

## **Treating Hyperlipidemia in HIV/AIDS Patients**

By Jesse Gissen

HIV/AIDS continues to be a problem in New York City. Nearly 120,000 people are living with HIV/AIDS (PLWHA) throughout the five boroughs, with about 2,700 new diagnoses occurring each year.

Gay and bisexual men make up 59.6% of all new cases and 38.6% of all PLWHA. Over 28% of all PLWHA in NYC are black males (33,589), which is a staggering figure, while black men and women combined make up nearly half of all NYC's HIV/AIDS population at 44.2%. The latino/hispanic population follows, making up 32.5% of PLWHA in the city. Similar statistics can be found in the newly diagnosed HIV/AIDS patients (43.9% black, 32.2% hispanic). The majority of new diagnoses (33.7%) occur in the 20-29 year old age group followed by 26.5% in the 30-39 year old group. Meanwhile, the majority (32.4%) of those PLWHA in NYC are 50-59 years old, followed by 26% in the 40-49 year old bracket.

Hyperlipidemia (HLD) is a common condition found in patients with HIV/AIDS. This is due to the side effects of some of the typical HIV medicines as well as the infection itself. Hyperlipidemia is a condition that refers to high levels of lipids or fat in the blood which includes total cholesterol and triglycerides. HLD has no symptoms, but it can easily be detected with a simple blood test. And fortunately with diet and lifestyle changes supported by a registered dietitian nutritionist, in a majority of cases, the condition can be controlled. If left untreated, HLD increases the risk of heart disease--the leading cause of death of Americans--gallbladder disease and pancreatitis.

Hyperlipidemia is defined as total cholesterol serum levels greater than 240 mg/dl, triglyceride serum levels greater than 200 mg/dl, high density lipids (HDL) serum levels under

40 mg/dl and low density lipid serum levels greater than 130 mg/dl. As previously stated, when patients are taking highly active antiretroviral treatment drugs (HAART) for HIV/AIDS, one of the side effects is HLD. This can be exacerbated when the patient already has a family history of hyperlipidemia, eats a high fat diet, has a lifestyle low in physical activity, is overweight or obese, and/or smokes.

Treatment for HLD includes: eating a diet low in saturated fat, trans fat and cholesterol, as well as being physically active (150 minutes per week). Patients may also need to take statin medications in addition to changing their HIV/AIDS drug regimen in order to avoid those medications that can increase lipids in the blood.

Because of the side effects of HAART medications, HIV/AIDS patients taking the drugs should have their blood lipid panel tested before and after beginning the antiretroviral therapy.

#### References

New York City Department of Health and Mental Hygiene, HIV Epidemiology and Field Services Program. HIV Surveillance Annual Report, 2014. New York: New York City Department of Health and Mental Hygiene; 2015

HIV and Hyperlipidemia | Understanding HIV/AIDS | AIDSinfo. (n.d.). Retrieved January 16, 2017, from <https://aidsinfo.nih.gov/education-materials/fact-sheets/22/66/hiv-and-hyperlipidemia>

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, National Institutes of Health National Institute of Allergy and Infectious Diseases. A Helpful Guide to HIV and Metabolic Complications. NIH Publication No. 08-6398; 2007