

**EMBARGOED UNTIL 20 JULY 09:00 CEST**

## RESEARCH IN CARDIOVASCULAR DISEASE & HIV/AIDS FACT SHEET

As people living with HIV/AIDS (PLWHA) continue to live longer lives due to advances in antiretroviral therapy (ART), there is a need to monitor co-morbid conditions (any disease or condition that occurs at the same time as another disease),<sup>1</sup> such as cardiovascular disease (CVD), diabetes, depression and cancer, to ensure the patient is being treated most appropriately according to his/her individual profile.<sup>2</sup> Research has shown that smoking prevalence is high in PLWHA.<sup>3</sup> With smoking being a major risk factor for cancer and CVD,<sup>4,5</sup> it is critical that this risk factor be considered when reviewing the patient's treatment strategy.<sup>6</sup> Recent results from clinical studies have reinforced the need to monitor smoking in PLWHA:

- **Rates of Cardiovascular Disease Following Smoking Cessation in Patients with HIV Infection – Results from the D:A:D Study:** Findings showed that HIV-positive smokers had a significantly higher risk of cardiovascular events, such as heart attacks and strokes, compared with those who never smoked. Overall, CVD risk declined in patients who quit smoking and continued to fall the longer a participant remained a non-smoker. Study authors concluded that based on the findings smoking cessation efforts should be a priority in the management of PLWHA.<sup>3</sup> These findings are among the first to show that smoking cessation has a positive effect on the lives of PLWHA.
- **HIV Infection As an Independent Risk Factor for Lung Cancer – Results from the United States Veterans Administration Aging Cohort Study:** Findings showed that HIV-positive participants were at greater risk for lung cancer than those who were HIV-negative. In the study, the incidence of lung cancer significantly increased in HIV-infected participants even after adjusting for smoking exposure. This study is the first large-scale study to provide clarification on the role of HIV and other risk factors in the development of lung cancer.<sup>7</sup>

Findings from the AIDS Treatment for Life International Survey (ATLIS 2010) reveal a significant gap in healthcare provider (HCP)-patient conversations about CVD risk factors in PLWHA, which could impact long-term health and treatment outcomes. The survey found:

- 28% of respondents had discussed their family history of CVD with their HCP<sup>8</sup>
- 65% of respondents who qualified as high-risk for CVD were not engaging in frequent discussions related to CVD with their HCP<sup>8</sup>
- 44% of the respondents who reported that a history of smoking added to difficulty with their current health status, reported never having discussed the health implications of smoking with their HCPs<sup>8</sup>

ATLIS 2010 Key Regional Findings <sup>8</sup>						
Key Finding	Global Total	North America	Europe	Asia-Pacific	Latin America	Africa
<b>Prevalence of CVD Risk Factors among Respondents</b>						
High Cholesterol	16%	40%	16%	18%	15%	2%
High Blood Pressure	15%	32%	14%	15%	15%	8%
Diabetes	6%	12%	6%	7%	7%	2%
Obesity	5%	10%	5%	5%	5%	2%
Heart Disease	4%	8%	4%	4%	7%	2%
<b>Degree of CVD Risk</b>						
Lower risk for CVD (less than two cardiovascular risk factors and no diagnosed diabetes or heart disease)	72%	45%	74%	69%	73%	88%
Higher risk for CVD (more than two cardiovascular risk factors and/or diagnosed diabetes or heart disease)	28%	55%	26%	32%	27%	12%
<b>HCP-Patient Communication about Cardiovascular Risk Factors</b>						
Respondents who discussed smoking as it relates to their health	38%	44%	40%	38%	23%	35%
Respondents who discussed family history of CVD	28%	31%	31%	20%	20%	23%
Respondents who discussed high cholesterol	34%	58%	32%	39%	38%	18%
Respondents who discussed high blood pressure	29%	42%	26%	30%	27%	32%
Respondents who discussed heart disease	19%	25%	17%	23%	20%	21%

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References

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3. Petoumenos K, Worm S, Reiss P, et al. (D:A:D Study Group). Rates of Cardiovascular Disease Following Smoking Cessation in Patients with HIV Infection: Results from the D:A:D Study. 17th Conference on Retroviruses & Opportunistic Infections. San Francisco. February 16-19, 2010. Abstract 124.
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