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### LIPID PROFILE IN HIV-POSITIVE PATIENTS WITH HAART-RELATED HYPERLIPIDAEMIA

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**BACKGROUND:** Dyslipidaemia is a frequent metabolic abnormality in HIV-positive patients on HAART. Although PIs have been suspected to play a major role, other antiretroviral drugs, such as NRTIs and NNRTIs, could be implied as well.

**OBJECTIVES:** To describe the lipid profile in a group of HIV-positive subjects with HAART-associated hyperlipidaemia and its relation to the different drug regimens prescribed.

**DESIGN:** Cross-sectional study of 201 HIV-positive patients under HAART with hypercholesterolaemia (HC; cholesterol >200 mg/dl) and/or hypertriglyceridaemia (HT; triglycerides [tg] >200 mg/dl). Lipid levels were recorded after at least 3 months on one of the following combinations: NRTI+NNRTI, NRTI+PI, or NRTI+NNRTI+PI.

**RESULTS:** Mean age 40±8 years, male 82%. Mean CD4 count 565±285 cells/mm<sup>3</sup> (23±8%), undetectable VL (<50 copies/ml) in 65%. HC was present in 85% (mean cholesterol value, 265±43 mg/dl) and HT in 64% (mean tg value: 424±251 mg/dl; *P*=0.001). Both HC and HT were present in 58%. Within each antiretroviral regimen (1: NRTI+NNRTI; 2: NRTI+PI; and 3: NRTI+NNRTI+PI), percentage of patients on treatment and mean lipid values were: 46, 33 and 21%, respectively; cholesterol 258±44, 254±47 and 276±61 mg/dl, respectively; and tg 310±243, 309±174 and 438±339 mg/dl, respectively. A trend towards higher lipid levels in the group with NRTI+NNRTI+PI was observed, being statistically significant for the differences for mean cholesterol levels

between regimens 2 and 3 ( $P=0.036$ ) and for mean tg levels between regimens 1 and 3 ( $P=0.015$ ).

**CONCLUSIONS:** In HIV-positive subjects under HAART with dyslipidaemia, hypercholesterolaemia is more prevalent than hypertriglyceridaemia, although both are present in more than half of patients. No differences between NNRTI and PI-based regimens were found. However, the NNRTI+PI combination was associated with higher cholesterol and triglyceride levels than regimens containing either NNRTI or PI. This fact may be due to a synergistic effect of these drugs on the lipid profile.

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