First Study on cardiovascular risk in HIV infected patient in a group of population in Bukavu South Kivu, Democratic Republic Of Congo

Background

The frequencies of cardiovascular and infectious diseases including HIV are increasing in developing countries. It is possible that HIV-infected patients have a higher than the general population cardiovascular risk. But very few studies in Africa have been published on this subject. Objective: Evaluate the cardiovascular risk in HIV-infected patients.

Results

Although patients infected with HIV were relatively young (30-49 years) compared to the general population (72.5% vs 31.1%, p <0.0001), they had metabolic syndrome more than the general population (p <0.05).

In this group, total cholesterol and HDL-cholesterol were higher in patients undergoing antiretroviral treatment than in those without it (p=0.01). 32.3% of HIV-infected patient versus 13.1% in the control group [p <0.0001] had presented a classical angina.

In multivariate analysis, only Human Immunodeficiency Virus infection [adjusted odds ratio (95%), p: 2.93 (1.42 to 6.08), 0.003], smoking [3.37 (1.50 - 7.60), 0.003] and cholesterol [2.16 (1.07 to 4.34), 0.03] showed an independent effect on the probability of occurrence of chronic coronary artery disease.

Methodology

The demographics, anthropometrics, and biological parameters, the conventional cardiovascular risk factors and the signs of a classic angina were investigated in 138 HIV-infected patients and compared to 280 subjects non infected by HIV. The probability of ischemic cardiopathy according to supposed risk factors was modeled in a multiple logistic regression. The p-value less than 0.05 was considered statistically significant.

Conclusion

The prevalence of chronic ischemic cardiopathy is higher among the peoples living with the Human Immunodeficiency Virus than in the general population.

David SALAMA KAISHUSHA, MD. DRC
Salamadavid87@yahoo.fr
dkaishusha7@gmail.com