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Cardiometabolic risk in elderly patients infected with HIV since 1990

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ABSTRACT

Introduction: One of the increases in life expectancy in HIV seropositive elderly is attributed to the success of antiretroviral therapy (ART), but it may present metabolic alterations along with the aging of the HIV seropositive population, which increases the risk of thromboembolic events. Associated with this, the biological aging imposed by the virus and the inadequate urban feeding routine can evolve to a more rapid and deteriorated senescence. **Objectives:** To identify cardiometabolic risks in elderly HIV seropositive patients and to seek measures that promote an improvement in health as a whole. **Methods:** We analyzed 10 articles in the scientific data base PubMed “fulltext” with the age group from 65 years, both sexes, from 01/01/1990 to 09/22/2017. **Results and Discussion:** 55.7% of comorbidities were observed in HIV seropositive patients with cardiovascular diseases, the most prevalent was Diabetes. The relevant cardiometabolic risks were increased systolic (21%), diastolic (10%), LDL (31-49%) and Framingham risk score. White males were more prevalent and the median age was 60 years. In the analyzed studies, diabetes was the most frequently mentioned, although HIV infection is not a risk factor for it, since there is a higher incidence among those who are not infected. It has been shown that dyslipidemia and insulin resistance are probably due to antiretroviral treatment, which, associated with LDL, can cause coronary diseases more frequently. Nevertheless, an unbalanced diet aggravates cardiometabolic risks. **Conclusion:** Among the main cardiometabolic risks associated with HIV infection is the increase in blood pressure and LDL. Treatments should be effective for HIV, with full adherence to ART medications. To institute treatments with low or no drug interaction and with minimal adverse effects. The main cardiometabolic risks should be clarified to the patients so that their routine helps in the prevention of more complications and stabilizing the already existing ones.

Keywords: Aids; Dyslipidemia; HAART

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