Even Virally Suppressed, People With HIV See Faster Brain Atrophy After 60

That's compared with a control group of HIV-negative individuals in a small study.

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Living with fully suppressed HIV is associated with faster brain atrophy in various regions compared with being HIV negative, according to a small study.

Publishing their findings in the Journal of Acquired Immune Deficiency Syndromes, researchers recruited HIV-positive participants from the University of California, San Francisco HIV Over 60 Cohort. All 38 participants were 60 years old or older. They were compared with a control group of 24 age-matched, HIV-negative healthy and cognitively normal control subjects.

Fifteen (39 percent) of the HIV-positive participants had HIV-associated neurocognitive disorder (HAND) at the study's outset, including four (11 percent) who had asymptomatic neurocognitive impairment and 11 (29 percent) who had mild neurocognitive disorder. The remainder of the HIV-positive participants and all the HIV-negative individuals were considered cognitively normal.

The HIV-positive participants reported having been diagnosed with HIV an average of 21 years (and a range of seven to 31 years) prior to entering the study. Seventy-four percent reported being on antiretroviral (ARV) treatment for more than a decade. Fifty-seven percent reported having a persistently suppressed viral load for five to 10 years before their participation in the study.

The participants, including those with and without HIV, were followed for an average of 3.4 years. All people with HIV maintained full viral suppression throughout the study.

Twenty-five HIV-positive participants maintained their cognitive status throughout the study. Five of the 15 people who had HAND at the study's outset no longer had the condition at the end of follow-up, while eight of the 23 without HAND when beginning the study developed it during follow-up.

Looking at the progressive results of structural brain MRIs as well as voxel-wise tensor-based morphometry, the study authors concluded that having HIV versus not having the virus was associated with more rapid average annualized rates of atrophy in the cerebellum (0.42 percent versus 0.02 percent decline), caudate (0.74 percent versus 0.03 percent), frontal lobe (0.48

percent versus 0.01 percent) total cortical gray matter (0.65 percent versus 0.16 percent), brain stem (0.31 percent versus 0.01 percent) and pallidum (0.73 percent versus 0.39 percent). The rates of atrophy did not differ among those with HIV based on their cognitive status.

“Either HIV or other factors that differ between older HIV-infected participants and healthy controls could be responsible for these differences,” the study authors wrote.

To read the study, click here.

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