

Egrifta Improves Metabolic Health in People With HIV

The injectable medication can reverse metabolic syndrome in some HIV-positive people with excess belly fat.

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Egrifta (tesamorelin), an injectable medication used to reduce visceral abdominal fat in people living with HIV, also improves metabolic health and can lead to resolution of metabolic syndrome, according to research presented at the [30th Conference on Retroviruses and Opportunistic Infections \(CROI\)](#).

Egrifta, from Theratechnologies, is a growth hormone-releasing factor analog. It mimics the action of a natural hormone produced by the pituitary gland in the brain that triggers the release of growth hormone, which builds muscle and breaks down fat. The daily self-administered injection was approved in 2010 as a treatment for excess belly fat in HIV-positive people with [lipodystrophy](#), or abnormal fat distribution.

Lipodystrophy is characterized by the loss of surface fat and the buildup of visceral abdominal fat, or fat deep within the belly surrounding the internal organs. It is often accompanied by metabolic problems including a large waist circumference, elevated blood sugar and triglyceride levels, insulin resistance and hypertension (high blood pressure), collectively known as [metabolic syndrome](#). This type of fat raises the risk for diabetes, cardiovascular disease and other health problems, but it can be difficult to lose with diet and exercise alone.

Previous research showed that Egrifta helps reduce visceral abdominal fat in people with HIV. Studies have also found that it can [reduce liver fat buildup and fibrosis progression](#) in HIV-positive people with non-alcoholic fatty liver disease (NAFLD) and its more severe form, non-alcoholic steatohepatitis (NASH), thereby improving liver health and potentially lowering the risk of cirrhosis and liver cancer.

Roger Bedimo, MD, of the University of Texas Southwestern in Dallas, and colleagues set out to determine whether treatment with Egrifta can reverse metabolic syndrome in people with HIV who take it to reduce excess belly fat.

The researchers analyzed data from two Phase III trials in which about HIV-positive people with excess visceral fat were randomly assigned to receive daily injections of Egrifta or a placebo for 26

weeks. The studies showed that Egrifta reduced visceral fat by more than 15% on average, though it didn't work for everyone. A total of 263 people were classified as responders, defined as those who experienced at least an 8% reduction in visceral adipose tissue.

This retrospective analysis included data from 400 people who received Egrifta. At baseline, more than a third had metabolic syndrome, and the prevalence did not differ significantly between responders and nonresponders (34% and 44%, respectively). After 26 weeks of treatment, the prevalence of metabolic syndrome fell to 31% in the responder group while rising to 49% in the nonresponder group. Resolution of metabolic syndrome was mainly driven by falling triglycerides and reduced waist circumference.

“Our findings of excess visceral abdominal fat reduction and reversal of metabolic syndrome classification following treatment with tesamorelin are consistent with previous data indicating an association between visceral fat reduction and improved metabolic profiles in people with HIV,” Bedimo said in a [Theratechnologies press release](#). “Given the relationship between excess visceral abdominal fat and metabolic syndrome, these data appear to suggest that tesamorelin could improve metabolic profiles in individuals with HIV who have central adiposity.”

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