

# Largest study compares cholesterol treatment in HIV patients and patients without HIV

2 March 2009

A new study in the online issue of *Annals of Internal Medicine* has found that cholesterol medications can work well among certain HIV patients at risk for cardiovascular disease.

Though HIV patients are at higher risk for cardiovascular disease in part due to lipid abnormalities that can occur with the use of certain antiretroviral therapies, researchers now have evidence that cholesterol medications work very well in this population.

"This should be encouraging for patients and their providers," said the study's lead author Michael Silverberg, PhD, MPH, a research scientist with the Kaiser Permanente Division of Research in Oakland, CA. He explained that HIV Patients getting cholesterol-lowering treatments such as statins get slightly less benefit on cholesterol levels from the treatment as patients without HIV infection, but it is still a clinically significant benefit and side effects from the drugs occurred in very few patients.

In addition, say the researchers, the use of fibrates in combination with NNRTIs (a class of antiretroviral drugs) may be a good choice to manage triglyceride levels in HIV patients. Triglycerides are another fat in that blood that contributes to inflammation of the pancreas and may contribute to coronary disease, they explain.

The study, which appears in the March 3, 2009 online issue of the *Annals of Internal Medicine*, is the largest to date to compare the effectiveness and side effects of drugs to treat cholesterol problems in patients with and without HIV infection.

"The good news is lipid lowering therapy in HIV patients works, not quite as well as it does in

patients without HIV, but close," explained Silverberg. Given the challenges for treating high cholesterol in HIV patients and the more aggressive target lipid goals for all patients, optimizing lifestyle factors like obesity and hypertension are also important factors to monitor for those with HIV infection, he added.

Researchers studied 829 patients with HIV infection and 6941 patients without HIV infection in the Kaiser Permanente health system that started cholesterol treatment during 1996 to 2005. The researchers compared changes in levels of low-density lipoprotein (LDL) cholesterol (bad cholesterol) and triglycerides (another fat in the blood) after the start of cholesterol treatment in patients with and without HIV infection. They also looked at liver and muscle-related side effects of cholesterol treatments and whether the cholesterol changes in patient with HIV infection were related to the types of HIV treatments patients were taking. Among patients taking statins, LDL levels declined only 3% less for HIV patients; however, among patients taking gemfibrozil, triglyceride levels declined 15% less for HIV patients. HIV patients taking both NNRTIs and gemfibrozil had identical triglyceride declines compared with those without HIV infection. Side effects of cholesterol treatments occurred in very few patients, but patients with HIV infection did have more changes in liver and muscle enzyme levels than patients without HIV infection.

Source: Kaiser Permanente

APA citation: Largest study compares cholesterol treatment in HIV patients and patients without HIV (2009, March 2) retrieved 7 December 2021 from <https://medicalxpress.com/news/2009-03-largest-cholesterol-treatment-hiv-patients.html>

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