Lipodystrophy Is Linked With Better Health of Those With HIV

The condition, involving an abnormal distribution of fat, is an indicator of good antiretroviral adherence.

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People with HIV who developed lipodystrophy after taking early generations of antiretrovirals (ARVs) have had better health outcomes on balance than those who didn't, aidsmap reports. The reason for this surprising finding is that lipodystrophy is an indicator of good adherence to HIV treatment, and the benefits of ARVs generally outweigh the health detriments of lipodystrophy.

Lipodystrophy refers to an abnormal redistribution of fat, including lipoatrophy, which involves fat loss.

Researchers conducted a study of 494 people in Barcelona who first started ARVs, taking two nucleoside reverse transcriptase inhibitors (NRTIs, or nukes) and at least one protease inhibitor, between October 1996 and September 1999. With the exception of individuals who died or were lost to follow-up, researchers followed the cohort until 2015.

Findings were presented at the 2016 International Congress on Drug Therapy in HIV Infection in Glasgow.

By September 1999, 46 percent of the group had developed lipodystrophy. Forty percent had fat loss, 22 percent had fat accumulation (lipohypertrophy) and 18 percent had both. Twenty-four percent had only lipodystrophy and 4 percent had only lipohypertrophy.

Between 1999 and 2015, the group that had any lipodystrophy had a mortality rate of 0.9 percent per year, compared with 2.1 percent per year among those who did not have lipodystrophy. Those who had lipoatrophy had a mortality rate of 0.8 percent, compared with a rate of 2.4 percent among those without the condition.

A total of 1.55 percent of those with lipodystrophy developed an AIDS-related condition during the study's follow-up period, compared with 2.8 percent of those without lipodystrophy. The comparable rates among those with and without lipoatrophy were a respective 1.8 percent and 2.8 percent.

There were certain health outcomes that were worse among those with abnormal fat redistribution, including high blood pressure and type 2 diabetes. However, the researchers judged that on balance those with the condition still did better than those without.

End-stage liver disease was less common among those with lipoatrophy than among those without the condition.

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