26%M12, 19%M20), cheek atrophy (21%M12, 24%M20), atrophy of lower limbs (22%M12, 19%M20). Prevalence of glucose intolerance and diabetes mellitus was respectively 10.3% and 5.2% at M12 and 16.2% and 4.4% at M20.

Concomitant hypercholesterolemia (>6.2 mmol/l) and hypertriglyceridemia (>1.7 mmol/l) were observed in 30.4% at M12 and 48.7% at M20. Additionally, isolated hypercholesterolemia was in 10.8% at M12 and 14.5% at M20, and isolated hypertriglyceridemia in 16.7 at M12 and 15.8 at M20.

**CONCLUSIONS:** This preliminary data confirm the high prevalence of lipodystrophy in HIV-infected patients treated with PI containing regimen. They allow to describe clinical and associated metabolic disorders. This large cohort will led us to determine risk factors and relationship between different abnormalities.

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23

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