

Different approaches needed to control cardiovascular disease risks for those with HIV

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Even if treated, hypertension and high cholesterol are increasingly common for people with human immunodeficiency virus (HIV), according to a new study from researchers at Mount Sinai St. Luke's and Mount Sinai Roosevelt hospitals in New York and the University of California, Davis.

The finding – published online in the *Journal of Acquired Immune Deficiency Syndromes* – leads the study authors to recommend greater emphasis on cardiology in HIV treatment and research.

The study authors examined medical records for a diverse group of 4,278 outpatients in New York City ages 20-87 living with HIV who were treated at The Spencer Cox Center for Health, a designated New York State AIDS Center, located at Mount Sinai St. Luke's and Mount Sinai Roosevelt hospitals.

Researchers report the prevalence of high [blood pressure](#) and elevated cholesterol was high in the study population's patients living with HIV. They found 35 percent of HIV patients had high LDL cholesterol (also known as "bad" cholesterol) and 43 percent had hypertension.

While treatment rates were high for HIV patients with hypertension and/or high cholesterol, researchers reported low rates of control of these [risk factors](#). In the study, 90 percent of those with high cholesterol

were treated, but only 75 percent of those treated were at their goal cholesterol level. Also, 75 percent of HIV patients with hypertension were being treated, but only 57 percent were at their goal blood pressure. In addition, hypertension control was lowest among African-American men with only 39 percent at goal.

"The leading cause of death and disease in HIV patients is no longer due to HIV but now other causes, in particular heart attack and strokes," says prevention specialist Merle Myerson, MD, lead study author who is Director of the Cardiology Section at The Spencer Cox Center for Health at Mount Sinai St. Luke's and Mount Sinai Roosevelt hospitals. "Even though our treatment of high cholesterol and blood pressure are good, study results show there is much more for us to do to better control these heart disease risk factors in patients living with HIV."

The specialized HIV Clinics at Mount Sinai St. Luke's and Mount Sinai Roosevelt hospitals provide unique co-located, comprehensive medical and support patient care for HIV patients including medical, cardiology, mental health, and social work services to optimize treatment of patients living with HIV and heart disease risk factors.

"Our study results suggest controlling the two main [heart disease risk](#) factors of [high cholesterol](#) and blood pressure is becoming more and more important and a benchmark in how we can better care for our HIV patients," says Myerson. "Our findings highlight the need for more specific medical guidelines to aid in the prevention of cardiovascular disease in patients living with HIV and show that a comprehensive HIV clinic, which includes cardiovascular specialists, may be an important new standard of care."

The research team concludes that further research of patients living with both HIV and cardiovascular [disease risk](#) factors is warranted, including research on how HIV treatments might complicate the control of

cardiovascular disease risks. They believe this new study, along with future studies, may provide a basis for the development of more specific guidelines to treat the growing population of HIV patients living with heart disease.

"It is clearly important to add cardiology specialists to the care teams for patients with HIV," says Heejung Bang, PhD, professor of public health sciences at UC Davis and senior author of the study. "We also need more research focused on identifying treatments that work in controlling [heart disease](#) and stroke risks for this specific patient population."

Provided by The Mount Sinai Hospital

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