

ALL ABOUT LIPOATROPHY

WHAT IS LIPOATROPHY?

Lipo refers to fat. *Atrophy* means to shrink or disappear. Put it all together and you've got lipoatrophy: an abnormal loss of fat in the face, butt, arms and legs. This can cause gaunt facial features, including sunken cheeks and deep lines around the nose and mouth, a flat butt, and skinny arms and legs with protruding veins.

Some people experience other fat-related problems, including lipohypertrophy: an abnormal buildup of fat deep within the body, in their breasts or between their shoulder blades. While both types of body-shape changes are often lumped together under the term *lipodystrophy*, research suggests that lipoatrophy and lipohypertrophy aren't related and have different causes.

WHAT CAUSES LIPOATROPHY?

The exact causes are not fully understood, although studies suggest that some HIV medications are the reason.

Some nucleoside reverse transcriptase inhibitors (NRTIs), notably Zerit (stavudine), have been implicated. These drugs can damage the tiny generators inside cells, called mitochondria, and potentially cause fat cells to die or stop working properly. Zidovudine (found in Retrovir, Combivir and Trizivir) may also cause lipoatrophy but to a lesser extent than Zerit.

Protease inhibitors (PIs) are not believed to cause lipoatrophy. The non-nucleoside reverse transcriptase inhibitor (NNRTI) Sustiva (efavirenz) has been linked to an increased risk of lipoatrophy in a few studies.

IS IT DANGEROUS?

While facial lipoatrophy is not life-threatening, positive people often say it is one of the most troubling complications of HIV. Numerous studies and reports indicate that lipoatrophy, especially of the face, can have detrimental effects on HIV-positive people's self-confidence and quality of life, and can contribute significantly to depression. And because lipoatrophy is believed to be a side effect of HIV treatment, it can significantly affect a person's "relationship" with his or her medications, possibly resulting in poor adherence or termination of therapy altogether, even if the medications are keeping viral load undetectable and the immune system healthy.

Because fat stores calories and helps protect against cold weather, lipoatrophy may cause health problems for some people. Plus, some people who've lost a lot of fat in their rear complain that sitting for long periods of time can be painful.

CAN IT BE PREVENTED OR TREATED?

Since research establishes a link between lipoatrophy and the use of certain HIV meds, many doctors have changed the ways they treat their HIV-positive patients. For example, based on its connection to lipoatrophy, Zerit is being prescribed much less frequently and is being switched for other NRTIs in patients who are currently taking it. This may help to reduce the risk of lipoatrophy.

For those who have lipoatrophy, switching a suspect medication is the easiest of all possible treatment approaches.

There are also natural and synthetic fillers available to restore fullness to your face. Two are approved for use specifically for HIV-related facial fat loss. Not all private health insurance plans cover the cost of these fillers, at least not without prior authorization from an HIV specialist. And while Medicare does cover the cost for select patients, the procedure may still be difficult to obtain.

QUICK TIPS

Dealing with lipoatrophy means taking charge of your health care.

■ DITCH OR SWITCH

Know which drugs do—and don't—cause lipoatrophy and either avoid them or switch them, if possible.

■ SAY CHEESE

Have your doc or a loved one take regular photos of your face and body—in the same pose and light. You and your doctor can use these pics to figure out if your shape has changed.

■ PERFECT FIT

Do your clothes fit you differently? Specifically, are your pants baggier in the rear or the legs? If so, your body may be changing shape.

■ TALK TO YOUR DOC

Nothing beats a good rapport with your doctor. Make sure they take your concerns seriously and respond to your needs. If they don't, find one who will.

■ WORK IT

It won't bring back the fat you've lost, but some people find that strength training can help them build muscle in areas where the fat's gone away.

**Find More
Fact Sheets
at
POZ.com**