

Experience of collaboration between a PLWH Clinic and a Clinical Nutrition Center at a hospital in the north-east of Italy

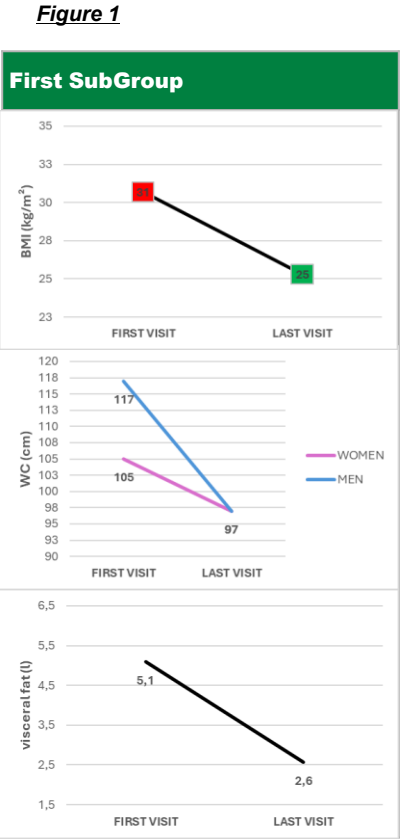
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Introduction/Summary

Nowadays, weight gain and obesity among people living with HIV (PLWH) are serious problems that often occur after initiation of antiretroviral therapy (ARVt) and they have been associated in particular with the use of integrase inhibitors (INSTIs). Recent studies support the fact that weight gain is also related to patients' lifestyle and the general trend of world population.

Study Design

This abstract shows our experience with the Nutrition service of our Hospital in the North-East of Italy. We perform an observational study, selecting patients during routine visits depending on BMI (Body Mass Index) and patient's interest in being involved.

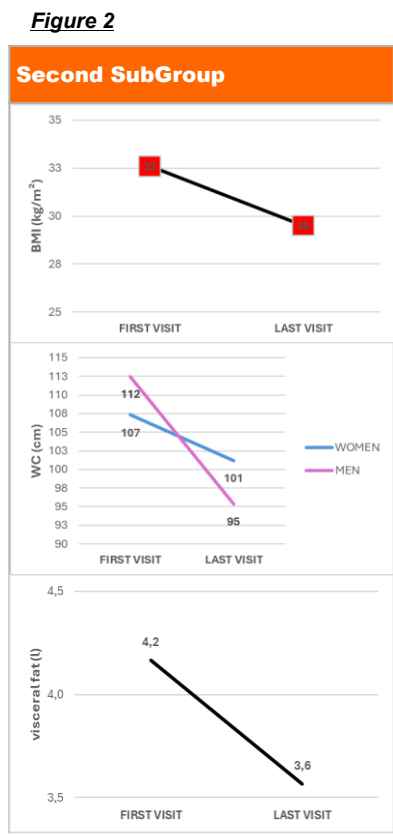


Methods

Virological inclusion criteria were having an HIV-RNA <20 copies/ml for 6 months or longer and were on stable ARVt. We included in the analysis only patients who completed at least one year of nutritional follow-up. At each nutritional visit the following anthropometric data were collected: waist circumferences (WC), body weight, BMI and the execution of BIA (bioelectrical impedance analysis) for estimating body composition (fat mass, fat free mass and visceral fat). The nutritionist and the dietitian set the target weight to be achieved and select the most suitable dietary intervention.

Table 1

| | |
|---|-----|
| MALE | 8 |
| FEMALE | 7 |
| MEDIAN AGE (IR 49-60) | 57 |
| 3DR | 8 |
| 2DR | 7 |
| INSTIsbased R | 7 |
| non INSTI based R | 8 |
| VL<20cv/ml at first visit | 15 |
| MEDIAN CD4 (IR 49-60) cell/mmc (IR 425,5-667) | 521 |



Results

From December 2022 to March 2024, we have sent 26 patients for nutrition visits, of which 15 patients should have completed 1 year of follow-up. We collected data from these 15 patients (table 1). The average BMI was 32 kg/m² (1st degree obesity) at the first visit. Four of these patients were lost at follow-up. The remaining 11 patients can be divided into 3 groups based on the results achieved.

- **First SubGroup: 3 of 11 people (Figure 1)**

3 of 11 people achieved the target set at the first visit. These patients have improved BMI, waist circumference (WC) and visceral fat reducing cardiovascular risk.
- **Second SubGroup: 6 of 11 people (Figure 2)**

6 of the 11 patients didn't achieve the target set at the first visit, but reduced BMI. All of these patients reduced WC and 50% of them moved from high to increased cardiovascular risk. All of these patients reduced visceral fat volume.
- **Third SubGroup: 2 of 11 people**

These patients didn't change BMI's values, WC and VF

Conclusions

We had a good outcome in 9 out of 11 patients that concluded one year follow up. These preliminary results, even if they have no statistical value, are encouraging to continue with this project.

References

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