Diabetes Is on the Rise

More of those living with HIV are developing diabetes.

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People with HIV are increasingly developing prediabetes and diabetes—likely in part simply because the population is getting older but also possibly because of the toxicities of certain older antiretrovirals (ARVs).

Researchers conducted a meta-analysis of 44 studies published between 2000 and 2017 that included data about prediabetes or diabetes diagnoses among people with HIV who were starting or already taking ARVs.

Overall, the annual diagnosis rate was 125 cases of prediabetes and 14 cases of diabetes per cumulative 1,000 years that participants were monitored in these studies. The annual diagnosis rate for these conditions increased quickly over time.

Major risk factors for developing either condition included aging, having a family history of diabetes, being Black or Latino, being overweight or obese, central obesity (carrying extra weight around the abdomen), having lipodystrophy or lipoatrophy (abnormal distribution of fat on the body and face, linked with some of the earliest ARVs), having abnormal blood lipids, having metabolic syndrome (a collection of factors including abnormal cholesterol, triglycerides and blood sugar, central obesity and high blood pressure), having a higher fasting glucose test result and taking any of a roster of ARVs, most of which are older and no longer commonly prescribed.

On the bright side, it is possible that given the lower toxicity of today's preferred ARV regimens, the diagnosis rate of prediabetes and diabetes may ultimately decline among people with HIV.

According to Steven Grinspoon, MD, a professor of medicine at Harvard Medical School who researches diabetes among people with HIV and who was not involved with the study, "These are important findings that suggest a number of potentially modifiable risks for diabetes among HIV patients."

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