HIV-Positive Patients Struggle With Weight Gain

BY DOUG BRUNK
San Diego Bureau

SAN DIEGO — In the 1980s, patients with HIV/AIDS commonly lost an excessive amount of weight, a process known as wasting.

But today, these patients are becoming just as overweight and obese as the general population of the U.S., Dr. Nancy F. Crum-Cianflone reported at the annual meeting of the Infectious Diseases Society of America. A study of 663 HIV-positive patients treated at two U.S. Navy clinics revealed that 63% were overweight or obese.

According to the Centers for Disease Control and Prevention, 66% of the general population in the U.S. is overweight or obese.

In 2005, she and her associates collected data from 663 HIV patients at Naval Medical Center in San Diego and National Naval Medical Center in Bethesda, Md., including duration of HIV infection, CD4 count, viral load, antiretroviral therapy, diabetes, and hypertension. They defined wasting as a body mass index of less than 20 kg/m^2, overweight as a BMI of 25-29.9, and obesity as a BMI of 30 or greater, said lead author Dr. Crum-Cianflone, an HIV research physician with the TriService AIDS Clinical Consortium in San Diego.

The mean age of patients was 41 years, and 50% were white, 26% had hypertension, and 8% had diabetes. Some had been followed in the clinics since 1986.

Of the 663 patients, 46% were overweight, 17% were obese, and 3% met the definition of wasting. None of the study participants met the strictest criteria for wasting, which is a BMI of 18.5 or less.

At the time of diagnosis, 46% were overweight or obese. Over the course of their infection, 72% gained weight.

Multivariate analysis revealed two significant predictors of increasing BMI: younger age at HIV diagnosis and longer duration of HIV infection. "We also learned that people who gained weight were more likely to have high blood pressure," Dr. Crum-Cianflone said during a press briefing.

Patients with high CD4 counts also were more likely to be overweight than were those with lower CD4 counts.

No association was observed between the use of highly active antiretroviral treatment (HAART) and weight gain.

Specific reasons for the rise in obesity among HIV patients are unclear. Dr. Crum-Cianflone said it may partly have to do with the fact that with improved HAART, HIV has essentially become a chronic condition with a longer expected life span.

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DR. CRUM-CIANFLONE

In another study presented at the meeting, researchers at Washington University in St. Louis found that HIV-positive patients aged 50 and older were no more likely to have heart disease or diabetes than a group of age-matched HIV-negative controls from the general population.

"Although our study was small, we can probably begin to reassure people living with HIV who are over the age of 50 and clinicians looking after them that comorbidities and toxicities to medications, such as dyslipidemia, diabetes mellitus, and osteoporosis, may not be increased compared to the general U. S. population as it ages," lead study author Dr. Nur Onen said in an interview at the meeting.

She and her associates compared the incidence of heart disease, diabetes, high blood pressure, osteoporosis, and other conditions between a group of 70 HIV-positive patients aged 50 and older on HAART and a group of HIV-negative controls from the National Health and Nutrition Examination Survey matched by age, gender, race, smoking status, and BMI. The mean age of patients was 56 years, 86% were male, and 66% were white. Their mean BMI was 25, and 90% were on HAART (a mean duration of 7 years, 91% with full viral suppression).

Dr. Onen, an infectious diseases fellow at the university, reported that while hypertension was significantly more prevalent in HIV-positive patients than in controls (51% vs. 31%, respectively), there were no differences in the prevalence of heart disease (10% vs. 14%), diabetes (13% vs. 11%), or osteoporosis (2% in each group). ■

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