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## Weight Creep: The Overlooked Vital Sign in Patients with HIV

### Announcer:

Welcome to CME on ReachMD. This episode is part of our MinuteCE curriculum.

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### Dr. Segal-Maurer:

This is CME on ReachMD. I'm Dr. Sorana Segal-Maurer. Here with me today is Dr. David Wohl. We're going to dive right into this.

I'm going to be a little inflammatory – no pun intended. Is weight gain in our people living with HIV real? Is it a concern? Should we be concerned? Should we talk about it today?

### Dr. Wohl:

Yeah, it's amazing that years ago, those of us who have gray hair or me, no hair, remember where wasting syndrome was the predominant body shape issue that we had to deal with, and now we're talking about people who are overweight or obese. And obesity is epidemic in our country, of course, and in other countries, of course, where there's an ample supply of calories. So it is an issue for people living with HIV. I think it's gotten more attention now because there has been some concern, but some of our HIV therapies, including integrase inhibitors, may contribute to weight gain. That's controversial, and it's a very hard thing to study. On the one hand, it's very hard to know what to compare that to. So do integrase inhibitors make people inherently gain weight? Or are they being compared to other regimens that may inhibit weight? And we have some evidence that, for sure, some antiretrovirals do inhibit weight gain. On top of that, we have the normal phenomenon we see when we start people on HIV therapy, especially those with lower CD4 cell counts and higher viral loads, which is a dramatic increase in weight, and that "return to health." So add that on top of all the uncertainties regarding the antiretrovirals and you've got this mix where it's very confusing.

To be honest with you, Dr. Segal-Maurer, I feel that there is probably more going on with some of our therapies, including TDF and including efavirenz and maybe the pharmacological boosters, that inhibit weight and not so sure that TAF or the newer integrases really do dramatically increase weight in most people, and I think this is something that has to be teased out a little bit further. Regardless, weight gain is an issue for everyone, and there are some things we really need to talk about on how to help our patients not gain too much weight.

### Dr. Segal-Maurer:

I want to underscore what you said. The traditional risk factors for weight gain, the not-necessarily-HIV-related risk factors, definitely genetics, age, gender. We have an intersection between HIV epidemic and the obesity epidemic, certainly in the United States in the South-Southeast, as I'm sure you are well aware of. We're also seeing our people living with HIV get older. As older Americans who are not HIV-positive, we certainly know, as in postmenopausal women, weight gain is a tremendous challenge regardless of HIV or not. And of course, substance use or substance use cessation definitely impacts weight gain, and of course, the big topic we're all talking about is mental health. People will self-medicate, sometimes with food, alcohol, other things, or begin medications which increase their risk for weight gain.

COVID did not do anyone any favors between social isolation and other things, but what I want to throw out there is we sometimes engage in healthy eating, but divorce the calorie intake. So we're doing lots of great healthy eating, not minding portion size and some of what we're putting in there. So people are frustrated because they're eating well, but here they're putting on weight.

And I think one thing that you mentioned – I really want to underscore, going back to you and I, hopefully we're not the same age, but we have the same history. We look back, that CD4 nadir and the apex of that viral load really drove a lot of our lipoatrophy, lipodystrophy, and that refeeding syndrome. And I think in some of our next episodes we'll really get into the impact of antiretrovirals on top of all of these very complex risk factors that also include lifestyle risk.

So I wanted to thank you for the points that you brought up. Certainly, we don't have an answer on how to stop the US and global obesity epidemic, but this has been a great micro-discussion. Our time is up. Thank you so much, all, for listening.

**Announcer:**

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