CARDIOMETABOLIC HEALTH: FROM DIAGNOSIS TO MANAGEMENT

Daniel Lee, MD, Linda Scruggs, Jeff Taylor

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Roles and Financial Disclosures

- Daniel Lee, MD (Moderator)
  - Clinical Professor of Medicine, University of California, San Diego, CA, USA
  - Financial Disclosures: Advisor/Consultant - EMD Serono and Theratechnologies, Advisor/Stock Ownership - Gilead Sciences
- Linda Scruggs (Presenter)
  - Co-Executive Director, Ribbon – A Center of Excellence, Largo, MD, USA
  - Financial Disclosures: None
- Jeff Taylor (Presenter)
  - Executive Director, HIV + Aging Research Project, Palm Springs, CA, USA
  - Financial Disclosures: None

Session Agenda

- Introduction to Cardiometabolic Health – Daniel Lee, MD (15 minutes)
- Presentations from:
  - Linda Scruggs (15 minutes)
  - Jeff Taylor (15 minutes)
- Discussion and Q&A (10 minutes)
- Closing Remarks (5 minutes)

What is Cardiometabolic Health?

- Definition: Cardiometabolic health (CMH) refers to the holistic, interconnected well-being of your cardiovascular system (heart and blood vessels) and metabolic system (energy regulation).
  - **Prevention** of chronic conditions such as diabetes, heart disease, and obesity, focusing on achievement and maintenance of ideal blood pressure, cholesterol, blood sugar, and weight
  - **Treatment** of chronic conditions like hypertension, diabetes (including prediabetes, insulin resistance), hyperlipidemia, and obesity (including increased visceral adiposity or lipohypertrophy in HIV)

Why does CMH matter in PWH?

- Cardiovascular and Cerebrovascular Risk
  - Approximately 2x higher risk of cardiovascular disease (CVD) compared to HIV-negative individuals
  - Incidence of ischemic strokes is about 3x higher in PWH than the general public
  - Traditional risks (smoking, diet) compound with HIV-specific factors
- Metabolic Drivers
  - Chronic immune activation and residual inflammation
  - Side effects of older anti-retroviral therapy regimens (“legacy effects”)
  - Higher prevalence of insulin resistance and dyslipidemia

Screening Protocols and Diagnostic Criteria

Step 1
(At entry to care)

Fasting lipid profile

Fasting glucose or A1c

Blood pressure

Step 2
(Risk estimation)

Use the **PREVENT online calculator*** ~~or the **ASCVD Risk Estimator***~~

* Traditional calculators often underestimate risk in PWH

Step 1
(Routine Monitoring)

Reassess cardiovascular risk annually or whenever clinical status changes

PREVENT Calculator: https://professional.heart.org/en/guidelines-and-statements/prevent-calculator

Non-Pharmacologic Management

- First-line intervention: Lifestyle modifications
  - Nutrition and Weight
    - Recommend a heart-healthy Mediterranean diet to lower cholesterol
    - Reduce sugar intake to lower blood sugar
    - Reduce salt intake to lower blood pressure
    - Referral to a registered dietician (if available)
    - Manage weight shifts possibly associated with antiretroviral therapy (TAF, INSTIs)
  - Physical Activity
    - Target 150 minutes/week of moderate-intensity aerobic exercise
  - Smoking Cessation
    - Prioritize aggressively as smoking acts as a severe risk multiplier in PWH

Pharmacologic Management

- Medical Therapies: Managing Dyslipidemia, Diabetes, and Hypertension

Medical Condition	Preferred 1st Line Agent	Key HIV Considerations
Dyslipidemia	Statins (e.g., atorvastatin, rosuvastatin, pravastatin)	Avoid simvastatin, lovastatin typically due to CYP3A4 drug interactions; watch for toxicities
Diabetes	Metformin	GLP-1s can be used, but beware of muscle mass loss
Hypertension	Thiazide diuretics or ACE inhibitors or ARB or Calcium channel blocker	Choice is often dependent on side effect profile and/or presence or absence of comorbid conditions

Conclusion/Key Clinical Takeaways

- Assume higher risk: Treat PWH as having elevated cardiovascular risk from day one
- Screen early and often: Embed baseline and annual metabolic screens into routine HIV care
- Collaborate dynamically: Coordinate between HIV specialists, ID specialists, primary care providers, cardiologists, and endocrinologists

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Linda H Scruggs

Co-Executive Director

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Why This Survey Was Conducted

- Explore awareness and understanding of cardiometabolic health among people aging with HIV
- Identify concerns, priorities, and information gaps
- Understand what individuals want healthcare providers to discuss
- Bring community perspectives into clinical and research conversations
- Inform future education, advocacy, and healthy aging initiatives

Awareness and Understanding of Cardiometabolic Health Key Findings

- 77.5% had never heard the term *cardiometabolic health*
- 75% reported limited knowledge of the topic
- Most participants had lived with HIV for more than 20 years
- Many were managing multiple age-related health concerns

Key Message

The challenge may not be awareness of health conditions; it may be familiarity with the language used to describe them.

What Matters Most to People Aging with HIV?

Most Frequently Reported Concerns

- Physical limitations and maintaining independence
- Financial challenges
- Access to quality healthcare
- Memory and cognitive changes
- Managing multiple health conditions

- **Key Message**

Participants described aging through functional and quality-of-life concerns rather than clinical diagnoses.

What Participants Want Healthcare Providers to Discuss

- **Participants Asked for More Information About:**
- Memory loss and cognitive health
- Strategies to maintain independence
- Drug interactions and treatment options
- Lifestyle changes that support healthy aging
- Managing HIV alongside other chronic conditions

- **Key Message**

Participants want practical, understandable conversations that connect health risks to everyday life.

What Helps People Age Healthier with HIV?

Participants Identified the Need for:

- Peer support and social connection
- Accessible exercise and wellness programs
- Aging-friendly housing modifications
- Gender-affirming and culturally responsive care
- Affordable supportive services

Key Message

- Healthy aging requires more than clinical care—it requires supportive environments and resources.

Implications for Clinical Practice and Research

- **Community-Informed Considerations**
- Use language patients understand
- Connect cardiometabolic risk to daily life and functional outcomes
- Address social determinants that affect health management
- Include community voices in research and program design
- Promote whole-person approaches to aging with HIV

- **Final Takeaway**

People aging with HIV are asking for information, support, and partnership, not just treatment.

Jeff Taylor

Executive Director

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Discussion / Question & Answer Session

Closing Remarks

Thank you for attending today's session!