



Protease inhibitors raising quality-of-life issues for HIV patients

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Body shape and metabolic changes associated with the use of protease inhibitors are causing increasing concern among both AIDS activists and the physicians who treat patients with HIV/AIDS.

Dr. David Cooper, director of Australia's National Centre in HIV Epidemiology and Clinical Research, told a recent conference on HIV/AIDS that a consensus case definition of the condition, which he calls lipodystrophy syndrome, must be developed.

Symptoms include a fat belly — “protease-paunch” — as well as thinning of the arms and legs and increased prominence of veins because of loss of subcutaneous fat in the neck, arms and legs. Other potential symptoms include the loss of fat under the cheekbones, as well as ingrown toenails, dry skin, enlarged breasts and a “buffalo hump” pad of fat at the base of the neck.

Cooper and colleagues reported that mild to severe lipodystrophy was observed in 74 of 112 male patients (66%) who had been taking protease inhibitors for a mean period of 13.9 months; the condition was found in only 3% of HIV-positive patients who were not taking the drugs.

Cooper also found that protease inhibitor therapy is associated with substantially lower total body fat — 18.1% total fat among those taking the drugs, compared with 24.3% among HIV patients not taking them.

“Just when we thought we'd tackled the appearance stigma, then along comes lipodystrophy,” Paul MacPhee of AIDS Action Now! told a panel at the conference, which was cosponsored by the Toronto Hospital and the University of Toronto. The panel members discussed the psychological impact of the new syndrome.

Since the advent of protease inhibitors almost 3 years ago, MacPhee noted, AIDS-related wasting and Kaposi's sarcoma — the former hallmarks of AIDS — are becoming rarer. Today, he said, “there is a new AIDS look and it has brought a new sense of fear and panic.” Gay men with HIV who hide their sexual orientation are afraid of being “outed” because of these new problems, he added.

According to MacPhee, the psychological impact can

be so strong that some AIDS patients have stopped taking protease inhibitors because of concerns about drug-related body changes.

Although many people see their body shape return to near “normal” when they stop taking the drugs, in some

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cases the body shape continues to change. “It's as if some genetic switch has been turned on and can't be turned off,” he said in an interview.

Metabolic changes associated with protease inhibitor use include hyperlipidemia and possible insulin resistance, leading to diabetes mellitus, said Cooper. “I'm an HIV doctor,” said Cooper. “I never thought I'd be reporting on insulin levels.”

In his study, Cooper noted, those taking protease inhibitors had higher triglyceride and insulin levels than HIV-positive men who were not taking the drugs.

Men taking protease inhibitors do have some options. For younger men, he said, regular physical workouts may soften the impact of lipodystrophy. Other interventions, such as collagen implants or plastic surgery, or the use of growth hormones or anabolic steroids, are expensive and can pose health risks.

Some conference participants said that people who draw attention to or complain about lipodystrophy often have their concerns dismissed by physicians. In some cases, patients have been told they should be grateful to be alive.

“It's just patronizing for doctors to call lipodystrophy ‘cosmetically unfortunate,’” said MacPhee. “Quality of life is a critical issue for people with HIV/AIDS.”