HIV May Increase Body Fat

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People with HIV may experience body fat gains as a consequence of the virus rather than antiretrovirals, aidsmap reports. Researchers in the ACTG 5260s study compared changes in limb, trunk and abdominal fat, as well as shifts in lean muscle mass, among 328 treatment-naive HIV-positive people who started treatment with Truvada (tenofovir/emtricitabine) and boosted Reyataz (atazanavir), boosted Prezista (darunavir), or Isentress (raltegravir). They presented their findings at the 2015 Conference on Retroviruses and Opportunistic Infections (CROI) in Seattle.

The researchers measured fat and muscle distribution with DEXA and CAT scans upon the participants' entry into the study and after 96 weeks. Limb, trunk and visceral fat rose by a respective 15 percent, 22 percent and 31 percent on average between the two time points. Lean muscle mass rose by 2 percent among those taking either of the boosted ARVs and 1.2 percent among those taking Prezista.

There was a strong link between viral load at the beginning of the study and fat accumulation. Those who had a viral load greater than 100,000 at the outset had average increases of 25 to 35 percent in subcutaneous and visceral fat. Those who began the study with a viral load below 100,000 saw average fat gains of 10 percent or less, with the exception of those taking Isentress, who experienced a 14 percent rise in visceral fat.

These fat gains were not necessarily the result of improved health.

To read the aidsmap article, click here.

To watch a webcast of the conference presentation, click here.

To read the conference abstract, click here.

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