



Change in body composition Dimock Community Health Center



I am starting a protease inhibitor and have heard that protease inhibitors cause weight gain. Is this true?

Some people are noticing redistribution of body fat, often manifested as fatty tissue on the upper back (“buffalo hump”), increased neck size, or increased girth (“Crix belly”). In a 1997 survey of HIV primary care providers, about half reported having patients who developed these body changes. Some physicians attribute this specifically to the protease inhibitors, and some see fat distribution changes as part of HIV pathogenesis itself. Some patients experience wasting of muscles along with a gain in fat tissue, which mimics the appearance of people with Cushing’s syndrome.

Is fat redistribution harmful to my health?

Physicians who have seen this effect agree that it is not physically harmful in and of itself. One oncologist reports that when he first noted “buffalo hump” in a person with HIV, he referred the patient for a biopsy of the tissue. It was revealed to be a benign growth known as a lipoma, or fatty tumor. Although this lipomatosis has been compared to Cushing’s syndrome, in HIV disease it is not associated with increased levels of the hormone cortisol, which causes Cushing’s syndrome. Because an increase in body fat is sometimes accompanied by a decrease in muscle tissue, it is important to find out if a person with accumulated fat has adequate muscle mass. If decreased body cell mass coexists with increased fat, the person should be treated for AIDS wasting syndrome. AIDS wasting syndrome is typified by the body’s inability to use stored fat for energy, instead breaking down muscle and protein stores.

Can lipomatosis be reversed?

It is not known if lipomatosis reverses when protease inhibitors are withdrawn. Although changes in body composition are distressing, the majority of patients surveyed did not want to stop taking protease inhibitors if they were achieving good anti-viral effect. People taking protease inhibitors have learned that powerful medications come with powerful side effects. The most pressing challenge in HIV care is to help people manage these side effects while helping them find the most effective anti-viral regimen for them.

What should I do if I get a lipomatosis?

As with any body change that might be the side effect of a medication, it is important to make sure that no threat is being posed to your health. If you notice changes in your body composition, alert your primary care provider and ask to be screened for wasting syndrome and other nutritional problems. Your primary care provider will also want to rule out serious medical problems like Cushing’s syndrome.

Changes in body image should not be downplayed just because they do not threaten health. For many people, visible signs of illness are just as distressing as the illness itself. Keep an open dialogue going with your primary care provider, other health care professional whom you trust, and the people who care about and support you. Your primary care provider will be very concerned about any issue, physical, emotional, or environmental, that may affect your ability to adhere to anti-virals. Good providers of HIV care realize that successful anti-viral therapy is built on a partnership between providers and consumers. If change in body composition is distressing to you, your provider may recommend a change in therapy, or even liposuction to remove the unwanted body fat. Whatever the treatment options may be, talk to the people who care for you about your feelings and concerns. Some problems are less worrisome if shared with others.