

HIV-positive adults are under-treated for cardiovascular problems compared to those without HIV

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Credit: University of California, Los Angeles

People with both HIV and risk factors for heart disease and stroke were less likely to be treated with cholesterol-lowering statin drugs and aspirin

than patients without HIV. The researchers believe this to be the first national study comparing statin use in patients with and without HIV and the first extensive analysis using U.S. data.

Statins and aspirin are frequently recommended to reduce the risk of [heart disease](#). Cardiovascular disease is emerging as a major cause of death among patients with [human immunodeficiency virus](#), or HIV. This is because these patients are increasingly living longer in developed countries due to the widespread availability of effective anti-AIDS drugs. More than 25 percent of the 1.2 million people in the United States with HIV are now age 55 or older. People with HIV face a 50 percent to 100 percent increased risk of heart attack and stroke compared to HIV-negative people.

The researchers analyzed data from a nationally representative sample of HIV-infected and HIV-uninfected patients ages 40 to 79 in the National Ambulatory Medical Care Survey/National Hospital Ambulatory Medical Care Survey from 2006 to 2013. They found that 5.1 percent of HIV-positive adults received aspirin/antiplatelet [therapy](#) for primary prevention or [cardiovascular disease](#), while 13.8 percent of HIV-negative adults received such therapy. For [patients](#) who had diabetes, cardiovascular disease or dyslipidemia (abnormally elevated cholesterol or fats in the blood), the percentage of visits that included statin therapy was 23.6 percent for HIV-positive adults compared to 35.8 percent for HIV-negative adults.

Researchers also found less significant differences in antihypertensive medication therapy (53.4 percent for HIV-positive adults compared to 58.6 percent for HIV-negative [adults](#)), diet/exercise counseling (14.9 percent compared to 16.9 percent), and smoking cessation advice/pharmacotherapy (18.8 percent compared to 22.4 percent).

This study provides evidence that U.S. policymakers and professional

societies should focus on improving the quality of the cardiovascular care that people who are HIV-positive receive.

The study is published in the *Journal of the American Heart Association*.

More information: Joseph A. Ladapo et al. Disparities in the Quality of Cardiovascular Care Between HIV-Infected Versus HIV-Uninfected Adults in the United States: A Cross-Sectional Study, *Journal of the American Heart Association* (2017). [DOI: 10.1161/JAHA.117.007107](https://doi.org/10.1161/JAHA.117.007107)

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