

HIV could increase risk of death from heart failure

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After a heart failure diagnosis, people who are HIV-positive are more

likely to be hospitalized or die of any cause than those not infected with HIV, new research shows.

The study is the largest to date to look at how HIV status affects people diagnosed with [heart](#) failure, a chronic condition in which the heart is unable to pump enough blood and oxygen that cells need.

"We found that people with heart failure who are HIV-positive are more likely than those who are HIV-negative to be smokers, have heart and [liver disease](#), and have depression or abuse drugs," said lead study author Dr. Sebat Erqou, an assistant professor of medicine at Brown University in Providence, Rhode Island. He also is a cardiologist at the Providence VA Medical Center and Lifespan Cardiovascular Institute. "But even after taking this into account, people with HIV still have worse outcomes than people who don't have HIV."

Erqou presented the preliminary findings last week at the American Heart Association's Scientific Sessions conference in Philadelphia. He and his colleagues analyzed data on 5,747 HIV-positive and 33,497 HIV-negative veterans with heart failure being cared for from 2000 to 2018 in the Veterans Affairs Health Care System.

The study found 30.7% of HIV-positive veterans with heart failure died from any cause, compared with 20.3% of HIV-negative veterans with heart failure. Hospital admission rates for any cause were 50.2% for those with HIV compared with 38.5% for those without.

More than 6 million people in the United States have heart failure. About half of all people who learn they have heart failure will die within five years of their diagnosis.

There is no cure for heart failure, but it can be managed with medications, through diet and exercise, and by not smoking.

Approximately 1.1 million people in the U.S. are living with HIV. The Veterans Administration provides care to more than 30,000 HIV-positive veterans throughout the U.S., making it the largest provider of HIV care in the country.

HIV damages the immune system, increasing the risk for infections. The medications now available to treat HIV have made a disease that was once a death sentence into a manageable condition.

"What we are starting to appreciate is that HIV has become a chronic disease, which means that in this era of HIV care we need to study ways to prevent heart failure in the first place in people with HIV and then to prevent those with heart failure from getting worse," said Erqou.

Lifestyle factors that increase the risk of heart attack and stroke—smoking, diabetes, being overweight, eating foods high in fat and cholesterol and physical inactivity—also can contribute to heart failure.

"This study shows there are clear opportunities for intervention," said Dr. Matthew J. Feinstein, an assistant professor of medicine at Northwestern University's Feinberg School of Medicine in Chicago.

Erqou said he intends to conduct further research to tease out the relationship between HIV and heart failure. This will involve looking at how cardiovascular disease is treated overall in people with HIV, whether HIV medications affect heart failure, and how adherent people with HIV and heart failure are to their HIV and heart medications.

"This is a flag to anyone interested in preventing heart failure readmissions and adverse [heart failure](#) outcomes to realize this is a systems of care issue," said Feinstein, who was not involved in the study.

"We need to look at how we are providing care to this population and

whether we're doing enough to get them into the clinic, because this is a real problem that is not going to go away and will likely become more important."

More information: Heart Failure Outcomes Among Veterans With Human Immunodeficiency Virus Infection. *Circulation*. DOI: 10.1161/circ.140.suppl_1.16455

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