HIV May Lead to a Big Belly

A recent study found that the virus was associated with abdominal obesity as well as high triglycerides and low LDL cholesterol.

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HIV-positive individuals have a higher risk of fat accumulation around the abdomen, high triglycerides, higher LDL (“bad”) cholesterol and metabolic syndrome, Infectious Disease Advisor reports. These factors are associated with cardiovascular disease (CVD).

Publishing their findings in Clinical Infectious Diseases, researchers studied data on 1,099 people living with HIV who were members of the Copenhagen Comorbidity in HIV Infection (COCOMO) study as well as 12,161 HIV-negative control subjects matched according to age and sex and drawn from the Copenhagen General Population Study.

While the members of the HIV-positive group had a lower overall body mass index (BMI), 63.5 percent of them had abdominal obesity compared with 59.8 percent of the controls. This difference was statistically significant, meaning it is unlikely to have been driven by chance. Additionally, the HIV group had a higher rate of high triglycerides but a lower rate of high blood pressure compared with the HIV-negative individuals.

The study authors’ analysis also indicated that living with HIV was associated with metabolic syndrome, which is defined as having three or more of the following: abdominal obesity, high triglycerides, low HDL (“good”) cholesterol, high glucose levels and high blood pressure. The syndrome is associated with an increased risk of cardiovascular disease (CVD), stroke and diabetes.

Some older ARVs are well established as associated with abnormal fat distribution. That said, after parsing the data according to the point in time when the HIV-positive individuals started antiretrovirals (ARVs), the researchers nevertheless found that the virus was associated with an increased risk of abdominal obesity. This suggested that the virus itself may be independently associated with abdominal obesity, that both older and newer ARVs contribute to this outcome or that some combination of the two factors—HIV and the medications used to treat the virus—is at play.

To read the Infectious Disease Advisor article, click here.

To read the study abstract, click here.

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