

Risk factor control may modify link between HIV status and heart disease

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Control of dyslipidemia and diabetes, but not hypertension, reduces the association of HIV status with cardiovascular disease (CVD), according to a study [published](#) online Jan. 16 in *Clinical Infectious Diseases*.

Michael J. Silverberg, Ph.D., M.P.H., from Kaiser Permanente Northern California in Oakland, and colleagues conducted a retrospective cohort study involving 8,285 people with HIV (PWH) and 170,517 people without HIV (PWoH) from an integrated health system. Control of risk factors, including hypertension, dyslipidemia, [diabetes](#), and other modifiable factors, was measured using a novel disease management index (DMI), accounting for amount/duration above treatment goals (0 to 100% [perfect control]).

The researchers found that PWH and PWoH had similar DMIs (80 to 100%) apart from triglycerides, which was worse for PWH, and hemoglobin A1c, which was better for PWH. Compared with PWoH, PWH had an increased risk for CVD in adjusted models (hazard ratio, 1.18). In subgroups with controlled dyslipidemia and diabetes, the association was attenuated; however, it remained elevated for PWH with controlled hypertension or higher total cholesterol. The subgroup with frequent unhealthy alcohol use had the strongest HIV status association with CVD (hazard ratio, 2.13).

"While effective control of dyslipidemia and diabetes may help reduce the CVD disparity in PWH, elevated CVD risks are concerning despite well-controlled [hypertension](#)," the authors write.

More information: Michael J Silverberg et al, Cardiovascular Disease Risk Factor Control in People With and Without Human Immunodeficiency Virus, *Clinical Infectious Diseases* (2024). [DOI: 10.1093/cid/ciad728](#)

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