

## **HIV status does not affect cardiac therapy effectiveness, study shows**

AUG 2006 - Standard heart failure therapy for peripartum cardiomyopathy (PPCM) works just as well in HIV-positive patients as HIV-negative patients, according to a recent study performed by

Dr Olaf Forster and Prof Karen Sliwa at the University of the Witwatersrand, South Africa, and Prof Aftab A Ansari at Emory University School of Medicine, USA.

The team of researchers have found that a suppressed immune system, due to HIV-infection, does not have a negative influence on the effectiveness of heart treatment for patients with PPCM.

PPCM is a weakness of the heart muscle that affects women from one month before delivery to five months after delivery and carries a high mortality rate. In the Western world the incidence is about 1 in 10,000. In African countries, it varies between 1 in 100 and 1 in 1,000 live births.

“At Chris Hani Baragwanath Hospital in Soweto, South Africa, we see two to three new cases every week,” says Dr Olaf Forster, lead researcher for the study. “This unique situation prompted us to initiate a single centre prospective study of patients with PPCM, systematically assessing clinical status, the kinetics of cardiac function by echocardiography [an ultrasound of the heart] and collecting peripheral blood samples over a follow-up period of 36 months.”

The researchers studied the performance of the left ventricle, the main pumping chamber that sends blood to the rest of the body. They found no difference in the left ventricular performance of HIV-positive and HIV-negative patients at the start of the study, or after six months of heart failure therapy. HIV-positive patients improved their New York Heart Association Functional Class – a measure of the effect of heart failure on daily life – to the same degree as HIV-negative patients. Mortality rates did not differ between the two groups.

The study to date has included 24 newly diagnosed HIV-positive and 47 HIV-negative PPCM patients. Patients on antiretroviral therapy were not included in the study.

The patients received the same cardiac therapy – a combination of angiotensin-converting enzyme inhibitors, carvedilol, diuretics and digoxin if indicated. Researchers performed echocardiographic studies and blood analysis at baseline and after six months of heart failure therapy.

“There has been the general prejudice that heart failure therapy might not achieve good results in HIV-positive immuno-compromised PPCM patients,” says Forster. “But our findings indicate that even in low-resource settings, where antiretroviral therapy may be absent, HIV-positive patients should not be neglected and should be treated in the same way as HIV-negative patients with this disease, and the stigma removed.”

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