

HIV patients at greater risk of both heart and kidney disease

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HIV patients and their doctors are urged to be more aware of the additional health risks associated with treated HIV infection. This follows new research that shows HIV patients at high risk for a heart attack or stroke are also at substantially greater risk for chronic kidney disease and vice versa.

The research, led by the University of Adelaide's Professor Mark Boyd, will be published today in a special issue of the journal *PLOS Medicine*, which focuses on worldwide advances in HIV prevention, treatment and cure in the lead up to World AIDS Day on 1 December.

Professor Boyd, an infectious diseases expert with the Adelaide Medical School, University of Adelaide, led an international team to investigate additional diseases associated with HIV infection and its treatment.

Drawing on data from the international D:A:D (Data collection on Adverse events of Anti-HIV Drugs) study, Professor Boyd and colleagues assessed the risks of [cardiovascular disease](#) and [chronic kidney disease](#) in people with HIV infection. They found elevated risks of each disease occurring simultaneously.

More than 1400 people in the study being treated for HIV had been diagnosed with chronic [kidney](#) disease, and more than 900 had experienced a cardiovascular disease event. Almost 11% of these patients had experienced both chronic kidney disease and cardiovascular disease, with many of these events occurring just one year apart.

"Our research found that people with HIV at [high risk](#) of cardiovascular disease had a corresponding 5.63-fold increase in risk of chronic kidney disease - a finding not consistent with the general community," Professor Boyd says.

"This study adds to the international body of research that shows we need to pay close attention to the broader, general healthcare of people living with HIV.

"It's wonderful that anti-HIV medication has been able to save the lives of so many with HIV; what we need to do now is to help people with HIV realize the full potential of their much-extended life expectancy.

"Despite much effort over the past decade to focus attention on reducing cardiovascular risk in HIV-positive people, there has been a lack of attention to the management of this disease in people living with HIV. Unfortunately, this has implications for other diseases, and the interaction between diseases creates substantial risks for future life-threatening events," he says.

Professor Boyd says the research shows that the risks for cardiovascular and chronic kidney [disease](#) in people with HIV should be assessed together.

"We strongly urge both people with HIV and their doctors to be aware of these risks, and to treat them as a combined healthcare issue, not separately," he says.

"Primary prevention and effective management of these diseases, prioritizing interventions that have been repeatedly shown in the general community, will convey the same if not greater benefits for the population of HIV-positive people.

"This approach should be incorporated in to the development of guidelines and defining future research priorities for HIV-positive people," he says.

More information: Mark A. Boyd et al, Cardiovascular disease (CVD) and chronic kidney disease (CKD) event rates in HIV-positive persons at high predicted CVD and CKD risk: A prospective analysis of the D:A:D observational study, *PLOS Medicine* (2017). [DOI: 10.1371/journal.pmed.1002424](https://doi.org/10.1371/journal.pmed.1002424)

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