Thyroid Problems More Common in HIV Population

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People with HIV may have a higher than expected rate of thyroid problems, according to the authors of a study published in the January 1 issue of the *Journal of Acquired Immune Deficiency Syndromes*.

A small gland in the neck, the thyroid controls our body's heat regulation, tissue development and energy and food use. People with hypothyroidism, or an underactive thyroid, may experience fatigue and weight gain, among other problems. Hyperthyroidism, or an overactive thyroid, can lead to jitteriness, weight loss and hot flashes.

Research exploring whether these problems are more likely to occur in people with HIV has been inconsistent, and as a result, it remains unclear whether screening for thyroid disorders should become a routine component of HIV care.

Mark Nelson, MA, MBBS, MRCP, from the department of HIV medicine at the Chelsea and Westminster Hospital in London, and his colleagues examined the medical records of 2,437 HIV-positive patients who'd had their thyroid function tested. Nelson and his colleagues found that 54 patients had abnormal thyroid functioning. After controlling for factors such as age and CD4 counts before starting antiretroviral (ARV) therapy, Nelson's team found that protease inhibitors were associated with hypothyroidism. Conversely, hyperthyroidism was most often associated with non-nucleoside reverse transcriptase inhibitors (NNRTIs), especially efavirenz (found in Sustiva and Atripla).

Though the overall number of people diagnosed with a thyroid disorder was low, just 2.2 percent, the rate is higher than the authors would have expected in the general population. For this reason, they recommend that people with HIV be routinely screened for thyroid function.

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