HIV Is an Independent Heart Disease Risk Factor

BY ROBERT FINN San Francisco Bureau

SAN FRANCISCO — People infected with HIV are diagnosed with acute coronary syndromes an average of 11 years earlier than their HIV-negative counterparts, Priscilla Hsue, M.D., said at a meeting on HIV management sponsored by the University of California, San Francisco.

Moreover, atherosclerosis, as measured

by carotid intima-media thickness, progresses much faster in patients who are HIV-positive, and restenosis rates after percutaneous coronary intervention are significantly higher in HIV patients than in controls

Although protease inhibitors and other components of highly active antiretroviral therapy may contribute to acute coronary syndromes in patients with HIV, this can't account for all of the differences between patients with HIV and noninfected controls. HIV may be an independent coronary risk factor, said Dr. Hsue of the university.

She reported on the results of two studies. One was a retrospective chart review of 68 acute coronary syndrome patients with HIV who were compared with 68 uninfected acute coronary syndrome patients

Acute coronary syndrome was defined by a diagnosis of acute myocardial infarction or unstable angina. The other

ZOLOFT is indicated for the treatment of adults with major depressive disorder, social anxiety disorder, panic disorder, posttraumatic stress disorder (PTSD), premenstrual dysphoric disorder (PMDD), obsessive-compulsive disorder (OCD), and is also indicated for pediatric patients (aged 6 to 17 years) with OCD. The most common side effects in adults with major depressive disorder and other premarketing controlled trials for OCD, panic disorder, PTSD, PMDD, and social anxiety disorder include nausea, insomnia, diarrhea, dry mouth, ejaculation failure (primarily ejaculatory delay), somnolence, fatigue, tremor, dyspepsia, libido decreased, increased sweating, anorexia, and agitation. In pediatric patients, the overall profile of adverse events was similar to that of adults. However, the following events were also reported: fever, hyperkinesia, urinary incontinence, aggressive reaction, sinusitis, epistaxis, and purpura.

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there was an increase in uterine deteoarcinomes in rats receiving settaine at 10-40 mg/kg, this effect was not clearly drug related. Settaine had no genotoxic effects, with or without methodic activation, based on laboratory ecosy. A decrease in fertility was seen in one of two rat stades at a doce of 80 mg/kg (4 times the maximum harm dose nor mg/me basis). **Pregnancy — Pregnancy Category Category C**. These ene to adequed and welcontaided stades in pregnant warms. Disciplication of the stades of the potential basel is particle the potential ratio is the tests. **Pregnancy - Nonteretrogonic Effects —** Neonetes exposed to ZUUEF and other SSRs or SNRs, the in the third interest hose developed megnitories regnant optically scattering. The second set of the leading, Complications can use immediative ponethypers, Reparis include respiratory distass, cynonsis, panes, saizues, temperature instability. Leeding diffully, vaniting, hypopyleneis, hypotenis, hypertelina, in present, distass, cynonsis, panes, saizues, temperature instability. Leeding diffully, vaniting, hypopyleneis, hypotenis, hypertelina, in spritoren, itemasis, mittality and constant or present instability. Leeding diffully, vaniting, hypopyleneis, hypotenis, hypertelina, in spritoren, itemasis, mittality and constant or present with sectoren syndrome. Consider carefully the patential risks and baselity when teeling a spritoren. In some cases, the direct in patent and between teeling at 2000 rol hold or delivery in the meta 1000 rol hold orel hold or delix 1000 rol hold or delivery in the meta 1000



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was a prospective study of 148 HIV-infected patients and 63 age- and sexmatched controls.

The chart review showed that the average age of HIV-infected acute coronary syndrome patients was 50, compared with 61 for the non-infected patients. HIV patients with acute coronary syndrome were significantly more likely to be male (90% vs. 62%), to be current cigarette smokers (68% vs. 41%), and to have low HDL cholesterol levels (35 mg/dL vs. 41 mg/dL) (Circulation 2004;109:316-9).

HIV patients were significantly less likely to have diabetes (13% vs. 41%), and they had significantly less extensive coronary disease at angiography. An average of 1.3 vessels were involved in patients with HIV compared with 1.9 vessels in controls.

Percutaneous coronary intervention was performed on 29 HIV patients and 21

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thickness (as measured by B-mode ultrasound) than did controls (0.91 mm vs. 0.74 mm).

Investigators detected carotid plaques in 45% of the HIV patients and 24% of the control patients, a significant difference (Circulation 2004;109:1603-8).

In a multivariate analysis combining infected and uninfected patients, HIV infection proved to be an independent predictor of greater intima-media thickness, even after controlling for other classic coronary risk factors, including age, sex, smoking, hypertension, lipid abnormalities, and diabetes.

Other independent predictors were age, LDL cholesterol, cigarette pack-years, and Hispanic race.

Investigators were able to obtain followup measurements at 1 year in 121 HIV patients and 27 controls. Among HIV patients, intima-media thickness increased a mean of 0.074 mm, while among control subjects intima-media thickness decreased by 0.006 mm, a significant difference.

Previous studies of noninfected patients suggest that carotid intima-media thickness tends to increase at about 0.01 mm/year, a rate about sevenfold lower than that observed among HIV patients in this study.

These studies suggest that clinicians should engage in aggressive control of risk factors in patients with HIV. Smoking may be of particular importance because of its high prevalence in this population. Hypertension should be treated, LDL cholesterol should be reduced to low levels, and hypertriglyceridemia should be controlled.

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