What About Wasting?

Wasting syndrome involves the loss of both fat and lean body mass.

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In the early years of the AIDS epidemic, severe wasting syndrome was a prominent manifestation of HIV. Though less common now, some people with well-controlled HIV and normal CD4 counts still experience wasting, which can result in reduced strength and physical endurance and poorer quality of life.

Wasting syndrome refers to the unintentional loss of more than 10% of total body weight and involves the loss of both fat and lean body mass, such as muscle tissue. It may be accompanied by diarrhea and fatigue or weakness lasting for a month or longer.

Today, people with HIV-associated wasting generally have more subtle weight loss that appears more gradually and can lead to fatigue and a lack of stamina, according to Virginia Cafaro, MD, founder of the WellSpring Medical Group in San Francisco. As wasting worsens, people may have difficulty performing daily activities they once found easy.

HIV-associated wasting is characterized by changes in metabolism, or how the body uses food as fuel to meet its energy needs and as raw material to build tissue. Wasting may be attributable to a variety of factors, including opportunistic illnesses, chronic immune activation and inflammation, altered hormone levels (such as testosterone or growth hormone), damage to the gut lining or poor absorption of nutrients. Inadequate food intake due to loss of appetite, depression or inability to afford enough food may also play a role.

Wasting can be difficult to reverse, so it’s most beneficial to address it early. Talk to your doctor as soon as you start to experience unwanted weight loss. It can be helpful to track changes in your body mass index, energy level and physical endurance over time. Before settling on a diagnosis of wasting, your provider should rule out other potential causes of unintended weight loss and changes in energy and endurance.

Starting and staying on effective antiretroviral therapy is the best way to manage wasting related to uncontrolled HIV and opportunistic illnesses. It is also important to get treatment for any coexisting health conditions that could lead to reduced appetite, difficulty eating or poor absorption of nutrients.

An adequate diet is key to dealing with wasting. Make sure you're consuming enough calories, fat and protein to meet your needs. In some cases, high-calorie liquid supplements can help if you're having trouble getting enough calories and nutrients from regular meals. Consider consulting a registered dietitian who has experience working with people with HIV. Regular exercise is also important, including both cardiovascular exercise and strength training to build muscles. Some people with wasting find it difficult to muster the energy to exercise, but doing so can actually improve fatigue.

If these steps are not enough to halt or reverse wasting, your doctor may prescribe Serostim (somatropin), an injectable synthetic version of growth hormone that is approved to treat HIV-related wasting. Studies have shown that it can increase muscle mass, decrease fat and improve physical endurance.

Some people, especially men, may benefit from testosterone replacement therapy if they have a low level. Medical marijuana or Marinol (dronabinol), a synthetic formulation of an active component in cannabis, may also help by stimulating the appetite.

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