

HIV AND HEART HEALTH

It's no secret that both HIV and antiretroviral treatment can cause problems that can increase the risk of cardiovascular disease, including heart attacks and strokes. However, there are many ways to protect your heart if you're HIV positive, including selecting antiretrovirals carefully, monitoring your lipid levels, and doing your best to control classic risk factors like high blood pressure, diabetes, smoking, diet and stress.

HOW DOES HIV INCREASE HEART DISEASE RISK?

Research shows that HIV meds can increase lipids (fats) in the blood, which can clog arteries, possibly leading to a heart attack or stroke. Almost all of the protease inhibitors (PIs) have been shown to increase levels of cholesterol and triglycerides, two lipids associated with cardiovascular disease. Lipid increases can also be seen in people taking non-nucleoside reverse transcriptase inhibitors, although usually to a lesser degree. Some nucleoside reverse transcriptase inhibitors may also increase lipids and heart disease risk.

HIV itself has also been tied to an increased risk of cardiovascular disease. In one major study, there was a higher risk of cardiovascular disease among HIV-positive people who weren't on treatment, compared with those who were taking HIV medications, including some known to increase lipid levels. While the reason for this isn't clear, it could be that untreated HIV infection can lead to inflammation, which can cause damage to the cardiovascular system.

These research findings suggest that HIV treatment actually plays an important role in preventing cardiovascular disease. As for the lipid increases caused by antiretrovirals, a selection of lipid-friendly options is possible, especially for people with a history of high cholesterol levels. If your levels increase while on treatment, options are available. (See below and "Quick Tips.")

WHAT ABOUT OTHER RISK FACTORS?

In addition to treating HIV and watching for lipid increases caused by antiretroviral therapy, it's important for HIV-positive people to make the same lifestyle changes that are recommended for anyone at risk for heart disease.

Risk factors that can't be changed: The risk of cardiovascular disease increases for men over 45 and women over 55. Men have a greater risk of heart disease and tend to have heart attacks earlier in life. And you're more likely at risk if there's a history of cardiovascular disease in your immediate family. Race is also an issue—blacks are more likely to suffer from high blood pressure than whites, putting them at an increased risk.

Risk factors that can be changed:

- **Smoking cigarettes** is a major risk factor. Not only does it double the risk of a heart attack, smokers are more likely to die within an hour of a heart attack than nonsmokers.
- **High lipids** might be controlled by switching to a more cholesterol-friendly regimen. Lipids can also be reduced with diets low in fat. Cholesterol- and triglyceride-reducing meds, such as statins (e.g., Pravachol and Lipitor), bile-acid resins (e.g., Questran and Colestid), nicotinic acid (e.g., niacin) and fibrates (e.g., TriCor and Lipid) are available.
- **High blood pressure**, also known as hypertension, greatly increases the risk of heart disease. Maintaining a healthy weight, exercising, quitting smoking and reducing alcohol consumption can all help.
- **Diabetes** should also be avoided—or managed correctly—to reduce the risk of heart disease. Some HIV meds, notably the PIs, can cause insulin resistance, which can increase the risk of diabetes, especially in people with other risk factors, including older age, family history, being overweight and physically inactive. Diet and exercise can reduce the risk of diabetes, and meds are available to help manage it.

QUICK TIPS

What you can do to prevent a broken heart

■ BUTT OUT

Even among those who have been smoking for years, the risk of heart disease decreases significantly after quitting.

■ EAT TO LIVE

To keep lipids under control, less than 7 percent of your daily calories should come from saturated fats, and you should be consuming less than 200 mg of cholesterol a day (think fatty cuts of meats and dairy products). Losing weight may also be a priority, especially if you have high lipid levels. Large waist measurements—more than 40 inches for men and more than 35 inches for women—are a danger.

■ MOVE IT

Regular physical exercise can help reduce lipids, lower weight, manage diabetes and control blood pressure—all important for heart health.

■ UNDER PRESSURE

If your blood pressure is high, talk with your doctor about ways to keep it down.

