

Specific biomarkers ID cardiac dysfunction, mortality risk in HIV

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Electron micrograph of HIV. Source: U.S. Centers for Disease Control & Prevention

(HealthDay)—Specific biomarkers correlate with cardiovascular dysfunction and all-cause mortality among HIV-infected individuals, according to a study published online July 8 in *JACC: Heart Failure*.

Eric A. Secemsky, M.D., from Massachusetts General Hospital in Boston, and colleagues examined biomarkers and electrocardiograms for 332 HIV-infected patients (median age, 49 years; 80 percent male) and 50 age- and gender-matched controls. The authors further assessed the correlation between biomarkers and cardiovascular dysfunction and allcause mortality.

The researchers found that HIV patients had higher levels of all biomarkers except ST2, compared with controls. Forty-five percent of



HIV patients had <u>diastolic dysfunction</u> (DD); ST2 correlated with DD (relative risk [RR], 1.36). Within the cohort, left ventricular systolic dysfunction was rare (5 percent). Twenty-seven percent of HIV <u>patients</u> had pulmonary hypertension, and this correlated with growth differentiation factor-15 (GDF-15; RR, 1.18), N-terminal pro-B-type-natriuretic peptide (RR, 1.18), and cystatin C (RR, 1.54). Over a median of 6.1 years there were 38 deaths in HIV subjects; all-cause mortality was independently predicted by ST2, GDF-15, high-sensitivity C-reactive protein, and D-dimer (hazard ratios, 2.04, 1.42, 1.25, and 1.49, respectively).

"Among HIV-infected individuals, ST2 and GDF-15 are associated with both cardiovascular dysfunction and all-cause <u>mortality</u> and may be useful at identifying those at-risk for developing cardiovascular events and death," the authors write.

Two authors disclosed financial ties to the pharmaceutical and biotechnology industries.

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