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Veronica Taylor Virginia Commonwealth University

Joe Castillo

Daniel Tassone PharmD, BCPS

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Characterization of Cardiovascular Risk Factors of People Living with HIV in a Veteran Population

U.S. Department of Veterans Affairs

Veronica Taylor, PharmD Candidate 2021, Joel Castillo, PharmD Candidate 2021, and Daniel Tassone, PharmD, BCPS
Hunter Holmes McGuire Veterans Affairs Medical Center, Richmond, Virginia

BACKGROUND

- Cardiovascular disease is leading cause of death in people living with HIV (PLWH)
- HIV positive individuals have 1.5-2-fold greater risk of CVD, even if complete viral load suppression is achieved
- Chronic inflammation, immune dysregulation, or antiretroviral therapy (ART) specific risk factors are potential mechanisms of increased CVD risk
- HIV-associated cardiovascular disease (CVD) has tripled in past 20 years, but scant data is available about its longterm characterization

OBJECTIVES

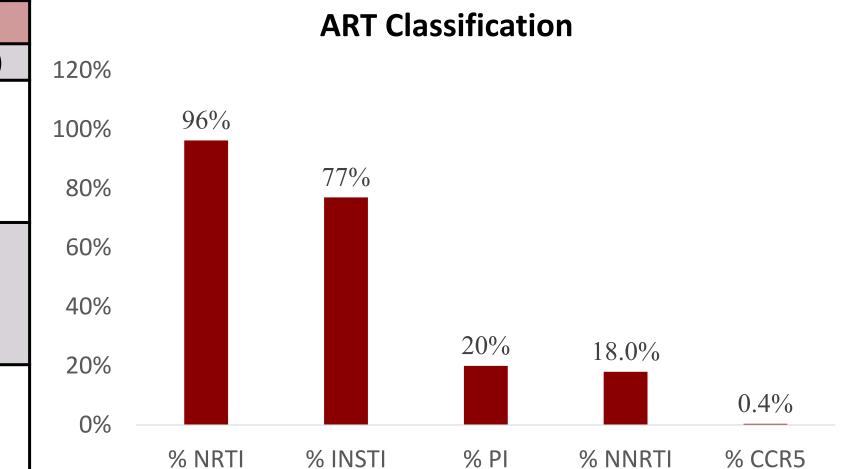
 Characterize CVD risk factors and treatment in PLWH in order to assess and improve cardioprotective treatment in a veteran population

METHODS

- Retrospective review of electronic medical records was conducted on a patient list generated by TheraDoc Clinical Surveillance Software that included all veterans treated with ART from December 1, 2018 – December 31, 2019.
- Exclusion Criteria:
 - Lab results collected > 1 year from last HIV clinic follow-up
- Data Collected:
 - Patient demographic information: age, sex, race, BMI
 - HIV characterization and treatment: HIV VL, CD4 count, ART therapy
 - Hypertension characterization (BP readings) and treatment
 - Diabetes characterization (A1c, fasting glucose) and treatment
 - Dyslipidemia characterization and treatment
 - Cardiovascular events: MI, CVD/Stent/CABG, Stroke, PVD, HF
 - Additional data collection: smoking status, aspirin use, renal impairment

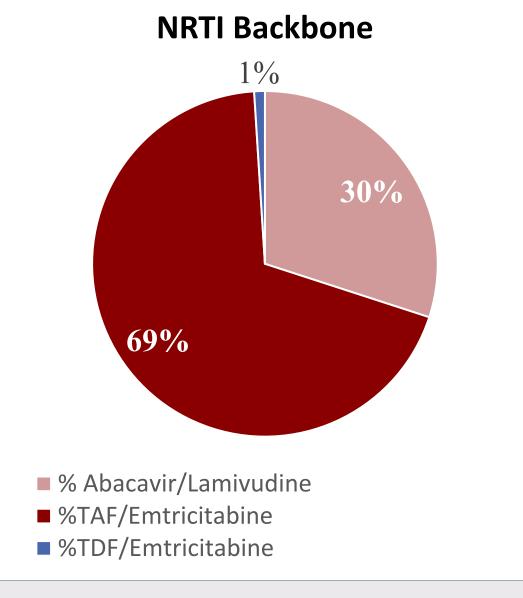
RESULTS

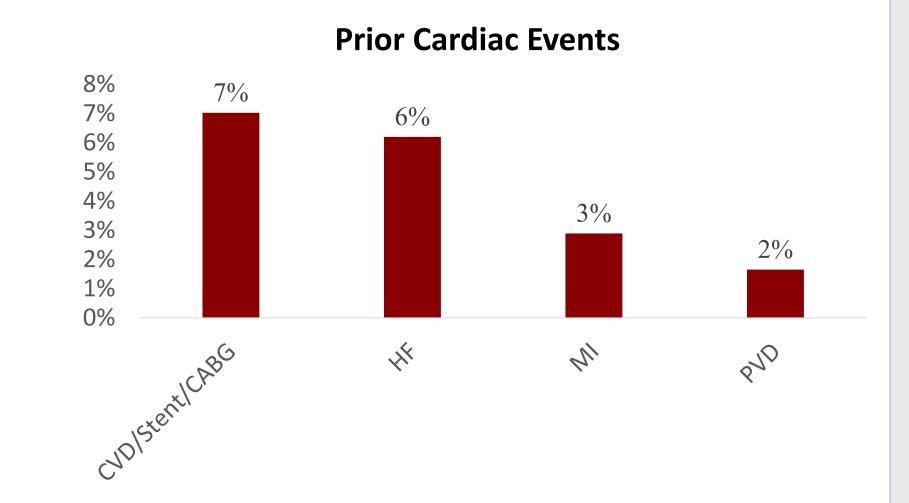
Baseline Characteristics (n=242)		
Age	58 (24 – 89)	
Race		
Black/African American	77%	
White	21%	
Other	2%	
Smoking Status		
Current	33%	
Former	34%	
Nonsmoker	33%	
Diabetes	25%	
On Diabetes Medications	76%	
A1c < 7%	51%	
Hypertension (HTN)		
< 140/90	86%	
On HTN Medications	50%	
Lipid Control		
LDL < 70	40%	
On Lipid Lowering Agent	58%	
On Statin	56%	
CD4 Count (units)	653	
	(14-2427)	
HIV Viral Load (VL) (units) (average from last 2		
results)		
< 20	59%	
< 200	91%	
Aspirin Use	39%	



Characterization of Metabolic Risk Factors			
		Average	Range
BMI		29	16 – 66
LDL		90	16 – 204
HDL		51	19 – 117
Triglycerides		141	37 – 522
Glucose		108	61 – 449
A1c		6	3.6 – 14
SCr*		1.4	0.4 – 12.1
Blood Pressure	Systolic	126	93 – 167
	Diastolic	76	42 – 101
10 – Year ASCVD Risk		25	6.9 – 56.4

^{* =} median used in lieu of mean





LIMITATIONS

- Retrospective Review
- Data reliant on TheraDoc Clinical Surveillance Software and medical chart documentation accuracy
- Assessing cardiovascular risk using ACC ASCVD Risk Estimator has built-in limitations when calculating 10year ASCVD Risk including:
 - Age must be 20-79
 - LDL must be between 70 and 190
 - TC must be at least 130
 - HDL must be at least 20
- ASCVD risk estimator does not include any HIV-specific risk factors in their calculations

CONCLUSIONS

- Despite metabolic risk factors being near goal, our patient's ASCVD risk was still high, likely due to uncontrolled diabetes, smoking status, BMI, and a large proportion of our patients being African American.
- Calculated ASCVD is likely an underestimation of our patient's true value due to a lack of HIV specific risk factors in the ASCVD Risk Estimator.
- Characterization of CVD in PLWH should be a high priority and treatment should be closely monitored, due to their longer lifespans and the rising disease state burden.

REFERENCES

- 1. Feinstein MJ, Hsue PY, Benjamin LA, Bloomfield GS, Currier JS, Freiberg MS, Grinspoon SK, Levin J, Longenecker CT, Post WS; on behalf of the American Heart Association Prevention Science Committee of the Council on Epidemiology and Prevention and Council on Cardiovascular and Stroke Nursing; Council on Clinical Cardiology; and Stroke Council. Characteristics, prevention, and management of cardiovascular disease in people living with HIV: a scientific statement from the American Heart Association. *Circulation*. 2019;140:e98–e124. doi: 10.1161/CIR.000000000000000000055.
- Goff DC, Jr, Lloyd-Jones DM, Bennett G, et al. 2013 ACC/AHA guideline on the assessment of cardiovascular risk: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. J Am Coll Cardiol. 2014;63:2935–59. doi: 10.1016/j.jacc.2013.11.005