Butter’s Not All Bad

Dr. Bernard Bihari takes a look at Sean O. Strub’s cholesterol levels

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Laboratory analyses of blood, which help physicians make diagnoses and detect toxic effects of medication, can also help people with HIV track their health. There is considerable debate about the role of high triglyceride levels and low cholesterol levels in the overall progression of HIV disease. Some research conduct among HIV negative people shows that a low cholesterol level indicates a worse prognosis for a wide range of health conditions, including cancer.

While the rest of the population has become extremely fat conscious and low-fat everything is ever so chic, does this advice to avoid or severely limit the intake of animal fats apply to people living with AIDS? Dr. Bernard Bihari, a clinical practitioner in private practice for more than 10 years in New York City who specialized in treating people living with HIV, examines the question of high triglyceride levels and low cholesterol levels and their relationship to diet for POZ founder Sean O. Strub.

Many people living with HIV have an impaired ability to absorb cholesterol. This can be due to a number of factors, including the inability of the body to digest food. With HIV infection, the ability of the small intestine to absorb and digest fat can become impaired. High TRIGLYCERIDE levels usually reflect the presence of an immune-system messenger protein called tumor necrosis factor (TNF). The two problems with tumor necrosis factor are that it increases HIV replication and impairs fat absorption and digestion. Sean’s triglycerides are indeed a little high, at 318 milligrams per deciliter (mg/dl) out of a normal range of 50-200 mg/dl. (It is important to remember that this is only the normal range for blood processed at the Corning MetPath lab Sean’s physician uses.)

Sean’s HDL CHOLESTEROL level is a little low at 24 mg/dl. The normal range is 40-74. Sean’s overall CHOLESTEROL is 147 mg/dl, which while in the normal range, is also a little low. One of the things I have routinely seen in my practice over the years is a gradual drop in patient’s cholesterol level. Here I give a warning: the kind of advice given the general population, to avoid animal fat, does no apply to people living with HIV. People with HIV who avoid animal fat have a greater cholesterol drop.

And very low cholesterol levels can become very dangerous. Cholesterol levels play a very important role in the body. All the insulation in the nerve fibers in the body is made up primarily of cholesterol, for example. Cholesterol is also present in all the body’s cells. It is also used by cell

walls in maintaining their rigidity. The body needs some cholesterol.

My main issue is looking at cholesterol numbers is that it is not good for people with HIV to be on low animal-fat diets. If cholesterol levels are very low, the body will leech cholesterol out of the cell walls and the brain. The effect of this is that people get weak and various organ functions are impaired.

My experience has been that if people with HIV switch back to a diet high in animal fat, they are able to sustain their weight or more importantly, gain weight. My specific recommendation is for Sean to continue to eat a diet that includes animal fat as much as he is comfortable with.

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