

Antiretroviral therapy impact on cardiovascular risk and lipid profile HIV-infected patients

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OBJECTIVES

Antiretroviral therapy (ART), especially the ones based on boosted protease inhibitors (PI/r) may induce dyslipidemia and therefore increase cardiovascular risk (CVR) on HIV-infected Patients. Some studies suggest that Tenofovir (TDF) could be a protective factor. Our purpose is to describe the CVR score in HIV-infected patients and identify which kind of ART (PI/r or TDF) is more convenient for an appropriate lipid profile (LP).

MATERIAL AND METHODS

Descriptive cross-sectional study with HIV-patients in a 300 bed hospital during July 2011. Overall 10-years probability for cardiovascular events was evaluated by the Framingham risk score. We analysed CVR and LP according to gender, body mass index (BMI), ART-naives and ATR based on PI/r or TDF. Patients were classified as having low, moderate, or high CVR (<10%, 10%-20% and >20%, respectively). Statistical analysis was performed with SPSS.

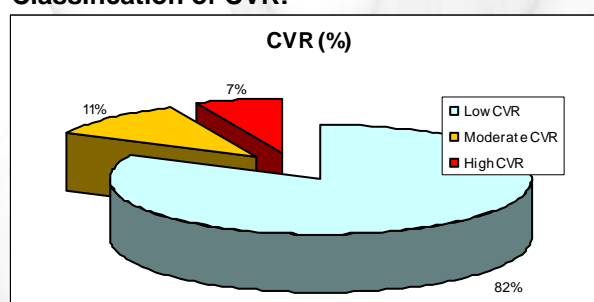
RESULTS

We enrolled 47 HIV-infected patients:

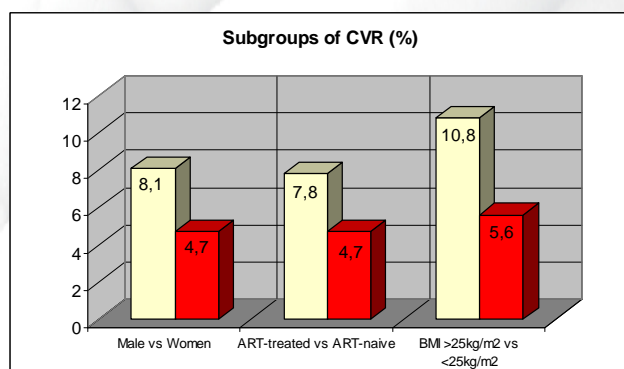
- Median age 48.3±9.8 years
- 70.2% male
- 30.4% current smokers
- Mean BMI 23.6±3.3 kg/m²
- 23.4% ART-naives
- 29.8% on PI/r and 61.7% on TDF

The mean 10-years probability for cardiovascular events was 7.1 ± 6.9%.

Classification of CVR:



Subgroups of CVR (%)



CVR and LP according to ATR based on PI/r or TDF:

	ART	
	Based on TDF	Based on PI/r
CVR	5.9%	7.8%
Cholesterol	183.4mg/dl	196.6mg/dl
HDL	0.53mg/dl	0.44mg/dl

CONCLUSIONS

- ✓ The results show that our HIV-patients have better CVR compared to the studies reported in the literature.
- ✓ An ART regime change in patients with bad LP should be considered.