PAD Common in HIV-Positive Patients Over 50

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Peripheral arterial disease (PAD) was found in just over 10 percent of a group of HIV-positive patients older than 50, according to the authors of a study published in the September issue of *AIDS Research and Human Retroviruses*.

In PAD, blood vessels carrying oxygen-rich blood to the kidneys, stomach, arms, legs or feet become restricted by arteriosclerosis—thickening and hardening of the artery walls caused by excess cholesterol. Left untreated, PAD can cause claudication—cramping, fatigue and discomfort in the legs—and potentially serious kidney damage.

Current guidelines recommend testing HIV-negative patients older than 50 for PAD if they have a high degree of cardiovascular disease risk, as defined as greater than 20 percent using the Framingham risk calculator—a guide for measuring cardiovascular disease risk based on the results of the Framingham heart study. Rosario Palacios, MD, and her colleagues from the Virgen de la Victoria Hospital in Málaga, Spain, set out to determine whether the same guidelines would be appropriate for HIV-positive patients.

Dr. Palacios's team recruited 99 patients older than 50 being treated for HIV in their hospital. Then she compared them to 99 HIV-negative patients who matched them in terms of age and degree of cardiovascular disease risk. Most of the patients were male, and the average age was 58. The HIV-negative patients were somewhat more likely to be active smokers, while the HIV-positive patients were more likely to be taking medication to control either cholesterol or diabetes. All patients were assessed for PAD by measuring their brachial ankle index (BAI), which compares the blood pressure taken from the upper arm to that taken in the leg.

Ten of the HIV-positive patients were diagnosed with PAD compared with just one of the HIV-negative patients. What's more, five of the HIV-positive patients with PAD had no physical symptoms. Even more disturbing, unlike with HIV-negative patients, PAD frequently occurred even in people with Framingham risk scores below 20 percent. The authors, therefore, conclude that BAI testing should be carried out routinely in all HIV-positive patients older than 50.