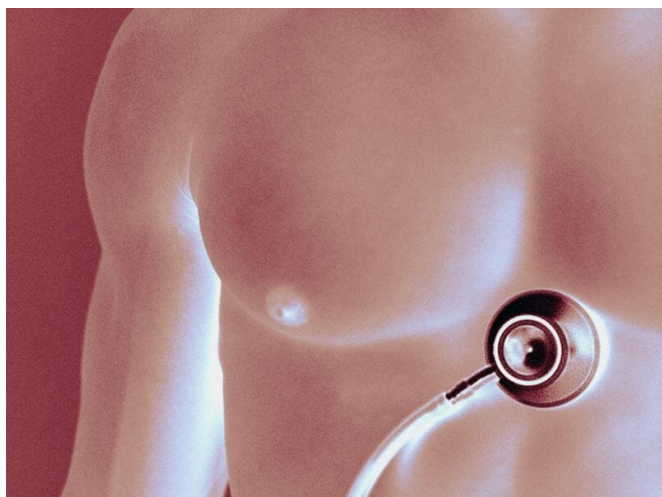


# Poor HIV control ups risk for sudden cardiac death in heart failure

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among PHIV included cocaine use, lower left ventricular ejection fraction, absence of beta-blocker prescription, lower CD4 count, and higher viral load. PHIV with an undetectable viral load had an SCD rate similar to that of HIV-uninfected individuals. The rate of SCD was 10 percent per year among PHIV with heart failure without a conventional indication for an ICD.

"This study advances our understanding of SCD among PHIV with heart failure, re-emphasizing the already recognized importance of disease control among PHIV regardless of LVEF," the authors write.

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(HealthDay)—Persons living with HIV (PHIV) who are hospitalized with heart failure are at an increased risk for subsequent sudden cardiac death (SCD), according to a study published online Aug. 7 in *JACC: Heart Failure*.

Raza M. Alvi, M.D., from Massachusetts General Hospital in Boston, and colleagues retrospectively analyzed data from 2,578 patients hospitalized with [heart failure](#) from a single academic center; 344 of these patients were PHIV. The incidence of SCD was evaluated by viral load.

The researchers found that 86 percent of included patients did not have an [implantable cardioverter defibrillator](#) (ICD; 344 PHIV and 1,805 uninfected controls). The vast majority of PHIV with heart failure were prescribed [antiretroviral therapy](#) (91 percent), and 64 percent were virally suppressed. During a median follow-up of 19 months, there were 191 SCDs. PHIV had a threefold increase in SCD (21 versus 6.4 percent; adjusted odds ratio, 3.0) compared with controls. SCD predictors

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