# Small Study Fingers 'Silent' Heart Disease in HIV-Positive Men

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A team of French researchers recommends regular cardiovascular disease checkups for people on antiretroviral (ARV) therapy, even if they don't have a history or obvious symptoms of heart problems. This suggestion stems from new study results, published in the November 30 issue of AIDS, indicating higher-than-expected rates of "silent" heart problems and exercise intolerance in a group of otherwise healthy HIV-positive men.

Gilles Thöni, from Avignon University in France, and his colleagues reported not long ago that a group of their adult HIV-positive patients had reduced exercise tolerance—a decrease in the heart's ability to pump oxygen-saturated blood during strenuous aerobic activity. To investigate this further, Thöni's group enrolled 16 HIV-positive men between the ages of 30 and 50; none were obese or had histories or symptoms of cardiovascular disease. All of the men were on ARV therapy, with an average CD4 count of 504 cells. They were compared with a group of 21 HIV-negative men who were similar in terms of age, smoking and health factors other than HIV.

Upon conducting echocardiograms of the heart while the men were resting, researchers found that several of the HIV-positive study volunteers had problems with the left ventricle—one of the heart's four chambers. Not one of the HIV-negative men had this problem.

During exercise, the HIV-positive men were more likely to experience heart output problems (increased difficulty pumping oxygenated blood) and muscular exhaustion (a decrease in oxygen reaching the body's tissues) compared with the HIV-negative study volunteers.

Although the study was small, Thöni's team found the results significant enough to recommend regular cardiac testing for HIV-positive individuals. Options include echocardiograms, electrocardiograms and exercise testing. According to the study authors, they should not be limited to those with histories or symptoms of cardiovascular disease.