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Columns: Review

Cardiovascular disease in HIV infected patients: a true or perceived risk?

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Abstract

After the successful introduction of highly active anti-retroviral agents (HAART) the survival of patients infected with the human immunodeficiency virus (HIV) in developed countries has increased substantially. This has allowed the surfacing of several chronic diseases among which cardiovascular disease (CVD) is prominent. The pathogenesis of CVD in HIV is complex and involves a combination of traditional and HIV related factors. An accurate assessment of risk of CVD in these patients is still elusive and as a consequence the most appropriate preventive and therapeutic interventions remain controversial.

Key words: HIV infection; Atherosclerosis; Cardiovascular risk; Antiretroviral therapy; Dyslipidemia; Hypertension; Smoking; Cardiovascular death

Core tip: Infection with the human immunodeficiency virus was initially universally lethal but with the introduction of highly active antiretroviral therapies (HAART) the life span of HIV infected patients has drastically increased. Along with the lengthening of life span chronic diseases such as non-AIDS related cancers and cardiovascular diseases surfaced. Currently cardiovascular disease is the primary

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