HIV Care Sees Metabolic Syndrome Uptick

BY HANNAH BROWN

Contributing Writer

BARCELONA — Patients with HIV who are treated with antiretrovirals are more likely to have metabolic syndrome than are their untreated counterparts, Dr. Julian Falutz said at an international congress on prediabetes and the metabolic syndrome.

Dr Falutz and colleague Dr. Leonard Rosenthall compared several metabolic, HIV-related, and body-composition variables in two groups of HIV-positive men, one treated (172 patients) and one untreated (32 patients). Specific measurements included body mass index, waist circumference, blood pressure, trunk fat mass, fasting lipids, and glucose homeostasis markers.

Metabolic syndrome among the men in both of the groups was assessed according to the five most commonly used sets

Overall, 20% of untreated individuals had at least one classification of metabolic syndrome, compared with almost 40% of treated men.

of diagnostic criteria: NCEP (National Cholesterol Education Program), WHO (World Health Organi-IDF zation), (International Diabetes Federation), EGIR (European Group for the Study of Insulin Resistance), ACE (Ameri-

can College of Endocrinology).

The researchers found a statistically significant difference in the rate of metabolic syndrome as assessed by at least one of the classification schemes between the two groups. Overall, 20% of untreated individuals had at least one classification of metabolic syndrome, compared with almost 40% of treated men. However, there were substantial discrepancies between the rates of diagnosis of metabolic syndrome of the five classification schemes among the treated group, said Dr. Falutz, director of the HIV Metabolic Clinic at McGill University, Montreal.

With the NCEP criteria, metabolic syndrome prevalence in the treated group was 24%; under the WHO classification, it was 15%. The IDF criteria pegged the prevalence at 18%, under the EGIR criteria it was 24%, and ACE identified only 4% of the men as having metabolic syndrome. These rates are similar to those in the general population, showing that "basically our patients are at similar risk for developing metabolic syndrome," said Dr. Falutz.

However, he added, "because the different published classification schemes do not identify the same people, there is a lack of consensus on how to diagnose metabolic syndrome."

Dr. Falutz said he believes that more work needs to be done to sort out which classification scheme is best for predicting risk of cardiovascular events by linking diagnoses of metabolic syndrome to outcomes. "You need a very large group to be able to find out if the risk of myocardial infarction is increased, compared with other classifications," he said. "We are going to see if we can use a combination of two classification schemes to see if people actually develop a myocardial infarction."

Although Dr. Falutz's work is focused on patients with HIV, he said the problems he had encountered with narrowing down a definition of metabolic syndrome are applicable to other patient groups, too. "We looked at metabolic syndrome in our population because it is becoming an increasing problem," he explained.

"There are some people at higher risk, but you have to be careful when identifying them because no one classification scheme is the best, and we have to be aware of the controversy in the HIV-negative world. We may miss some people by using one [particular] scheme," he warned.

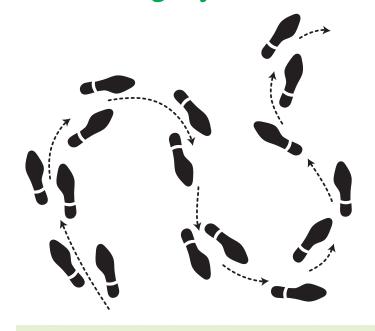
- VERBATIM -

'Residents of the United States are only partially protected from genetic discrimination by a complicated patchwork of state-level laws that vary widely in scope and effect.'

Dr. Greg Feero, page 39

Now for the treatment of moderate to severe primary RLS

Restless Legs Syndrome (RLS)...



Simplified.





Efficacy:

MIRAPEX is proven to significantly help relieve RLS symptoms...

with improvements sustained long term¹

Safety: MIRAPEX is well tolerated and has no predicted P450 interactions

Convenience: MIRAPEX Starter Kit offers simple single-step titration

• 75% of patients on the 0.25 mg dose responded to therapy*

IMPORTANT SAFETY INFORMATION ABOUT MIRAPEX: Patients have reported falling asleep without perceived warning signs during activities of daily living, including operation of a motor vehicle. Hallucinations and postural (orthostatic) hypotension may occur. The most commonly reported adverse events in RLS clinical trials for MIRAPEX vs placebo were nausea (16% vs 5%), headache (16% vs 15%), fatigue (9% vs 7%), and somnolence (6% vs 3%).

Patients and caregivers should be informed that impulse control disorders/compulsive behaviors may occur while taking medicines, including pramipexole, to treat Parkinson's disease and RLS.

Please see accompanying Brief Summary of Prescribing Information.

*Results of a 12-week, placebo-controlled, randomized, double-blind, fixed-dose-treatment trial to assess the efficacy and safety of MIRAPEX vs placebo in the treatment of moderate to severe primary RLS.

Responders defined as patients with symptoms rated as "much improved" or "very much improved," as measured on the CGI-I.

Reference: 1. Data on file, Boehringer Ingelheim Pharmaceuticals, Inc.



Copyright © 2007, Boehringer Ingelheim Pharmaceuticals, Inc. All rights reserved. Printed in U.S.A. (04/07) MRLS44101

www.mirapex.com