Poster presentation

Prevalence of cardiovascular risk factors (CRF) and metabolic syndrome (MS) in a cohort of HIV-infected patients in southern Spain. PREGO study

M Gallego[1], F Oñate[2], A del Arco[3], J Roldan[4], M Grana[5], R Palacios*[1] and J Santos[1]

Address: [1]Hosp. Virgen de la Victoria, Malaga, Spain, [2]Hosp. Carlos Haya, Malaga, Spain, [3]Hosp. Costa del Sol, Marbella, Spain, [4]Hosp. de Antequera, Antequera, Spain and [5]Hosp. de la Serrania, Ronda, Spain
* Corresponding author

Purpose of the study
To determine the prevalence of CRF and MS in an HIV-infected population, to analyse the risk factors for the development of MS, and to estimate the cardiovascular risk (CVR) at 10 years.

Methods
Multicenter, cross-sectional study of all outpatients attended in five hospitals in southern Spain from March 2007 – August 2007. Demographic features, blood pressure, tobacco use, lipid profile, diabetes mellitus (DM), personal and family history of coronary heart disease (CHD) were collected. MS was diagnosed according to NCEP. CVR: Framingham score. High CVR: >10% at 10 years. Statistics program: SPSS.

Summary of results
1,155 patients were included; mean age 44 (39–49) years, CD4 count 544 (336–711) cells/μl, and 86% on ART (85.5% with VL<50 cop/mL). CRF (%): male 76, smokers 59, family history of CHD 10.6, hypertension (HT) 10.6, DM 9.4, prior CHD 3.5. A total of 155 (14.3%) patients fit the criteria of MS: hypertriglyceridemia (HTG) 88.3, low HDL-C levels 78.7, HT 61.9, hyperglycaemia 60.6, and abdominal obesity 41.2%. Use of lipid-lowering drugs (24.5 vs. 11.3%, p < 0.0001), antidiabetics (18.0 vs. 1.7%, p < 0.0001), antihypertensives (21.2 vs. 5.8%, p < 0.0001), and anti-aggregants (7.7 vs. 3.6, p < 0.02) were more common in cases with MS. MS was present in 15.5% of patients on PI and 13.7% on ITINAN (ns); HTG and low HDL-C were more frequent in subjects on PI (50.4 vs. 34.9% and 52.1 vs. 31.6%; p < 0.0001, respectively), and HT and hyperglycaemia in those on NNRTI (26.8 vs. 17.5%, and 20.1 vs. 14.0%; p = 0.001, respectively). Age was the only factor associated with MS in multivariate analysis (OR 4.7; CI 95% 4.6–4.8, for each 5 years more). The mean global CVR at 10 years was 6.4% (IQR: 1–9), higher in cases with MS (10.9 vs. 5.6%, p < 0.0001), and similar in PI and NNRTI groups (6.7 vs 6.6%; ns).

Conclusion
Tobacco use was the most frequent CRF. In this cohort, the prevalence of MS was lower than in others, and similar to that in general Spanish population, but with a different distribution of its components, predominating HTG and low HDL-C levels. Although the prevalence of MS and mean CVR were similar among patients on PI and those on NNRTI, lipid abnormalities were more frequent with PI, and HT and hyperglycaemia with NNRTI. MS was not associated with any HIV-specific factors, but only with age.

References
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