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TRIGLYCERIDAEMIA, BUT NOT CHOLESTEROLAEMIA AND GLYCAEMIA, IS A PREDICTOR OF LIPODYSTROPHY: THE RESULTS OF LipoICONA LONGITUDINAL STUDY

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The role of current triglyceride levels as a predictor of adipose tissue alterations (ATAs) development was longitudinally assessed in patients entering in their first line antiretroviral therapy (ART) enrolled in LipoICONA, a multicentre study involving 34 clinical centres nested within the Italian Cohort Naïve Antiretrovirals (ICONA). After starting antiretroviral therapy (ART), the patients were assessed for ATA every 6 months according to standardized procedures. The analysis was based on 837 patients (72% males; median age 36 years: range 16–69) enrolled between September 1999 and March 2000. HIV infection was acquired because of injecting drug in 37% of cases. 35% of the patients started a mono/dual regimen, 64% a triple combination (55% with PI, 9% with NNRTI) and 1% other combinations of ≥ 3 drugs. At the time of starting ART, the median HIV-RNA and CD4 count were $4.7 \log_{10}$ copies/ml (range 1.9–6.8) and 322 cells/mm^3 (range 1–1294). 233 (28%) patients developed ATAs (99 fat loss, 86 fat accumulation and 48 combined forms). The Kaplan–Meier estimates at the 156th week after starting ART were 35% (95% CI 31–39) for the first ATAs, 16% (95% CI 12–20) for fat loss, 15% (95% CI 11–19) for fat accumulation and 8% (95% CI 6–10) for combined forms. A Cox multivariate analysis showed that triglyceride level was the only independent predictor of subsequent development of ATAs (RH=1.22 per 100 mg/dl higher, 95% CI 1.02–1.46), after adjusting for demographics, modality of HIV transmission, CD4 count, HIV-RNA, HCV sero-status and weight at ART initiation, the time on each drug, and the most recent values of cholesterol and glucose. Triglyceridaemia was also an independent predictor of developing fat accumulation (RH=1.96 per 100 mg/dl higher, 95% CI 1.26–3.07). Cholesterolaemia, despite its significant association with ATA outcomes in univariate analyses, was not significantly associated after adjustment for the same confounders. Glycaemia did not seem to predict the risk of subsequent ATA. Current

triglyceridaemia on ART is a valuable predictor of ATA development and may be useful in designing strategies aimed at limiting the incidence of lipodystrophy.

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