

DISORDERS OF BONE METABOLISM

Avascular necrosis and decreased bone density have been documented in HIV-infected adults and children. It is unclear to what degree, if any, ARVs contribute to these disorders; some studies have linked use of PIs to osteopaenia and osteoporosis, while other data suggest a protective effect of PIs on bone mineralisation.

Recommended prevention and treatment measures for osteopaenia includes modification of other risk factors (e.g. smoking cessation, weight-bearing exercise) and adequate intake of calcium and vitamin D. Hormone replacement therapy may be considered in postmenopausal women. Bisphosphonates, such as alendronate, have demonstrated clinical efficacy for HIV-infected patients with osteoporosis.

Avascular necrosis most commonly involves the femoral or humeral head, leading to hip or shoulder pain. Risk factors for osteonecrosis include corticosteroid therapy, alcohol abuse, hyperlipidaemia, and hypercoagulable states. The diagnosis is typically made by x-ray or CT scan. There is no accepted medical therapy, and surgery may be needed to treat severe disabling symptoms.