Identifying People With HIV at Higher Risk for Heart Disease and Stroke

A Campbell Foundation grant helps researchers explore links between HIV, cardiovascular disease and measures of inflammation.

April 12, 2021 By Trent Straube

A $90,000 grant from The Campbell Foundation will fund research into cardiovascular disease among people living with HIV. Specifically, two scientists will try to ascertain whether certain markers can identify which people living with HIV are at higher risk of heart disease and stroke.

“These studies have the potential to identify cardiovascular disease and neurologic outcomes in people living with HIV, which could lead to more aggressive screening and preventive measures,” said grant recipient Jonathan N. Tobin, PhD, a cardiovascular epidemiologist, in a Campbell Foundation press release. “In the long term, this information can improve diagnosis, disease monitoring and the search for effective therapies.”

Tobin, who is also a senior epidemiologist at The Rockefeller University Center for Clinical and Translational Science, received the grant along with Teresa H. Evering, MD, MSc, an infectious disease specialist and assistant professor of medicine in the Division of Infectious Diseases at Weill Cornell Medicine.

Drawing from a vast database of blood test results, the two scientists will look for two inexpensive measures of inflammation called neutrophil-to-lymphocyte ratio and platelet-to-lymphocyte ratio and determine whether they predict if a person will have cardiovascular disease. Because neutrophils and lymphocytes are types of white blood cells that defend against invaders, their presence indicates inflammation.

Tobin and Evering will also examine whether these measurements are linked to cerebrovascular conditions—meaning health conditions of the brain and its blood vessels—which, according to Campbell, will mark the first time researchers explore this possible connection.

It’s important to better understand cardiovascular disease among people with HIV. As POZ reported last spring in “Take the Time for Heart Health,” a study found that people with HIV receive insufficient cardiovascular care, which is a problem because HIV is linked to a higher risk for heart failure and stroke. Specifically, people living with the virus are more likely to be hospitalized as a result of heart failure, stroke and cardiovascular disease compared with those

who don’t have HIV.

The Campbell grant researchers will look at data involving 60,000 people living with HIV and 180,000 people who don’t have the virus but are demographically similar to those who do. The data span 2009 to 2019.

“This study is innovative in bringing together existing, real-world evidence from large population-based clinical data sets from New York City, which include underserved and under-examined minority and low-income people living with HIV and similar HIV-1 negative patients,” Evering said.

Launched in 1995, The Campbell Foundation has awarded more than $11.5 million in HIV research grants and $1.2 million in grants for direct services. The foundation funds nontraditional or alternative projects that build on clinical, laboratory-based research.

For recent examples of research it has funded, see “Exploring New Ways to Prevent HIV and STIs in Women,” “Can a Single Vaccine Injection Functionally Cure HIV?” and “What Is BG18, and Can It Lead Us to an HIV Vaccine?”

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