Study Says Less Fat for Lower Lipids

March 2, 2007 By Tim Horn

While antiretroviral therapy may play a role in the high rates of cholesterol and triglyceride problems being seen in HIV-positive people, it also appears that diets rich in fat are likely culprits as well. The study, conducted at Massachusetts General Hospital and reported at the 14th Conference on Retroviruses and Opportunistic Infections, suggests that – much like traditional cardiovascular disease risk factors like smoking – controlling dietary intake of fat may be beneficial to patients on HIV treatment.

The study enrolled 362 HIV-positive and 164 HIV-negative volunteers. Dietary intake was determined using a four-day food diary, along with additional information regarding diet history.

The two groups of patients were similar in age (approximately 40 years), gender (approximately 50% were women), and race (approximately 60% were white). Approximately 69% of the HIV-positive patients were on a protease inhibitor-based regimen.

One key difference between the two groups was the diagnosis of metabolic syndrome– a catch-all term that includes obesity, high blood sugar, high blood pressure, and high triglyceride levels. The metabolic syndrome, which is known to increase the risk of CVD, was documented in 35% of the HIV-positive patients and 24% of the HIV-negative patients.

Caloric intake differed significantly between the two groups. Whereas HIV-negative patients consumed an average of 2,235 calories per day, the average daily intake was 2,065 calories among the HIV-positive patients.

The HIV-negative volunteers, on a daily basis, consumed significantly more fat (87 grams) than the HIV-positive patients (79 grams). This included more saturated fat (31 grams vs. 27 grams), monounsaturated fat (33 grams vs. 30 grams), and slightly more “trans” fats (5 vs. 3 grams). HIV-negative study participants also consumed higher amounts of cholesterol (342 grams) than the HIV-positive patients (294 grams).

While these calculations would suggest that HIV-positive people in the study were eating better than the HIV-negative volunteers, the fact that the HIV-positive people were consuming fewer calories means that their diets actually contained a higher percentage of fat. Statistically speaking, HIV-positive patients were consuming a significantly greater number of calories from saturated fat and trans fats than the HIV-negative study participants.

The researchers also noted that a significantly greater number of HIV-positive individuals were above the U.S. recommended dietary allowances (RDA) for total fat (77% of the HIV-positive patients vs. 70% of the HIV-negative patients), saturated fat (77% vs. 64%), and cholesterol (50% vs. 40%).

As for laboratory tests, the HIV-positive subjects had significantly higher triglyceride levels, lower "good" HDL cholesterol levels, higher insulin levels, and more abdominal fat.

When the researchers analyzed the amount of fat and cholesterol intake, these levels were found to correspond to higher triglyceride levels among the HIV-positive patients.

The investigators noted that the increase in saturated fat and cholesterol intake clearly contributed to elevated triglyceride levels among HIV-positive individuals and, in turn, warrants careful nutritional planning.

Source:

Keogh H, Joy T, Hadigan C, et al. I**ncreased fat and cholesterol intake and relationship to serum lipid levels among HIV-infected patients in the current era of HAART** [Abstract 813]. 14th Conference on Retroviruses and Opportunistic Infections, Los Angeles, 2007.

© 2026 Smart + Strong All Rights Reserved.

http://beta.docker.poz.com/article/Study-Says-Less-Fat-for-Lower-Lipids-11421-1925