

Dyslipidemia

DEFINITION

Dyslipidemia occurs when lipid levels in the blood are disrupted, such as when cholesterol or triglyceride levels are too high.

During blood tests, a distinction is made between good cholesterol (HDL) and bad cholesterol (LDL).

WHAT CAUSES IT?

The exact cause of dyslipidemia is difficult to determine. There are several possible causes. Some people suffer from dyslipidemia because of their poor diet and lack of physical activity. Meanwhile, others are more genetically predisposed to having problems with their blood lipid levels.

HIV itself or certain drugs used to treat HIV can also cause dyslipidemia problems. In particular, the class of viral protease inhibitors except for atazanavir (Reyataz®) unboosted with ritonavir, Efavirenz (Sustiva®), stavudine (Zerit™) and zidovudine (Retrovir®, Combivir® and Trizivir™) can also account for dyslipidemia.

HOW TO KNOW IF YOU HAVE DYSLIPIDEMIA?

Your doctor will use a blood test to determine whether you have a dyslipidemia problem.

This type of blood test should always be done before beginning treatment and every three to six months afterwards.

WHY IS IT IMPORTANT TO KNOW IF YOU HAVE DYSLIPIDEMIA?

It is important to know whether someone has dyslipidemia. Dyslipidemia alone and especially associated with other factors predisposes a person to cardiovascular disease such as myocardial infarction (heart attacks).

Also, by knowing this, it becomes possible to identify the cause of dyslipidemia and find ways to treat it.

WHAT TO DO?

A healthy diet and regular physical exercise along with weight loss (if needed) are sometimes successful in controlling dyslipidemia.

Meeting with a nutritionist will help you acquire better eating habits, for instance, by modifying your fat consumption and, if necessary, by eliminating unnecessary calories.

For instance, the nutritionist will tell you about the different types of fat and will suggest that you avoid eating foods such as chips or pastries that contain saturated fat. She will tell you to favour unsaturated fats such as olive or canola oil.

The nutritionist will also tell you to eat foods that help control dyslipidemia. For instance, fatty fish such as salmon contains Omega-3s, which help increase good cholesterol and lower triglyceride levels. Oatmeal, oat bran, psyllium and legumes are rich in soluble fibre, which also helps decrease bad cholesterol.

The nutritionist can also help you learn how to read the labels on food packaging so that you can make better food choices.

Physical activity: ideally, at least 30 minutes of physical exercise every day increases good cholesterol and reduces bad cholesterol.

Note that three 10-minute exercise sessions are as efficient as one 30-minute session. Sometimes it's easier to begin with 10 minutes and then to progressively increase the time.

Smoking: if you smoke, find out about how you can stop. Tobacco considerably increases the risk of cardiovascular disease.

Pharmacological treatment: While you have never had symptoms (dyslipidemia does not have any visible effects) or heart disease, dyslipidemia should be treated. It is also possible that you may never be able to control your dyslipidemia despite a healthy diet and exercise. In this case, it is probably genetic and medication to control your blood lipid levels will then be prescribed to you.

However, these drugs may interact with your HIV medication. It is important to discuss it with your doctor treating you for HIV so that the doses can be adjusted if needed.

HIV control

Studies have shown that suppression of the viral load and restoration of the immune system have a protective effect against cardiovascular disease.

Changing antiretroviral therapy

If necessary, to control dyslipidemia, your doctor can consider modifying your antiretroviral therapy.

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