Perspective

# Increased Risk of Cardiovascular Diseases in Individuals Living with Human Immunodeficiency Virus (HIV)

### Junaid Hukku\*

Department of Internal Medicine, Cavendish University Uganda, Kampala, Uganda

### DESCRIPTION

Over the past few decades, significant progress has been made in the treatment and management of Human Immunodeficiency Virus (HIV), thanks to advances in Antiretroviral Therapy (ART). These advancements have transformed HIV from a fatal disease to a manageable chronic condition, allowing individuals with HIV to lead longer and healthier lives. However, as people with HIV live longer, new health challenges have emerged, one of the most concerning being an increased risk of Cardiovascular Diseases (CVD).

## Understanding the link between HIV and Cardiovascular Diseases

Cardiovascular diseases encompass a range of conditions affecting the heart and blood vessels, including coronary artery disease, heart attacks, strokes, and heart failure. Several factors contribute to the elevated risk of CVD among individuals with HIV:

Inflammation and immune activation: HIV is known to cause chronic inflammation and immune activation in the body, even when the virus is well-controlled with ART. This persistent inflammation can lead to damage of blood vessels, increased plaque formation, and a higher risk of atherosclerosis (narrowing and hardening of the arteries).

**Traditional risk factors:** People with HIV often have a higher prevalence of traditional risk factors for CVD, such as smoking, high blood pressure, elevated cholesterol levels, and diabetes. These risk factors can interact with HIV-related factors, compounding the risk.

Antiretroviral therapy: While ART has revolutionized the treatment of HIV, some antiretroviral drugs have been associated with metabolic side effects, including lipid abnormalities and insulin resistance. These side effects can contribute to an increased risk of CVD.

**Aging population:** As individuals with HIV are living longer, they are also experiencing the natural aging process. Aging itself

is a significant risk factor for CVD, and when combined with HIV-related factors, the risk becomes even higher.

Social determinants of health: Stigma, discrimination, and limited access to healthcare are issues commonly faced by people living with HIV. These social determinants of health can contribute to suboptimal management of risk factors and poorer cardiovascular outcomes.

#### Prevention and management

Given the heightened risk of CVD in individuals living with HIV, proactive measures must be taken to prevent and manage these conditions effectively:

**Regular cardiovascular screening:** Routine cardiovascular risk assessments, including blood pressure monitoring, cholesterol checks, and diabetes screening, should be part of the standard care for people living with HIV. Early detection and intervention can reduce the risk of CVD.

**Lifestyle modifications:** Encouraging individuals with HIV to adopt a heart-healthy lifestyle is crucial. This includes maintaining a balanced diet, engaging in regular physical activity, quitting smoking, and moderating alcohol consumption.

**Medication management:** For those with HIV who require antiretroviral therapy, healthcare providers should carefully select drugs with minimal cardiovascular side effects. Regular monitoring of lipid profiles and other metabolic parameters is essential, and treatment adjustments may be necessary.

Cardiovascular medications: Some individuals with HIV may benefit from cardiovascular medications such as statins, aspirin, and blood pressure medications, depending on their risk profile. These medications should be prescribed by a healthcare professional.

**Mental health and social support:** Addressing mental health issues, reducing stigma, and providing adequate social support are essential components of holistic care for people with HIV. Reducing stress and anxiety can positively impact heart health.

Correspondence to: Junaid Hukku, Department of Internal Medicine, Cavendish University Uganda, Kampala, Uganda, E-mail: iunaid.hukku@hotmail.com

Received: 09-Aug-2023, Manuscript No. AOA-23-26818; Editor assigned: 11-Aug-2023, PreQC No. AOA-23-26818 (PQ); Reviewed: 25-Aug-2023, QC No. AOA-23-26818; Revised: 01-Sep-2023, Manuscript No. AOA-23-26818 (R); Published: 08-Sep-2023, DOI: 10.35841/2329-9495.23.11.380.

Citation: Hukku J (2023) Increased Risk of Cardiovascular Diseases in Individuals Living with HIV. Angiol Open Access.11:380.

Copyright: © 2023 Hukku J. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

### **CONCLUSION**

While the advances in HIV treatment have extended the lifespan of individuals living with the virus, it has also unveiled a new set of health challenges, particularly the increased risk of cardiovascular diseases. Recognizing this risk and implementing

preventative measures and appropriate management strategies are vital to ensuring that people with HIV can enjoy a better quality of life. By addressing the intersection of HIV and cardiovascular health, healthcare providers and individuals with HIV can work together to mitigate this silent threat and improve overall well-being.