HIV Linked to Increased Prevalence of Liver Fibrosis

An elevated liver stiffness measurement was also independently linked to older age and higher body mass, among other factors.

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Liver fibrosis is more common among people with HIV compared with HIV-negative individuals, according to research published in The Journal of Infectious Diseases.

Liver fibrosis, which can be caused by hepatitis B or C, heavy alcohol use, drug toxicity or fatty liver disease, is linked to poor clinical outcomes and death. Since individuals with HIV may be at greater risk, Ditte Marie Kirkegaard-Klitbo, MD, of Hvidovre Hospital in Denmark, and colleagues sought to determine the prevalence of liver fibrosis among people with HIV and related factors in comparison with the general population.

The team compared 342 people with HIV against 2,190 others from a control group; both groups were between 50 and 70 years old. None of these participants had hepatitis B or C. People who had HIV were younger, more likely to be men and less likely to be white compared with the HIV-negative control population. Some 98% of individuals with HIV were taking antiretroviral therapy; most of these had an undetectable viral load. Transient elastography (FibroScan) was used to assess liver stiffness, an indicator of fibrosis.

The team found that elevated liver stiffness was more prevalent in people with HIV (12%) than those who were HIV negative (7%). People with HIV were more likely to have fibrosis across the spectrum—either mild, moderate or severe—compared with the HIV-negative group.

HIV was independently linked to higher liver stiffness scores. When looking at multiple variables, the team found that the likelihood of having elevated liver stiffness was also linked to ALT liver enzyme levels, body mass index (BMI), older age and exposure to Videx (ddI, or didanosine), an older HIV drug known to cause liver damage.

“Interestingly, a positive HIV status in individuals without viral hepatitis was independently associated with higher odds of elevated LSM [liver stiffness measurement],” wrote the researchers. “Higher age, BMI, ALT and previous exposure to ddI [didanosine] were independently associated with elevated LSM, suggesting that liver fibrosis may be induced by a combination of hepatotoxic drugs, aging and steatosis.”

Click here to read the study in The Journal of Infectious Diseases.

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