

Improved survival of HIV patients facilitates heart disease research

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The improved survival rate of HIV patients in sub-Saharan Africa due to effective treatment programs is increasing the ability of researchers in Africa to study the impacts of cardiovascular disease in HIV patients, according to a guest editor page published today in the *Journal of the American College of Cardiology*.

According to guest editor Pravin Manga, M.B.B.C.H., Ph.D., of the University of Witwatersrand in Johannesburg, some countries in sub-Saharan Africa, like South Africa, have created highly active antiretroviral treatment programs that reach a number of HIV patients; but many developing nations with limited resources are unable to treat as many patients with [antiretroviral therapy](#). Highly active antiretroviral treatment is the standard treatment for HIV; it consists of a combination of at least three drugs taken in a specific order to suppress HIV replication. This treatment disparity has created two different types of HIV patients in Africa with different challenges for [cardiovascular disease](#), which provides an opportunity for research.

Many countries in sub-Saharan Africa are a long way from providing an effective antiretroviral therapy treatment program for HIV patients. However, as antiretroviral therapy is associated with a significant reduction in HIV-related cardiovascular disease and improved life expectancy, there has been support for campaigns to get universal treatment programs in place.

Studies in developed countries show an increase in cardiovascular events

due to coronary artery disease in HIV patients. It was expected that because of the large HIV population in sub-Saharan Africa that there would be an increase in [coronary artery disease](#); however, this has not happened. The reason for this is unknown but may be due to a much younger population in the region and even a low use of protease inhibitors - one of the antiviral drugs used to treat HIV, according to Manga. It has been found that highly active antiretroviral treatment is associated with an almost 50 percent reduction in the prevalence of HIV-related cardiomyopathy.

"The global burden of disease has dramatically shifted from communicable, maternal, perinatal, and nutritional causes to noncommunicable diseases," said Valentin Fuster, M.D., Ph.D., editor-in-chief of the *Journal of the American College of Cardiology*. "As Dr. Manga eloquently describes, sub-Saharan Africa has been burdened with terrible mortality rates from HIV/AIDS as a result of a lack of [antiretroviral treatments](#). Now, that these therapies have improved distribution throughout the region, the clinical and research communities are faced with new challenges of treating patients with both HIV and various cardiovascular diseases."

Most of the major research in sub-Saharan Africa has focused on the prevention and treatment of HIV with very little focused specifically on the impact of HIV on cardiovascular disease. The improved survival of patients being treated in some countries with antiretroviral therapy will provide a platform for researchers in Africa to study cardiovascular disease in HIV [patients](#) -those who being treated with antiretroviral therapy and those who are not.

Provided by American College of Cardiology

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