Obesity Linked to Chronic Non-AIDS Health Problems in HIV+ People

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Many people living with HIV experience multiple health complications, or "multimorbidity," as they age, which appears to be partly driven by the rising incidence of obesity, according to a new study published online ahead of print by the Journal of Acquired Immune Deficiency Syndromes (JAIDS).

"We are in the midst of several demographic shifts among people living with HIV/AIDS, with [both] aging and obesity becoming more prevalent," David Kim, MD, of the University of Alabama (UAB) School of Medicine at Birmingham and his colleagues write. "In our analysis of HIV-infected patients, we determined both aging and obesity as risk factors for multimorbidity."

Though the issue of multimorbidity is frequently discussed in the context of HIV and aging, Kim and his colleagues note that another emerging and understudied issue in contemporary HIV care is obesity.

"In our practice setting, we found that 45 percent of patients were either overweight or obese"—defined as a body mass index (BMI) between 25-29.9 kilograms per square meter of body surface area (kg/m2) or 30 kg/m2 or more, respectively. This high prevalence, they add, is among people living with HIV not yet on antiretroviral therapy, thus they cannot be discounted as body-shape and –weight changes associated with HIV medications.

To explore the connection between obesity and multimorbidity, Kim's group examined patterns of both among 1,844 people receiving care at UAB's main HIV clinic. The study volunteers averaged 44 years of age; 46 percent were white, 77 percent were male and 59 percent were men who have sex with men.

Multimorbidy was defined as living with HIV and a chronic health problem in at least two clusters of disease. One cluster included high blood pressure, gout, diabetes and chronic kidney disease. Another cluster included mood disorders, elevated cholesterol and/or triglycerides, chronic obstructive pulmonary disease (COPD), peptic ulcer disease, osteoarthritis, sleep apnea and cardiac disorders. The final cluster focused on substance use and included alcohol abuse, illicit drug abuse, tobacco abuse and hepatitis C.

The prevalence of multimorbidity was 65 percent, ranging from 56 to 62 percent among those who were underweight or had a normal rate, to 67 to 69 percent among those who were either

overweight or obese.

Taken together, the researchers determined that the risk of multimorbidity was increased by 52 percent among those living with HIV and obesity, compared with those who had normal BMIs.

“Our attempts to characterize multimorbidty patterns and observe commonly co-occurring conditions will provide critical first steps in further defining the scope of the problem, and inform interventions to address the management of multimorbidity in the context of HIV,” the researchers conclude.

“Our focus as HIV care providers must extend beyond CD4 counts, viral load, and traditional AIDS-defining illnesses,” they add. “Attention to these changing needs across the field, from trial design to guideline development, will allow us to dynamically adapt to the changing care needs of people living with HIV/AIDS.”

To read the JAIDS report (paid subscription required), click here.

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