

LIPOWATCH[®] NEWS

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The LipoWatch fax program from Visionary Health Concepts is designed to support providers and patients with education that integrates a "real world" focus with scientific data. This month's topic is a general overview of lipid lowering agents.

Elevated cholesterol and triglycerides are common in people taking HIV antiviral medications. The main reason for concern about lipid levels is the increased risk of cardiovascular disease. Although studies to date in people with HIV are inconclusive, it is reasonable to believe that HIV treatment-associated

increases in blood lipids increase the risk of coronary artery disease (CAD)¹.

Treatment of hyperlipidemia should be based on an overall assessment of CAD risk factors. These include advancing age, type 2 diabetes mellitus or insulin resistance, hypertension, central obesity, cigarette smoking, physical inactivity and family history of CAD. The more risk factors that are present, the more aggressive lipid-lowering therapies are indicated.

Dietary changes and an increase in physical activity are the first treatment options.

Unless the patient has very high risk for CAD, these should be tried for at least 3 to 6 months². In many cases, they are not sufficient to reach desirable lipid levels. When lipid-lowering drugs are considered, additional factors must be considered for HIV+ patients. These include interactions and additive side effects with HIV antiviral medications.

The table below summarizes the impact of various treatments for LDL and HDL cholesterol and triglyceride levels in the general population, along with special considerations for their use in HIV+ patients.

Treatment	LDL	HDL	TG	Special Considerations in HIV
Switching antiviral therapy from PI to nevirapine, delavirdine, or abacavir	↓	↑	↓	May normalize lipids within 12 months, but must consider antiviral potency, especially in the case of delavirdine.
Statins (atorvastatin, fluvastatin, lovastatin, pravastatin, simvastatin)	↓↓	↑	↓	Interactions with protease inhibitors, non-nucleoside reverse transcriptase inhibitors, other medications; ↑ risk of rhabdomyolysis; possibly neuropathy
Fibrates (bezafibrate, ciprofibrate, clofibrate, fenofibrate, gemfibrozil)	↓	↑	↓↓	↑ GI side effects; combining with statins increases risk of rhabdomyolysis
Bile sequestering agents (Resins) (cholestyramine, colestipol)	↓	?	↑	↑ GI side effects; may inhibit absorption of some antiviral drugs; can increase TGs
Niacin (nicotinamide – nicotinic acid, inositol hexaniacinate)	↓	↑	↓↓	Flushing, itching, nausea; ↑ glucose, insulin resistance, liver toxicity
Estrogen replacement therapy in postmenopausal women	↓	↑	↑	Unclear impact on overall cardiovascular disease risk; increases TGs.

Next month's LipoWatch fax will discuss the statins. The following issue will cover fibrates, bile sequestering agents, and niacin.

¹Dubé et. al., Preliminary Guidelines for the Evaluation and Management of Dyslipidemia in Adults Infected with Human Immunodeficiency Virus and Receiving Antiviral Therapy, *Clinical Infectious Diseases* 2000;31:1216-24

² Executive Summary, "Executive summary of the third report of the National Cholesterol Education Program (NCEP) expert panel on detection, evaluation, and treatment of high blood cholesterol in adults (Adult Treatment Panel III).", *JAMA* 2001 May 16;285(19):2486-97

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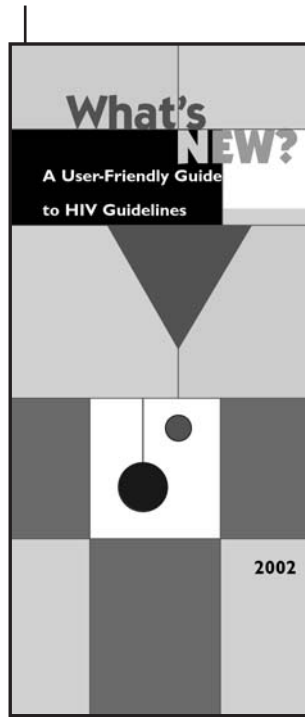
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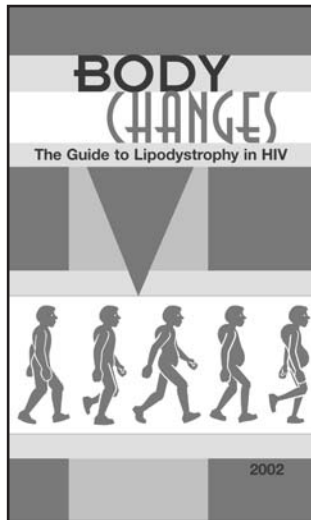
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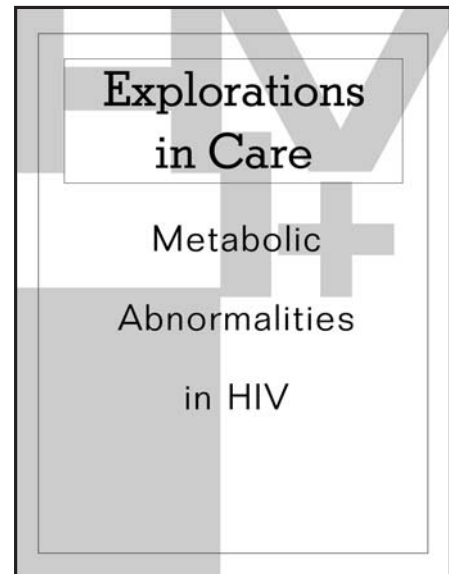
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