



Cardiovascular Disease Risk Remains High in HIV Elite Controllers

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More evidence that immune activation and inflammation are key drivers of the increased cardiovascular disease risk among people living with HIV: Elite controllers—a rare subset of HIV-positive individuals who maintain undetectable viral loads and high CD4 cell counts in the absence of antiretroviral therapy—have significant plaque hardening of the arteries (atherosclerosis), according to the results of a study published online ahead of print by the journal AIDS.

“We demonstrate an unexpectedly high degree of coronary atherosclerosis and elevated markers of immune activation in [elite controllers],” the Harvard University-affiliated researchers wrote. “Interestingly, the degree of atherosclerosis was similar, if not greater, compared to [people living with HIV] receiving long-term [antiretroviral therapy] with suppressed viremia.”

The study enrolled 10 HIV elite controllers, 103 people living with HIV with undetectable viral loads while receiving antiretroviral therapy and 49 HIV-negative individuals.

The prevalence of arterial plaques was 78 percent among the elite controllers, compared with 42 percent of the HIV-negative study volunteers. Among those with HIV infection receiving treatment, the prevalence was 60 percent.

The researchers conclude that the “precise interplay” between immune activation, the highly effective HIV-specific T-cell responses that differentiate many of those with elite control of the virus and those with chronic infection, low-level HIV replication and cardiovascular disease “need to be fully elucidated in larger studies” of elite controllers.

To read the AIDS report, [click here](#) (paid subscription required).

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