

ALL ABOUT LIPODYSTROPHY

WHAT IS LIPODYSTROPHY?

“Lipo” refers to fat. “Dystrophy” means unusual growth or change. In plain English, lipodystrophy describes the gamut of body fat changes seen in some people living with HIV. Lipodystrophy may include:

- **A build up of fat.** Around the gut, some people see the visceral fat—deep within the body—grow significantly. The medical term for this condition is **lipohypertrophy** (excessive fat growth). A buildup of fat on the back of the neck and shoulders may also occur, as well as increased fat tissue in the breasts. There may also be lipomas (round, moveable lumps of fat under the skin).
- **A loss of fat.** Some people see the amount of subcutaneous fat—right below the skin—decrease in their legs, arms, butt or face, causing veins to stick out or cheeks to sink. The medical term for this is **lipoatrophy** (increased fat loss).
- **Increased fats in the blood.** To learn more about this potential risk to your cardiovascular health, check out our fact sheet, “All About Lipids and HIV.”

WHAT COULD CAUSE LIPODYSTROPHY?

The exact causes are not fully understood. Some possibilities include:

- **Protease inhibitors (PIs).** Some researchers believe that PIs can weaken the activity of certain enzymes in the body which mop up excess fat and keep fat cells working, leading to fat accumulation.
- **Nucleoside analogues (NRTIs).** Some nukes can impair the mitochondria, the “power generators” of human cells. This might lead to lipodystrophy (particularly lipoatrophy, or fat loss). While various nukes have been linked to lipoatrophy, the risk appears to be highest in people taking Zerit (stavudine).
- **Other risk factors.** People who are older (above 40), white or who start HIV treatment with lower CD4 cell counts (below 100) may be at a higher risk of developing lipodystrophy. And the longer a person has been on certain PIs or nukes, the greater the risk.

IS IT DANGEROUS?

Yes, it can be. A buildup of visceral fat, like obesity, is a major risk factor for heart disease and other serious problems. Fat deposits can often cause discomfort and pain. On the back of the neck they can cause headaches and problems sleeping, while enlarged breasts in women can prompt back pain. In addition, these body changes can have a serious effect on the way people see themselves, and contributing to varying degrees of low self-esteem, depression, anxiety and social withdrawal.

CAN IT BE TREATED?

Possibly. Because we still don’t understand completely what leads to lipodystrophy, we don’t know how best to treat it. But there are several ways to manage the condition, which range from changing HIV treatment to exercise and diet to cosmetic procedures. See the Quick Tips list at right for more information, and be sure to discuss these approaches to managing lipodystrophy with your doctor or health care provider.

QUICK TIPS

Until we know the causes of lipodystrophy, these ideas may help manage the symptoms.

■ EAT TO BEAT IT

A healthy diet may help, especially if fat gain is a problem. Talk with your doc or a registered dietitian about what’s best for you.

■ WORK IT OUT

Cardio exercise may help burn fat, while strength training may help build muscle in place of lost fat.

■ ADD A MED

Some medications may help correct lipodystrophy, notably lipohypertrophy. Ask your doctor or treatment advisor about available options.

■ SWITCH MEDS

Because HIV drugs are believed to be the most likely cause of lipodystrophy, talk to your doctor about switching to a drug regimen less associated with the condition.

■ NOT JUST VANITY

While they don’t correct the underlying problem, cosmetic approaches have become popular. Liposuction, a procedure in which fat is sucked out of specific areas of the body, can remove some (but not all) excess fat deposits. Meanwhile, sunken cheeks and other fat-loss spots can be filled with implants of fat or fat substitutes.

For more on lipo,
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