

HIV-Positive Patients Struggle With Overweight

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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 United States, Dr. Nancy F. Crum-Cianflone said 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. The Centers for Disease Control and Prevention says that 66% of the general population in the United States is overweight or obese.

"HIV patients now look like the general population in terms of weight," said Dr. Crum-Cianflone, an HIV research physician with the TriService AIDS Clinical Consortium in San Diego. "We believe that HIV physicians should be advised to watch the weight of their patients very carefully and help them maintain normal, healthy weight."

In 2005, she and her associates collected data from 663 HIV patients at Naval



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DR. CRUM-CIANFLONE

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/m², overweight as a BMI of 25-29.9, and obesity as a BMI of 30 or greater.

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 them met the strictest criteria for wasting, 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.

On multivariate analysis, two significant predictors of increasing BMI emerged: younger age at HIV diagnosis and longer duration of HIV infection.

"People who gained weight were more likely to have high blood pressure," Dr. Crum-Cianflone said during a press briefing. "We believe that the excessive weight gain that they experienced contributed to the development of high blood pressure."

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 in HIV patients are unclear. Dr. Crum-Cian-

flone said it may partly have to do with the fact that with improved HAART, HIV has essentially become a chronic condition with lower rates of comorbid infections and a longer expected life span.

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

Dr. Nur Onen 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 years 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 although the prevalence of hypertension was significantly higher in HIV-positive patients, compared with 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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