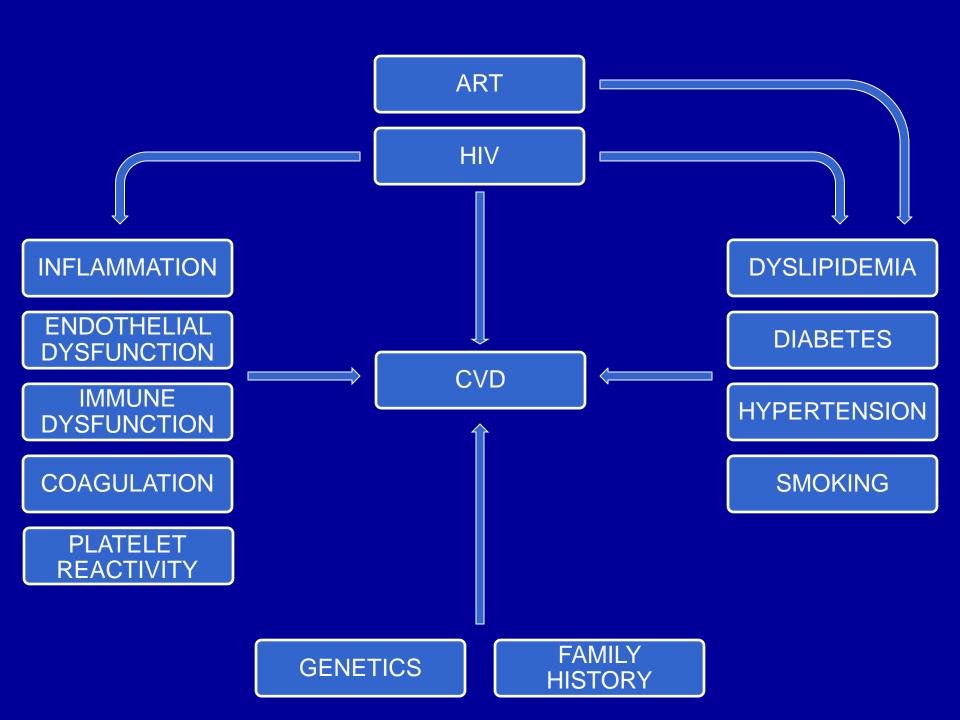
Forum for Collaborative HIV Research: CHD Risk

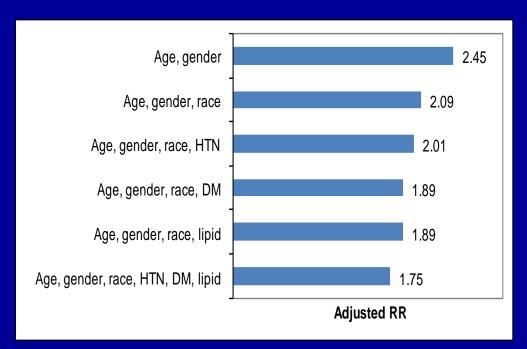
Virginia A. Triant, MD, MPH

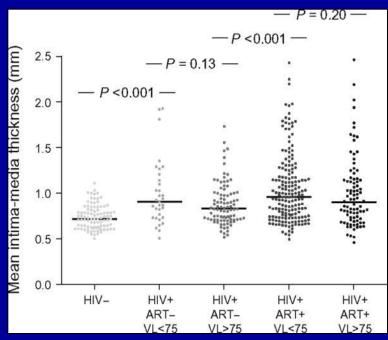
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Traditional CVD Risk Factors Do Not Explain the Whole Story





- Preclinical atherosclerosis: HIV infection associated with increased IMT independent of traditional CVD risk factors
- ART-related risk: Adjusting for lipids attenuated RR of AMI from 1.16 to 1.10 in D:A:D study

Triant et al. Clin Endocrinol Metab. 2007;92:2506-2512; Hsue PY, et al. AIDS. 2009;23:1059-1067; Grunfeld et al. AIDS 2009;23:1841-49; Friis-Moller et al. NEJM. 2007;356:1723-1735.

What are the Implications for CVD Prevention and Management?

- Tailoring risk prediction
 - Is there a role for measurement of inflammatory markers or markers of endothelial dysfunction in additional to traditional CVD risk factors?
- Tailoring management of CVD risk factors
 - HbA1C shown to underestimate glucose in HIV patients relative to controls
 - Decreased reductions in LDL with statins and in triglycerides with gemfibrozil in HIV-infected vs. controls
- Does treating HIV decrease cardiovascular risk?
 - CD4 count less than 200 associated with increased prevalence of carotid artery lesions
 - May outweigh proatherogenic contributions of individual medications