

5th International Workshop on Adverse Drug Reactions and Lipodystrophy in HIV



8–11 July 2003, Le Meridien Montparnasse, Paris, France

ATHEROGENIC LIPID PROFILE AND CARDIOVASCULAR RISK FACTORS IN HIV-INFECTED PATIENTS (NETAR STUDY)

Antiviral Therapy 2003; 8:L30 (abstract 37)

J Santos, R Palacios, M Gonzalez, J Ruiz and M Marquez
Hospital Virgen de la Victoria, Malaga, Spain

BACKGROUND: We analysed the prevalence of atherogenic lipid profile (ALP) and cardiovascular risk factors (RF) in patients in our clinic population, estimated the cardiovascular risk (CVR) and their associated factors.

METHODS: Transversal study of all patients who attended our clinic in 05/02–09/02. Demographic features, blood pressure, tobacco use, lipid profile, diabetes mellitus (DM) and personal and family histories of CHD were collected. ALP: TC/HDL \geq 5 and TG \geq 150 mg/dl. CVR: Framingham score. High CVR: >10% at 10 years. Statistic program: SPSS 8.0.

RESULTS: Six-hundred-and-one patients. Mean age, 42.1 years (19–80); CD4 count, 499/ml (2–2348); antiretroviral (ARV) users, 81.2%. RF (%): male, 80.7; prior CHD 1.0; family history, 12.5; hypertension (HT), 5; DM, 14.0; smokers, 71.7; ALP, 27%. Global CVR at 10 years, 6.2% (<1 to >30). High CVR, 20.5%. Patients with ALP: older (44.6 vs 41.6; $P<0.001$); higher blood pressure (128 vs 124 and 80 vs 77; $P<0.05$); higher BMI (24.3 vs 23.4; $P=0.009$); lower nadir CD4 (180 vs 227; $P=0.039$); more frequent in men ($P<0.0001$); sexual HIV-risk patients ($P=0.001$); AIDS cases [odds ratio (OR) 1.4, 95% confidence interval (CI): 1.1–1.9; $P=0.008$]; ARV use (OR 1.9, 95% CI: 1.1–3.1; $P=0.04$) and protease inhibitor (PI) use (OR 3.0, 95% CI: 1.6–5.5; $P=0.0001$); diabetic patients (OR 1.5, 95% CI: 1.0–2.0; $P=0.028$); hypertensive patients (OR 1.7, 95% CI: 1.1–2.6; $P=0.033$). Multivariate analysis: male sex (OR 2.6, 95% CI: 1.3–5.0; $P=0.0047$), PI use (OR 3.8, 95% CI: 1.8–7.8; $P=0.0002$) and sexual HIV-risk (OR 2.4, 95% CI: 1.4–4.0; $P=0.0004$). Patients with high CVR: higher BMI (24.4 vs 23.5; $P=0.018$); lower nadir CD4 (173 vs 228; $P=0.018$); more frequent in ARV users (OR 2.3, 95% CI: 1.2–4.4;

$P=0.004$) and sexual HIV -risk ($P<0.0001$). Multivariate analysis: sexual HIV-risk (OR 3.8, 95% CI: 2.1–6.8; $P<0.00001$) and nadir CD4 (OR 1.0, 95% CI: 1.0–1.003; $P=0.0026$).

CONCLUSIONS: Tobacco use was the most frequent RF. ALP was associated with male sex, PI use and sexual HIV transmission. A high CVR was related with a lower nadir CD4 and sexual HIV transmission. Although the current global CVR of our patients is not high, bearing in mind the contribution of highly active antiretroviral therapy (HAART)-associated factors to the lipid profile and the high prevalence of some RF, it may increase in the future.

Presenting author: R Palacios

2003-07-08
37

Copyright © 2003 - [International Medical Press Ltd.](#) Reproduction of this abstract (other than one copy for personal reference) must be cleared through the International Medical Press Ltd. 2-4 Idol Lane, London EC3R 5DD UK.