

## **LIPODYSTROPHY PREVENTION**

(the **VIII** International Workshop  
“**ADVERSE DRUG REACTIONS and LIPODYSTROPHY in HIV**”,  
San Francisco, IX.2006)

*(translated from Latvian)*

At this workshop **prevention, through**

- choice of initial treatment,
  - switching treatment when necessary and
  - lifestyle modification,
- was still stressed as the take- home message.

While **lipoatrophy is now firmly linked to** the use of thymidine analogues (Zidovudine, Stavudine) and some degree of **fat reversal occurs when switching to** alternative drugs, notably “Tenofovir” or “Abacavir”, the **mechanism of reverse fat accumulation** is less clear.

A Romanian study (poster #71) shows that overall presence of fat redistribution and/ or **lipid abnormalities was found in 77%** of patients.

Lipid metabolism **abnormalities were related to** prolonged exposure to ART (especially ddl, d4T or PI). 33% of patients with good immunological and virological response to HAART had no fat redistribution.

A U.S.A. study (poster #29) shows that **switch from** “Stavudine” (d4T) to “Tenofovir DF” (TDF) in combination with “Lamivudine” (3TC) and “Efavirenz” has resulted in continued virological suppression, continued CD4 cell increase and has impacted lipoatrophy (at time of switch, mean limb fat was 4,6 kg, but increased significantly to 5,5kg at 2 years after switch).

An Australian study (poster #33) shows that for HIV+ men with lipodystrophy no significant relationship was found between overall **diet** composition and body mass index (BMI).

In contrast, there was a strong, positive correlation between saturated fat (animal fat) intake and limb fat mass, but no significant correlation between limb fat mass and mono- or polyunsaturated fat (un- fried vegetable oil etc.) intake. Scientists conclude that only interventional, prospective studies will determine whether any nutritional strategy can assist patients with lipoatrophy (and else).

A U.S.A. study (poster #40) shows that “**Rosiglitazone**” therapy could benefit patients with HIV peripheral lipoatrophy syndrome. Results of a French study (oral #23) support the use of “**Pioglitazone**” treating HIV- related lipoatrophy in patients who are no longer on thymidine analogues in their regimens.

During private talks with doctors on regaining body **subcutaneous fat** (lost for different reasons) their opinions ranged from use of soybeans in one's diet to total impossibility in restoring this fat.

Optimistically yours,  
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