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ARE CORONARY HEART DISEASE AND PERIPHERAL ARTERIAL DISEASE ASSOCIATED WITH TOBACCO OR CANNABIS CONSUMPTION IN HIV-INFECTED PATIENTS ON PROTEASE INHIBITOR ANTIRETROVIRAL REGIMENS?

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OBJECTIVE: Tobacco and cannabis have a vasoconstrictor effect on the vascular system. Their consumption is frequent among HIV-infected patients. We prospectively assessed the rate of coronary heart disease (CHD) and peripheral arterial disease (PAD) in a cohort of HIV-infected patients started on a protease inhibitor (PI)-containing antiretroviral regimen (APROCO Cohort, ANRS EP11) and the relative contribution of risk factors.

METHODS: The APROCO Cohort enrolled 1,281 HIV-1 infected adults (77% male, mean age 38 years) at the initiation of a PI regimen (baseline). Serious adverse events were prospectively notified by the clinicians and validated by an Events Committee. In this analysis, only CHD and PAD were considered. Alcohol, tobacco and cannabis consumption were estimated through patients' self-questionnaires. A Poisson regression was used to analyse risk factors.

RESULTS: By 31 March 2003, 22 patients had reported 25 events during 4189 person-years of follow-up, i.e., 5.3 per 1,000 person-years (95% confidence interval: 3.1–7.5). Events were mainly CHD ($n=19$), with very few lower limb arteritis ($n=3$) and cerebrovascular disease ($n=3$). A majority of patients declared smoking [43% ≥ 10 cigarettes/day (heavy smokers), 19% < 10 cigarettes/day (light smokers)] and 21% admitted regular

cannabis use. Incidence (per 1,000 person-years) of CHD/PAD events increased with age and smoking: 0 in patients aged 18–24 years, 1.9 (0–4.1) for 25–34 years, 4.9 (1.5–8.2) for 35–44 years and 13.2 (5.4–20.9) if >45 years ($P=0.002$); 2.0 (0–2.3) in non-smokers, 1.4 (0–4.2) in light smokers and 9.8 (4.8–14.8) in heavy smokers ($P=0.003$). Cannabis users had a lower, although not significant, rate [1.7 (0–4.9) vs 6.0 (2.9–9.0) in non-users]. The rate of CHD/PAD did not significantly differ according to gender, alcohol consumption, baseline CD4 cell count, HIV RNA or type of PI or nucleoside analogues prescribed. In the multivariate analysis, only age and tobacco consumption ≥ 10 cigarettes per day remained significantly associated with CHD/PAD morbidity.

CONCLUSION: These data suggest that ageing and smoking are important risk factors for cardiovascular morbidity but the overall rate remains low, comparable with other observational cohorts of patients treated by PI. Smoking cessation should seriously be considered in these patients and should be added to the guidelines of optimal clinical management of HIV infection.

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