

THE PREVALENCE OF HYPERLIPIDAEMIA IN PATIENTS CO-INFECTED WITH HEPATITIS C AND HIV

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OBJECTIVES: To determine the prevalence of hyperlipidaemia in patients co-infected with hepatitis C virus (HCV) and HIV with respect to antiretroviral use, cumulative exposure to antiretroviral and stage of liver disease.

METHODS: All HIV Ontario Observational Database (HOOD) participants co-infected with HIV/HCV were identified. Antiretroviral medication and laboratory adverse event data were obtained through bi-annual chart reviews.

RESULTS: Five-hundred-and-fifteen patients who were HIV/HCV co-infected were identified in the HOOD database. Overall, significantly fewer co-infected patients ever had cholesterol >7 mmol/l than non-co-infected HIV patients [14/515 (2.7%) vs 300/3,087 (9.7%), $P<0.0001$]. This was also true with regards to cholesterol >7 mmol/l in co-infected vs non-co-infected HIV patients who ever had grade 3 or 4 elevations in ALT [3/205 (1.5%) vs 183/776 (23.6%), $P<0.0001$]. In contrast in patients who had never had grade 3 or 4 elevations in ALT, there was no difference between co-infected and non-co-infected patients with respect to cholesterol >7 mmol/l [11/310 (3.5%) vs 117/2,311 (5.1%), $P=0.31$]. Fewer co-infected vs non-co-infected HIV patients had triglycerides >3 mmol/l [75/515 (15%) vs 695/3,087 (22.5%), $P=0.0001$] and this was true both for patients who had ever had grade 3 or 4 elevations in ALT [60/205 (29.3%) vs 420/776 (54.1%), $P<0.0001$] vs not [15/310 (4.8%) vs 275/2,311 (11.9%), $P=0.0003$]. Not surprisingly, co-infected patients were less likely to have taken lipid lowering agents than non-co-infected HIV patients (2.3% vs 11%, $P<0.0001$). Co-infected patients were as likely to have ever been on protease inhibitors (PIs) as non-co-infected HIV patients [265/317 (83.6%) vs 1,492/1,740 (86.8%), $P=0.32$], but the co-infected PI-exposed group were much less likely to have experienced cholesterol >7 mmol/l vs non-co-infected HIV patients exposed to PIs [8/265 (3%) vs 282/1,492 (18.9%), $P<0.0001$]. The co-infected patients also had less cumulative exposure to

antiretrovirals as compared with the non-co-infected HIV group (4.75 years vs 5.29 years, $P < 0.0001$).

CONCLUSION: Patients who were co-infected are less likely than non-co-infected HIV patients to have elevated cholesterol or triglyceride and hence have less exposure to lipid-lowering agents. The lower incidence of hyperlipidaemia in the co-infected group may relate in part to the degree of liver dysfunction and lower cumulative antiretroviral exposure.

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