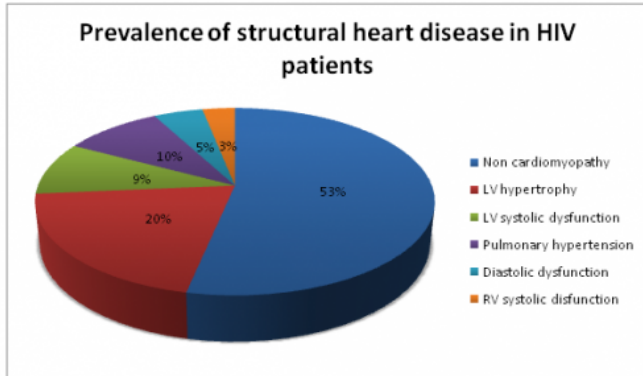


HIV causes structural heart disease

11 December 2013



This image shows the prevalence of structural heart disease in HIV patients. Credit: Dr Nieves Montoro, Madrid, Spain

HIV causes structural heart disease according to research presented at EuroEcho-Imaging 2013 by Dr Nieves Montoro from Madrid, Spain. The findings support the introduction of cardiovascular screening in all HIV patients, particularly those with a positive blood viral load.

EuroEcho-Imaging 2013 is the official annual meeting of the European Association of Cardiovascular Imaging (EACVI), a registered branch of the European Society of Cardiology (ESC). It takes place during 11-14 December in Istanbul, Turkey, at the Istanbul Lutfi K?rdar Convention & Exhibition Centre (ICEC).

Dr Montoro said: "It is well known that [patients](#) with HIV have a high incidence of structural [heart disease](#) (mainly diastolic dysfunction and [pulmonary hypertension](#)) as measured by echocardiography but the reason is not clear. We decided to conduct a study to evaluate whether the stage of HIV or the detectable blood [viral load](#) were related to the degree of heart disease."

This prospective cohort study included 65 HIV patients (63% male, average age 48 years) who had dyspnoea (shortness of breath) graded as >II

on the NYHA scale.¹ The stage of HIV was determined by measuring the CD4 count and their opportunistic diseases. Also, the viral blood load was determined. Patients had a transthoracic echocardiogram to assess whether they had structural heart disease (ventricular hypertrophy, systolic or diastolic dysfunction, or pulmonary hypertension). The following cardiovascular risk factors were assessed: hypertension, diabetes, smoking status, dyslipidemia and renal failure.

Nearly half of patients (47%) had some form of structural heart disease, mainly left ventricular hypertrophy, left ventricular dysfunction, pulmonary hypertension and signs of right ventricle failure (see figure). Patients with a positive blood viral load had a significantly higher incidence of structural heart disease than those with an undetectable load (75% vs 43%, p

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