

LIPOWATCH[®]

NEWS

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This program was made possible through the support of **GlaxoSmithKline**

The LipoWatch 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 we discuss the newly-released recommendations for assessing, monitoring and treating the metabolic complications of HIV-1 and antiretroviral therapy. NOTE: LipoWatch faxes are archived on the web at http://www.vhconcepts.com/edu_progs.cfm.

IAS Issues Guidelines for Management of Metabolic Complications of HAART

An International AIDS Society-USA expert panel recently published recommendations for the management of HAART-associated metabolic complications⁽⁴⁾. In spring 2000, the panel was convened to review information presented at research conferences related to metabolic complications associated with HIV disease and treatment. They also reviewed studies of similar abnormalities and their treatment in HIV-negative populations. These are evidence-based recommendations with the greatest emphasis placed on results from prospective, randomized, controlled trials. Because of the built-in delay between advances in clinical practice and the publication of research results, evidence-based recommendations reflect generally accepted practice rather than suggesting new methods. The panel concluded that additional carefully designed studies are urgently needed to determine the incidence, etiology, risk factors, and most appropriate treatments for metabolic complications in HIV-1 infection. What follows is highly condensed and therefore incomplete. Readers should refer to the full text of the recommendations, available on the Internet through <http://www.iasusa.org/pub/metcomp.html>.

Assessment and Monitoring Recommendations

- *Glucose and lipid levels:* Measure fasting lipids and, if using a PI, fasting glucose at baseline, 3-6 months after starting or changing treatment, and at least annually thereafter. Test oral glucose tolerance in patients with risk factors for type 2 diabetes or with severe body fat changes.
- *Body fat maldistribution:* No recommendations
- *Lactic acidemia:* Routine measurement not recommended. Monitor patients taking nucleoside analogues who have signs or symptoms of lactic acidemia, pregnant women taking nucleoside analogues, and patients who have changed medications due to lactic acidemia.
- *Bone disease:* Routine screening for bone mineral loss or osteonecrosis is not recommended. Radiographic exams are recommended for patients with symptoms of bone or joint pain.

Treatment Recommendations

- *High glucose and insulin resistance:* Suggest increased physical activity, and weight loss for overweight patients. Follow diabetes guidelines as for the general population. The use of insulin-sensitizing agents such as metformin or thiazolidinediones is preferred unless contraindicated. Avoid protease inhibitors for patients with preexisting glucose intolerance or diabetes mellitus.
- *Lipid and lipoprotein abnormalities:* In general, follow the National Cholesterol Education Program III guidelines. Avoid protease inhibitor use in patients with preexisting cardiovascular risk factors, hyperlipidemia, or family history of hyperlipidemia. Begin with lifestyle interventions

including dietary changes and increased physical activity. Use fibrates initially for isolated high triglycerides. Pravastatin or atorvastatin is preferred to treat isolated high cholesterol in patients taking a protease inhibitor or other inhibitor of cytochrome P450-3A4 enzyme pathway. For combined lipid problems, start with a statin and add a fibrate if there is insufficient response.

- *Body fat maldistribution:* No recommended drug therapies. Encourage aerobic and resistance exercise.
- *Lactic acidemia:* Withhold antiviral therapy when lactate levels exceed 90 mg/dL, or exceed 45 mg/dL with symptoms of lactic acidemia (e.g. fatigue, weight loss, nausea, abdominal pain, and shortness of breath.) Resume therapy after lactate levels normalize and symptoms resolve.
- *Bone disease:* Consider bisphosphonate therapy if there is evidence of osteoporosis by radiography or fracture. Surgery is the only effective therapy for symptomatic osteonecrosis.

New Lipid-Lowering Drug Approved

On October 25, the FDA approved ezetimibe (Zetia[®]), a new class of lipid-lowering agent⁽²⁾. Ezetimibe inhibits the intestinal absorption of cholesterol. This makes it complementary to the statins, which are active in the liver. Ezetimibe was approved as a single agent and in combination with the statins. Its side effect profile was similar to placebo. It has no significant interactions with the cytochrome P450 enzyme system in the liver and therefore should not pose additional interaction concerns in people using HIV antiviral medications. It has not yet been studied in people with HIV or in people using fibrates to lower triglycerides. ■

⁴Schambelan M, Benson C, Carr A et al, Management of Metabolic Complications Associated With Antiretroviral Therapy for HIV-1 Infection: Recommendations of an International AIDS Society-USA Panel. JAIDS 2002; 31(3):257-275.

²Full prescribing information is available on the Internet at <http://www.fda.gov/cder/foi/label/2002/214451b1.pdf>

Next month's LipoWatch will discuss the topic of therapeutic interventions using human growth hormone.

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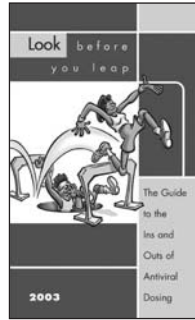
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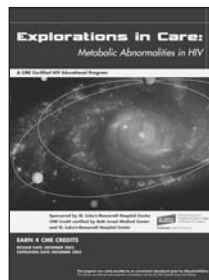
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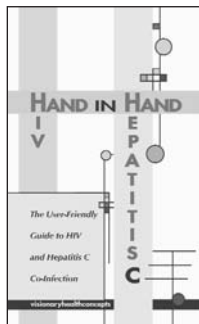
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A 32-page, CME-accredited monograph that provides up-to-date information about metabolic complications of antiretroviral treatment, with an emphasis on fat redistribution, by leading experts in the field of HIV research. Includes special sections for discussion of antiviral strategies and other management tools to enhance the quality of life and retain patients on treatment.



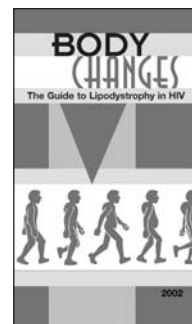
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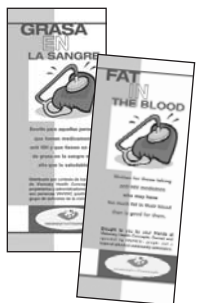
Hand in Hand: The User Friendly Guide to HIV and Hepatitis C Co-Infection©

Written by the author of "Double Jeopardy: The HIV/HCV Co-Infection Handbook". This 40-page booklet gives an up-to-date overview of HIV/HCV co-infection and its treatment at a 9th-grade reading level in English and Spanish to assist secondary providers and peers in translating information easily to anyone. Information on complementary therapies and harm reduction also included.



Body Changes: The Guide to Lipodystrophy in HIV

A 32-page booklet that provides a helpful overview of lipodystrophy as it pertains to body changes, including management tools that promote wellness for those suffering from these symptoms.



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A must-read 1-page patient pamphlet for people on anti-HIV medications at risk for dangerous levels of fat (i.e. cholesterol and/or triglycerides) in the blood. Available in both English and Spanish.



What's New? A User-Friendly Guide to the HIV Guidelines 2003©

This 32-page booklet is designed to assist people who want to understand how HIV treatment "Guidelines" fit into the overall planning and design of the best healthcare strategies for HIV-positive individuals