

The Long-Term Effects Of Living With HIV/AIDS

(NAPSA)—Nearly 25 years after the first reported cases of HIV/AIDS, advances in treatments have helped improve and prolong the lives of the approximately one million Americans living with the disease. In fact, in recent years, the medical community has begun treating HIV/AIDS as a chronic, manageable disease.

Despite the good news that potent anti retroviral medicines are available to treat HIV/AIDS, the potential consequences of long-term HIV management remain a problem. Among the most common of these are metabolic conditions, which are associated with body weight and body fat changes, diabetes, elevated lipids including high cholesterol, osteoporosis and wasting. HIV patients may have one or more of these conditions.

Patients living with HIV need to be aware of these potential complications and talk to their doctor. Some of these conditions can negatively impact a person's health and quality of life. They also can be interpreted as an external sign of being HIV-positive, which causes many people additional distress.

There are many factors that can lead to metabolic conditions such as older age, how long a patient has had HIV, how far the disease has progressed, the length of time on therapy, a person's genetics and diet. Common body composition changes include lipodystrophy, HIV-associated Adipose Redistribution Syndrome (HARS) and HIV-associated wasting.

Lipodystrophy is estimated to occur in 40 to 50 percent of HIV patients who are on anti retroviral therapy. Lipodystrophy refers to

"Fast Facts About HIV/AIDS"

- Advances in treatment have helped improve and prolong the lives of the one million Americans living with HIV/AIDS
- Metabolic conditions—sometimes associated with a change in body composition—are potential consequences of long-term HIV management
- Metabolic conditions are associated with patterns of body weight and body fat changes, diabetes, elevated lipids, osteoporosis and wasting
- Patients should talk to their doctor if they begin to notice symptoms of a metabolic condition



the defective processing of fat in HIV patients, resulting in either a loss or gain of fat, or a combination of both. Patients with lipodystrophy are more likely to have glucose intolerance, diabetes, increased triglycerides, and reduced HDL (or "good") cholesterol. Fat loss, or lipoatrophy, occurs in the limbs, face with hollow cheeks, breasts or buttocks. Fat gain, or lipohypertrophy, occurs in the abdomen, breasts or at the back of the neck, something that is commonly called a "buffalo hump." Genetics, older age, certain medicines or insulin resistance can cause lipodystrophy. Fat gain is also affected by poor diet, exercise and obesity.

One subset of lipodystrophy is a condition called **HIV-associated Adipose Redistribution Syndrome or "HARS,"** which refers specifically to HIV patients who have irregular patterns of body fat, and in particular, an abnormal distribution of abdominal fat. In HARS patients, this accumulation of abdominal fat, known as visceral adipose tissue or "VAT," may be accompanied by abnormal upper

body fat, such as a buffalo hump. These changes, which often build slowly over time, sometimes also are seen with fat loss, especially in the face with hollowed cheeks and in the arms and legs. Patients may or may not have other features of fat gain or loss. These changes can be further complicated by insulin resistance, glucose intolerance, and elevated lipids, as well as body image distress.

Another metabolic condition is **HIV-associated wasting**, or cachexia, which commonly involves involuntary loss of lean body mass or body weight. Loss of lean body mass can lead to muscle weakness and may also contribute to more serious health problems. A patient with HIV-associated wasting may feel tired and can be prone to medical complications of the disease.

Many factors may contribute to HIV wasting, including diarrhea, loss of appetite, difficulty swallowing, infections, recreational drug use and depression. Patients will often lose weight and feel tired, and are prone to infections or other medical complications associated with HIV. People suffering from HIV wasting may find everyday tasks such as exercising, working or performing household chores difficult.

As with other health conditions, HIV patients who may be at risk for metabolic conditions should be aware of the symptoms. Patients should consult their health care provider if they experience any changes associated with patterns of body weight and body shape changes, fatigue, depression, joint pain and excessive thirst that may signify a potential metabolic condition.