

Assessment and Evaluation of CAD Risk in HIV Positive Patients in Indian Setting

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Background

Cardiovascular disease is the leading cause of non-HIV-related death in people with HIV infection. Risk in HIV-infected persons appears to reflect contributions of non-HIV-related cardiovascular risk factors, the chronic inflammatory response in HIV infection, as well as metabolic adverse effects of antiretroviral therapy like insulin resistance, dyslipidemia, abnormal fat distribution, and hypertension.

Aims & Objectives

To ascertain the magnitude of the problem of coronary artery disease in these patients and to ascertain if Framingham screening score can be used in HIV patients and then if feasible give recommendations for routine preventive screening in HIV positive patients.

Material & Methods

This cross sectional study will be conducted in a multispecialty hospital. All male patients above the age of 35 years will be included. The study will include 25 consecutive HIV positive male inpatients and 15 age

matched controls. Each individual in the study will undergo basic biochemical analysis, Electrocardiogram, CD4 count (Only for TEST ARM) along with basic history. All cases will be subjected to a 2D Echocardiogram and Tread Mill Test. The controls will be matched for age, smoking, exercise habits as required. Standard protocol forms will be made for each patient. Anonymity of all patients will be strictly ensured. Consent will be taken in all cases. Ethical clearance from the institution has been taken.

Results

Bio statistical comparative analysis of the data showed greater Framingham heart score and Risk percentage of CAD to be more in retropositive patients as compared to the controls in age matched sub groups. Preliminary biochemical analysis also showed association with the results.

Conclusions

Risk of developing CAD is more in HIV positive patients than HIV negative patients in Indian Setting.