



HIV Guidelines Add Chapter on Heart and Metabolic Health

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In September, the Department of Health and Human Services released the latest update to its [Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents With HIV](#). Among the changes is a new chapter on cardiovascular and metabolic complications in people living with HIV, with sections on inflammation, statin therapy and weight gain.

As effective antiretroviral treatment has enabled people with HIV to live longer, they are prone to a host of age-related comorbidities, including heart disease, diabetes, kidney and liver disease, cancer and cognitive impairment. All of these are linked to persistent immune activation and chronic inflammation, which occurs even among people with viral suppression.

The guidelines now recommend statin therapy for HIV-positive people ages 40 to 75 with low to moderate cardiovascular risk scores, based on findings from the REPRIEVE trial. The large study showed that people in this group who took a daily statin lowered their risk for heart attacks, strokes and other major cardiovascular events by 35%.

Weight gain is also a growing concern for people living with HIV. Studies of the association between antiretroviral therapy and weight changes have yielded mixed results, and the guidelines state that people should not delay or interrupt antiretroviral treatment or switch drugs in an effort to control their weight. Providers should include weight monitoring and counseling as part of comprehensive care for people with HIV. Lifestyle modification, including healthy eating and exercise, “remains the starting point and gold standard weight management intervention,” according to the guidelines authors. The section touches on GLP-1 agonists—popular weight-loss meds like semaglutide (Ozempic or Wegovy) and tirzepatide (Mounjaro or Zepbound)—but notes that there have been few studies of their use by people with HIV.