DYSLIPIDEMIA AMONG THAI HIV-INFECTED ADULTS RECEIVING ANTIRETROVIRAL THERAPY: A HOSPITAL-BASED REPORT

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Abstract. The objective of this study was to determine the prevalence of dyslipidemia, pattern of lipid profiles, and risk factors for dyslipidemia. This study was a retrospective cross sectional study of the outpatient Thai HIV-infected patients receiving antiretroviral therapy (ART). Of 175 patients, 43% were male and median (IQR) age was 44 (40-51) years. Median (IQR) duration of HIV infection was 15 (13-16) years and median (IQR) duration of receiving ART was 11 (9-14) years. The prevalence of dyslipidemia was 51%. Dyslipidemia were associated with 76%, 55%, and 37% of patients receiving lopinavir/ritonavir-, efavirenz-, and nevirapine-based regimen, respectively. Medians serum low-density lipoprotein cholesterol (LDL-c) level for the corresponding regimens were 112, 136, and 107 mg/dl, respectively. The medians of serum triglycerides (TG) for the corresponding regimens were 162, 138, and 100 mg/dl, respectively. By multivariate analysis, risk factors associated with dyslipidemia included fasting blood glucose >110 mg/dl (OR=9.48), lopinavir/ritonavir-based regimen (OR=4.26), duration of receiving ART ≥12 years (OR= 2.69), and male (OR=2.29). Dyslipidemia associated ART was a common metabolic complication among even Thai HIV-infected patients, receiving ART in the outpatient clinic, especially patients received lopinavir/ritonavir-based regimen. Thus, clinicians should monitor these metabolic complications to improve quality of care.

Keywords: antiretroviral, dyslipidemia, Thailand

INTRODUCTION

Antiretroviral therapy (ART) is recommended for all HIV-infected patients to reduce the risk of disease progression and burden of opportunistic infections (Sungkanuparph *et al*, 2010; Panel on Antiretroviral Guidelines for Adults and Adolescents, 2012; WHO, 2013). However, antiretroviral drugs have a various adverse drug reactions (Tymchuk and Currier, 2008). One of those reactions is metabolic complication. The previous studies reported various metabolic complications, including hyperglycemia, dyslipidemia, and lipodystrophy (Friis-

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