

Protease inhibitors may worsen outcomes for HIV + heart failure

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(HealthDay)—Ritonavir-boosted protease inhibitor (PI) therapy is

associated with worse outcomes, including death, in patients with HIV and heart failure, according to a study published in the July 31 issue of the *Journal of the American College of Cardiology*.

Raza M. Alvi, M.D., from Massachusetts General Hospital in Boston, and colleagues compared characteristics, cardiac structure, and outcomes in 394 persons with HIV and [heart failure](#) who were receiving PI (145 patients) versus non-PI (NPI; 249 patients) therapy. PI-based antiretroviral therapy contained boosted-dose ritonavir.

The researchers found that patients who were receiving a PI had higher rates of hyperlipidemia, diabetes mellitus, and [coronary artery disease](#) (CAD); higher pulmonary artery systolic pressure (PASP); and lower left ventricular ejection fraction. Over the follow-up period, PI use was associated with increased cardiovascular mortality and 30-day heart failure readmission for all heart failure types. Cardiovascular mortality was predicted by PI use, CAD, PASP, and immunosuppression. Overall, PIs were associated with a two-fold increased risk of [cardiovascular mortality](#).

"Further research is needed to determine whether PI-based regimens, either individual regimens or as a class effect, contribute pathophysiologically to processes leading to worse outcomes in [heart failure](#) (e.g., myocardial fat and fibrosis) and whether these findings can be replicated in prospective cohorts," the authors write.

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