Diabetes and Prediabetes Rates Are Rising Fast Among People With HIV

People with the virus are living longer and are thus more likely to develop diabetes—plus certain HIV meds may also raise the risk.

April 3, 2018 By Benjamin Ryan

People with HIV are increasingly developing prediabetes and diabetes, Infectious Disease Advisor reports. While living longer thanks to antiretroviral (ARV) treatment may play a role in this population's development of such aging-related conditions, the toxicities of ARVs may also raise their risk.

Publishing their findings in Epidemiology, researchers conducted a meta-analysis of 44 studies published between 2000 and 2017 that included estimates of the annual rate of diagnosis, or incidence, of prediabetes and diabetes among individuals who had been exposed to ARV treatment.

Overall, the annual diagnosis rate was 125 cases of prediabetes and 13.7 cases of diabetes per cumulative 1,000 years of follow-up. These two estimates were based on 396,496 and 1,532 cumulative years of follow-up, respectively.

The researchers found that, over time, the annual diagnosis rate for these conditions increased quickly.

Major risk factors for developing either condition included aging, having family history of diabetes, being Black or Latino, being overweight or obese, having central obesity (weight around the abdomen, or a "beer gut"), having lipodystrophy or lipoatrophy (abnormal distribution of fat on the body and face, which is associated with some of the earliest ARVs), having metabolic syndrome (a collection of symptoms, including abnormal cholesterol, triglycerides and blood sugar, central obesity, and high blood pressure), having a higher initial fasting glucose test result and taking certain ARV regimens.

On the bright side, it is possible that given the lower toxicity of today's preferred ARV regimens, the incidence of prediabetes and diabetes may ultimately decline.

The researchers stressed that more research is necessary to "better capture the interplay" between the two health conditions and ARV treatment.

To read the Infectious Disease Advisor article, click here.

To read the study abstract, click here.

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