Switching to Integrase Inhibitors Not Tied to Gain in “Bad Fat”

A study looked at the fat composition of people who switched their antiretrovirals to include an integrase inhibitor.

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People with HIV who gain weight after switching their antiretroviral (ARV) regimen to include an integrase inhibitor do not gain a disproportionate amount of fat associated with a higher risk of metabolic disease, such as diabetes, or cardiovascular disease, aidsmap reports.

Giovanni Guaraldi, MD, of the University of Modena in Italy reported findings from a study comparing fat composition based on whether people taking ARVs switched to an integrase inhibitor at the virtual Glasgow HIV Drug Therapy conference earlier this month.

The study included 211 people who switched to an integrase inhibitor and 207 people who stayed on their same ARVs. They were receiving care for HIV at the Modena HIV Metabolic Clinic between 2007 and 2019.

The study authors assessed the participants’ body composition at their first and last study visits with both a DXA and CT scan.

The participants had a median age of 50 years old and had an average body mass index of 23.5 (18.5 to 24.9 is the normal body weight range). About 7 in 10 were men.

During a median 4.5 years of follow-up for those who switched ARVs and four years for the non-switchers, a similar proportion of each group—a respective 24% and 28%—saw their body weight increase by at least 5%.

Those who switched to an integrase inhibitor tended to gain more subcutaneous fat (fat under the skin) and experienced a significant reduction in visceral fat density (fat surrounding the internal organs or heart). Subcutaneous fat is considered healthier than visceral fat, which is associated with metabolic and cardiovascular disease.

To read the aidsmap article, click here.

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