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PREVALENCE OF LIPODYSTROPHY AND METABOLIC ABNORMALITIES IN RELATION WITH ANTIRETROVIRAL REGIMENS FOR THE TREATMENT OF HIV INFECTION

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BACKGROUND: Changes in body shape and metabolic abnormalities have been reported in HIV-infected patients in treatment with highly active antiretroviral (ARV) therapy (HAART). The true prevalence of this phenomenon has not yet been determined, and there is an urgent need to establish whether the use of PIs involves an increased risk of developing metabolic disturbances associated with accelerated cardiovascular disease.

OBJECTIVES: (i) To determine the prevalence of lipodystrophy (LD) and hyperlipidaemia in a population of patients with HIV infection who are receiving ARV therapy in Buenos Aires, Argentina. (ii) To determine whether these metabolic effects are associated only with PIs.

DESIGN: Retrospective, cross-sectional.

MATERIALS AND METHODS: We reviewed the charts of 357 patients looking for those with ARV therapy for at least 4 months. We searched for those signs and symptoms compatible with LD, tryglicerides and cholesterol serum level. Corporal fat distribution was analysed by DEXA scan in a group of patients.

RESULTS: 203 patients (56.86%) were given ARV therapy: 103 (50.73%) had PI-containing regimen (PICR) and 100 (49.26%) were on NRTI and/or NNRTI combinations. Eighteen patients met the clinical criteria of LD (8.86%), but looking at the PICR group the incidence rose to 17.47%, whereas no patients in the group without PIs met the criteria. At time of LD diagnosis, 12 of 18 patients (66.6%) had undetectable

viral loads (mean time of treatment 12.8 months). Characteristics of LD group were: (i) mean cholesterol level 236.75 mg/dl (data from 16 patients), mean trygliceride level 414.62 mg/dl (data from 10 patients); (ii) PIs prescribed: indinavir (10), saquinavir (5), nelfinavir (1), ritonavir (1), saquinavir plus ritonavir (1); (iii) mean age 40 years; (iv) DEXA scan results: BMI 23.67 (20.82-26.86), trunk fat/body fat: 0.57 (0.44-0.66).

DISCUSSION: Although we did not find significant differences in cholesterol and trygliceride values between those who receive PICR and who receive other treatments, those who developed LD showed the greatest incidence of abnormal values. The fact that the percentage of patients with LD diagnosis in our cohort was lower than in previous reports is probably related to our strict criteria in defining this syndrome.

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