

# ALL ABOUT LIPIDS AND LIPODYSTROPHY

## WHAT ARE LIPIDS?

Lipids are molecules such as fats and waxes that are not soluble in water. Two types of lipids found in the blood are cholesterol and triglycerides. Both are produced by the liver but also come from food. At the right levels, they are necessary for normal health.

## WHAT IS LIPODYSTROPHY?

When people with HIV have high triglycerides, high LDL cholesterol and low HDL cholesterol, the conditions are known as lipodystrophy. However, lipodystrophy is mostly thought of as an abnormal distribution of fat in the body seen in two ways: lipohypertrophy, a fat accumulation in the neck, belly, upper torso and breasts; and lipoatrophy, fat loss in the face, butt, arms and legs. All of these conditions are lipodystrophy.

## WHAT CAUSES LIPODYSTROPHY?

There are many reasons for lipodystrophy. It's unclear why particular HIV drugs can change lipid levels. Some protease inhibitors—except Reyataz (atazanavir)—and certain nucleosides, most notably Zerit (stavudine), can cause lipid problems. Yet the aging process, poor diets high in triglycerides and cholesterol, and lack of enough exercise may contribute.

Zerit is the HIV drug most associated with lipoatrophy—in fact, people who have fat loss should not be on Zerit—yet certain combinations of nucleoside analogues can also be a cause. It is less clear which drugs cause lipohypertrophy, though protease inhibitors have commonly been the culprit. New information tells us that people who begin combination therapy with low CD4 counts may have greater fat gain. Genetic factors and older age may also contribute.

## IS IT DANGEROUS?

Having any lipodystrophy condition can be a serious health matter. Elevated lipids can lead to heart disease and strokes. Increased belly fat has also been linked to heart disease as well as pain. Lipoatrophy is not dangerous, but along with lipohypertrophy it can be stigmatizing.

## CAN IT BE TREATED?

Switching to medications thought to not contribute to lipodystrophy can help, but this may not always be possible. Diet and exercise can have a big impact on stabilizing lipid levels.

Lipid-lowering agents are also commonly prescribed for people living with HIV. Just remember that drug interactions are always possible when other medications are taken.

There is an injectable drug called Egrifta (tesamorelin) that may help people lose trunk fat.

A number of natural and synthetic fillers are also available to help fill sunken cheeks and buttocks. There are programs that can help people pay for these fillers if applicable.

## QUICK TIPS

Lipodystrophy is not necessarily a reason to stop or interrupt HIV medications.

### ■ BODY CHANGES

If you feel a change in your energy, or if your clothes fit differently, or if it's harder for you to climb stairs, for example, make sure you tell your health care provider.

### ■ SWITCH MEDS

Talk to your health care provider about medications that may be causing lipodystrophy. If you are on one of them, see if you can switch.

### ■ LOWER LIPIDS

Ask your health care provider about treatment options for high lipid levels and increased body fat.

### ■ HEALTHY HABITS

Take a look at your diet, exercise and smoking. Make positive health changes where they may be needed. Make sure your diet is low in sugar and saturated fats. Decrease alcohol consumption, and find ways to stop smoking. Weight lifting and aerobic exercise are both important.

### ■ STIGMA

Lipodystrophy affecting fat changes can add to the stigma around HIV. Options for cosmetic solutions may be available, but they do not correct the underlying problem and many options may be expensive.

For more on lipo,  
visit [POZ.com](http://POZ.com)