

ROUNDTABLE

THE EXPERTS Speak

Who gets lipo and why? And then what? Three veteran docs share their frontline observations with **Jeannie Kim**

MARK KATZ, MD (opposite page), is an HIV specialist in Los Angeles who directly cares for several hundred HIVers; as a regional HIV physician coordinator for Kaiser Permanente, he oversees the HIV care for approximately 5,000 HIVers in Southern California.

DOUGLAS MEST, MD (left), clinical director of the Blue Pacific Medical Group in Hermosa Beach, California, specializes in the treatment of facial wasting and was one of the first doctors in the U.S. to use New-Fill injections to treat facial lipoatrophy.

PHYLLIS TIEN, MD (pictured on page 12), assistant professor of medicine at University of California/San Francisco, is a principal co-investigator of both the Fat Redistribution and Metabolic Change in HIV Infection (FRAM) study and the San Francisco site of the Women's Interagency HIV Study (WIHS).

"We're finally getting docs to stop saying it doesn't matter how you look if your numbers are good."

—Dr. Douglas Mest, facial lipoatrophy expert

WHO GETS LIPO?

MEST: Age is a factor, as is genetics—whites are more likely to have lipoatrophy than blacks. In my practice, I've treated many more men with facial lipoatrophy than women.

TIEN: People who have had HIV for a longer time and have had lower T cells [CD4 cells] may be more at risk for lipoatrophy.

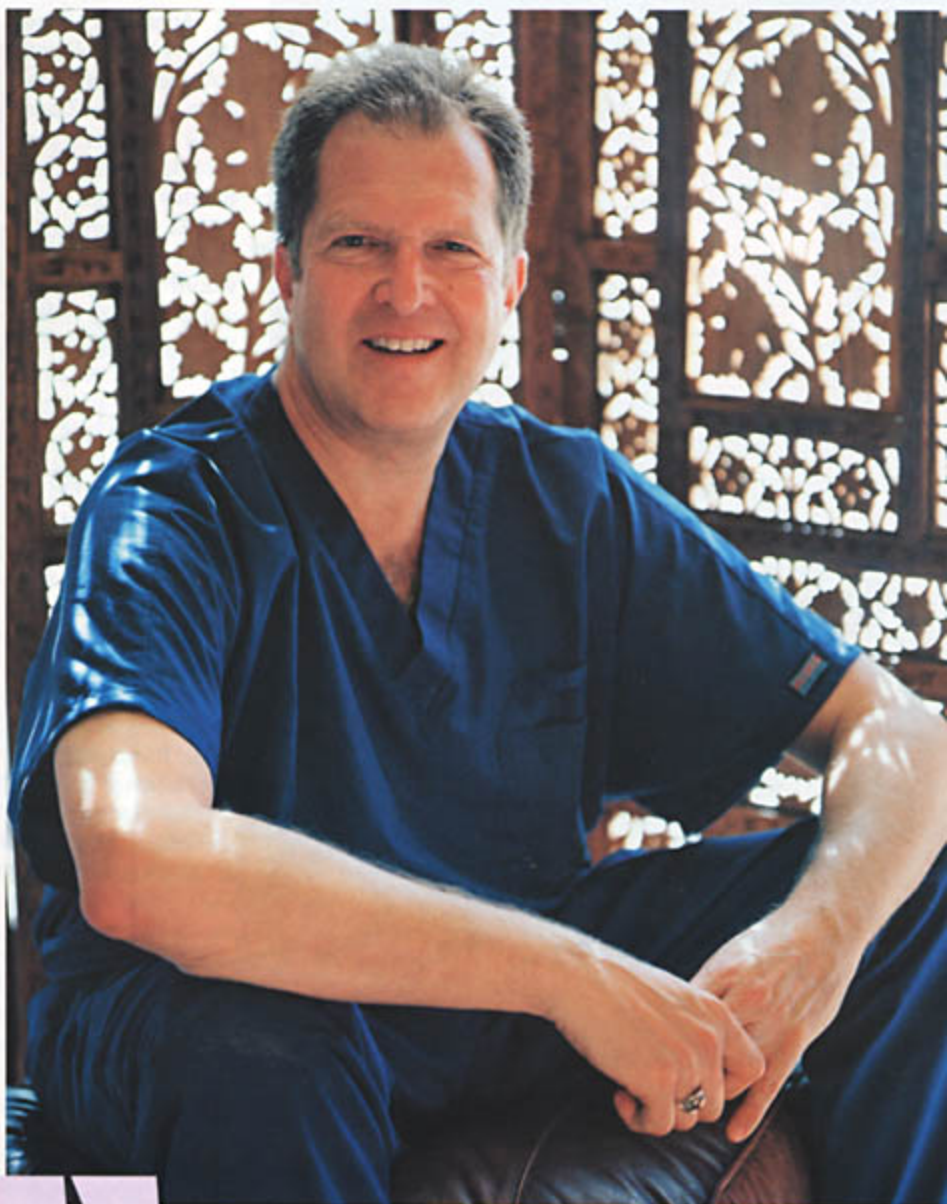
KATZ: My experience is that a 58-year-old man whose T cells were 88 before going on [HIV meds] and who has been on treatment for seven or eight years is more likely to get lipo than a 23-year-old woman, newly infected, whose T cells are 700. Those are extreme cases, and there's a lot of variation in between. Fat loss seems more prevalent in men, but that may be because the men in my practice tend to have been positive longer, have been on more regimens and have had fewer T cells. Fat accumulation is a much more mixed bag—it can happen in women and in men and in people who have been in treatment for different lengths of time.

ARE MEDS TO BLAME?

MEST: We still don't know the cause-and-effect. There are people who have facial lipoatrophy who are HIV positive but have never been on meds. Lipoatrophy is considered a normal part of aging, so it could be that HIV itself is causing accelerated aging.

TIEN: The main question is, how much of lipo is associated with HIV, what is associated with HIV meds and what is simply genetics and aging? If someone has had a low CD4 count, has had wasting and is not eating well, and then they go on drugs, their CD4 count goes up, they start feeling better, they eat more and they start gaining weight—they might think [the weight gain] is because of the drugs.

KATZ: Drugs are a part of it, but there are other factors. We don't know what contributes more. It's possible that lipodystrophy is caused by the immune system rebounding after going on medication. There may be genetic factors. Clearly, there are patients who are on Zerit (d4T) or Crixivan (indinavir) who have not had lipo, so we have to be careful not to assume it's only—or mostly—the drugs. The drugs are just the easiest thing to look at.



Today we are starting people on regimens where there may be a lower risk of lipo." —Dr. Mark Katz, HIV doc

WHICH MEDS ARE THE CULPRITS?

KATZ: The average patient comes to me and says, "I don't want PIs because of the fat changes." But with newer PIs like Reyataz (atazanavir)—and to a lesser degree older PIs like Viracept (nelfinavir) and Agenerase (amprenavir)—we don't generally see lipo to any significant extent. Crixivan is definitely associated with lipo, and Kaletra (lopinavir/ritonavir) and

Fortovase/Invirase (saquinavir) are somewhere in between.

With the nukes, Retrovir (AZT), Zerit and Videx (ddI) are clearly more likely to be associated with lipoatrophy. In LA, there's a perception that it's largely Zerit. People say you can see someone walking down the street in West Hollywood with sunken cheeks, and someone will whisper, "He's on Zerit."

I don't have any data from my practice, and there aren't any good controlled data to show that starting on



“People who have had HIV for longer and have lower CD4s may be more at risk.”

—Dr. Phyllis Tien, lipo researcher

a [particular] regimen means less likelihood of developing lipo long term. We need to wait a few more years. But I can tell you that if I were starting a regimen today and I wanted to minimize the chances of getting lipo, I would use something like Ziagen (abacavir), 3TC and a non-nuke [rather than a PI].

CAN SWITCHING MEDS REVERSE LIPO?

MEST: Switching drugs may help with lipoatrophy. There's the MITOX study

in Australia, where they've been following patients who switched from Zerit to Ziagen. After two years, there is *some* increase in fat, but not enough.

KATZ: According to the researchers, it would take years and years to fully reverse the fat loss. In my practice, I've noted that people who have lipoatrophy, particularly those who are on Zerit or AZT and switch off them, will reverse, but slowly.

I haven't seen any study that shows that stopping a [lipo-linked] PI is going to definitely reverse body-fat accumulation. But I do have one woman [patient] whose breasts and abdomen increase so dramatically when she goes on treatment, she now has a self-prescribed regimen of two months on, two months off. When she's off her meds, her breasts and abdomen go close to normal size, then she goes on for two months to get her T cells up and her virus under control. It isn't a typical treatment strategy, but she's very well-informed and proactive.

WHAT ABOUT "COSMETIC" FIXES?

MEST: To restore fat lost in cheeks, I prefer nonpermanent fillers like New-Fill [see "The Lipo Fix-It Files," page 13]. Some doctors believe you have to have a permanent solution, like silicone implants. But my concern is, What if we put this in patients' faces, and then the fat comes back? Then we've overcorrected, and that's a real concern. For the back hump, liposuction has been the

biggest thing [see "Strategies," page 15]. It's effective but doesn't always last. Human growth hormone [see "Strategies," page 16] is very promising for trimming fat around your abdominal organs. That can't be treated with liposuction, since liposuction treats only subcutaneous fat [just below the skin]. On the other hand, growth hormone can actually make lipoatrophy worse, so you have to balance out all the factors.

KATZ: Also, the cost of growth hormone is something like \$70,000 a year. If I were HIV positive and had this problem, you could be sure I'd want \$70,000 spent on it. But from a public-health perspective, when you think about what that kind of money can do and how many people have lipo, it's not very cost-effective.

ARE LIPO'S DAYS NUMBERED?

TIEN: That's tough to say. I haven't studied a young, recently infected population. If you look at the fact that people who have had low CD4 nadirs have more lipodystrophy, you would think that people who are recently infected wouldn't have it. But they may have the same risk over time. And the use of Zerit, for example, is going down, so it could be that we won't see as much lipodystrophy related to that.

KATZ: When you look back to '96, '97, we were dealing with [PIs] Crixivan and Viracept, and most everyone was on [nukes] AZT and Zerit. Now we know that we were putting people on regimens where they were at risk for lipo. Today, we are starting people on regimens where there may well be a lower chance. But it's too early to say whether they'll have less lifetime risk.

MEST: At the very least, I think more people are seeking out lipo treatment and are aware that there are options. From being a gay man out in our community, it does seem to be less prevalent. Whether people are switching from the meds that are more causative or aren't starting these to begin with or what, I don't know. However much it may be decreasing, lipo is still there. The good thing is, we're finally getting primary-care doctors to recognize that this is a real problem and not say "It doesn't matter how you look if your numbers are OK." ■