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## RISK FACTORS FOR MYOCARDIAL INFARCTION IN HIV-POSITIVE PATIENTS

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**OBJECTIVES:** Cardiovascular risk is reported to increase by 27% each year during antiretroviral treatment. We describe the clinical characteristics of 12 HIV-infected patients who suffered from myocardial infarction (MI) in our clinical database and compare these patients with a control group closely matched for factors that can independently affect cardiovascular risk, in order to explore whether HIV-related factors may also have an impact.

**METHODS:** Case-control study (1:2). Controls were matched with case patients for: age, gender, smoking habit, risk factor for HIV acquisition, history of hypertension, family history for relevant cardiovascular events and body mass index.

**RESULTS:** Total cholesterolaemia, LDL and HDL cholesterol, triglyceridaemia, diabetes mellitus, current and previous exposure (drugs and length) to antiretrovirals, CD4 T-cell count and nadir, pVL at zenith and Framingham score were tested by univariate and multivariate analysis. The only variable associated with MI at multivariate analysis was the number of CD4 lymphocyte at MI for cases or at the last observation for controls (OR: 0.992, 95% CI: 0.985 to 0.999;  $P=0.033$ ). Use of PIs during the follow-up was not associated with the risk of MI (OR: 0.067, 95% CI: 0.003: 1.421;  $P=0.083$ ).

**DISCUSSION:** Our data show that in HIV-infected patients, the CD4 T-lymphocyte count seems to have a role in the occurrence of MI. Moreover, PI use does not seem to have any negative impact on MI.

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