

## ***HYPERLIPIDAEMIA***

In the absence of ART, HIV infection can lead to dyslipidaemia, including lower HDL levels. HAART has been associated with elevated total cholesterol, LDL, and triglycerides. PIs (with the exception of ATV) have been most strongly associated with lipid abnormalities, though dyslipidaemia has also been documented in patients on NNRTI-based regimens as well as in regimens that include d4T. Recent data suggest that these abnormalities can lead to accelerated atherosclerosis and cardiovascular complications among HIV-infected persons. In general, patients with HIV/HAART-associated dyslipidaemia should be managed in a similar fashion as patients who are not infected with HIV. Low-fat diets, regular exercise, and smoking cessation represent first-line interventions. Fibrates and HMG-CoA reductase inhibitors (statins) can be helpful, but certain statins (e.g. simvastatin and lovastatin) should be avoided due to dangerous drug interactions with PIs. Pravastatin is the preferred agent; atovarstatin may also be used at reduced doses.