Daring to Diet

Control weight and boost health—with HIV in the mix

October 1, 2005 By Derek Thaczuk

Once, thin was the last look any HIVer desired, and even today, AIDS and its wasting are still around. But since HAART's arrival, many of us are not just living longer—we're living larger—in every sense of the word. A recent study suggests that up to 45% of U.S. HIVers may be overweight, nearly matching the general population. Meanwhile, viral and med effects demand an especially close monitoring of what we shove down the gullet.

Even trim and toned HIVers may find themselves dieting, because meds can raise blood fats like cholesterol. As Toronto HIV doc Alex Klein, MD, says, "Cardio used to be low on my patients' list of worries: 'Heart attack?' they'd say. 'I should live so long!' Now it's not a joke." Doctors are seeing more high cholesterol, heart disease and fatty liver in HIVers, Klein says, "and all can be improved with healthy dieting." But who needs to diet—and why? Here are some of the reasons HIVers should do it:

For weight control: While you can never have too much lean body mass (muscle), if the love handles jiggle like Jell-O, you could be courting heart danger, diabetes and other problems. Your doctor and a registered dietitian can help determine your best weight and course of action. Body mass index (BMI) tables, though not HIV-specific, can roughly indicate the right weight for your height—a basic measure of BMI. (See nhlbisupport.com/bmi/ for an online calculator.) Diana Johansen, HIV dietitian at Vancouver's Oak Tree Clinic, notes that lipo's fat redistribution can throw BMI stats off, so do check with Doc.

If your general health is good—blood fats and sugars normal, no diarrhea—but you are overweight, the main diet dictum is: Put out as much energy (calories) as you take in. You don't have to get crazy with calculations—but if your main physical activity is walking to your parking space, consider cutting down (or out) high-cal foods. Adding exercise is as important in weight control as subtracting calories.

For regularity: Diarrhea is the HIVer's constant companion (it may be connected to pancreas function, which the meds affect), but dietary fiber can slow those runs. Best sources: bran or high-fiber cereals, whole grains, beans and peas, fresh fruit.

For heart health: Gobs of grease may jazz up french fries, but they clog your arteries, and HIV

meds such as (most) protease inhibitors don’t help, pumping up lipids and blood sugar. Some studies have shown consistent gains in heart-disease risk for HIVers on meds. Diet can do wonders for these numbers. And choosing healthy fats (unsaturated ones like veggie and fish oils) helps anyone’s heart.

For (pre-) diabetes: Research links blood-sugar (glucose) regulation problems, caused by some meds, to lipodystrophy and heart disease. (HIVers coinfected with hepatitis C are at higher risk for diabetes.) Diet to the rescue: Limiting carbs and eating more fiber and less fat can help cut blood-sugar levels. Think whole grains, fruits and veggies, fish and lean meats and unsaturated vegetable oils.

For liver lovin’: The liver filters nutrients and toxins from everything you put in your body, so give it a break by eating smaller, more frequent meals, limiting animal fats and drinking eight glasses of water daily.

Choosing a diet

Many popular diets ax entire food groups—unwisely, HIV nutritionists say. “HIVers have high nutrient needs,” says Julie Marx, nutrition and wellness coordinator at New York City’s Gay Men’s Health Crisis. “Excluding food groups is a risk for people with chronic illnesses.” Better to eat a varied diet. Marx says a balanced diet should look balanced. Try tasting all the colors of the rainbow (from the produce department, not the candy bins!). Dieting to lose weight? Be patient, and aim for slow, steady loss.

Dishing it out: To get started, bone up on food groups and choices: The USDA Food Guide’s “food pyramids” offer individually tailored suggestions (www.nal.usda.gov/fnic/).

Dieting needn’t make life less fun. Practice harm reduction, limiting the amount of your favorite killer snack, say, instead of abstaining altogether. Your healthy diet will last longer, and so will you.

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