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METABOLIC COMPLICATIONS OF HAART: NEED FOR PERSPECTIVE

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Highly active antiretroviral therapy (HAART) has led to a dramatic decrease in the morbidity and mortality of patients infected with the human immunodeficiency virus (HIV). However, metabolic adverse effects, including lipodystrophy-associated dyslipidaemia and insulin resistance, are common in patients treated with potent combination therapy. In this presentation, I will give an overview of key aspects of the epidemiology of cardiovascular disease with and emphasis on insulin resistance, central obesity and the pattern of dyslipidaemia which is typically associated with lipodystrophy. Using published data and risk equations from European and US cohorts, and tailored analyses of the cardiovascular Caerphilly cohort and the Swiss HIV Cohort Study, I will examine both absolute and relative risks of cardiovascular complications attributable to HAART and of HIV-related complications, focusing on young and middle-aged men and women. It is crucial to contrast the adverse effects of cardiovascular risk with the benefits of HAART: estimates to the number of patients who need to be treated for one additional patient to be harmed by cardiovascular complications will therefore be compared to the number of patients needed to be treated for one additional patient to benefit from HAART. I will conclude with a discussion of the implications of these findings for determining the optimal time for initiation of potent therapy in terms of CD4 cell count, viral load and levels of pre-existing cardiovascular risk.

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