Fatty Liver Disease Is Common Among Young People Living With HIV

Noninvasive imaging may be the best way to screen for NAFLD in this population.

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Around one third of young people living with HIV may have non-alcoholic fatty liver disease (NAFLD), according to study findings published in AIDS. The analysis found that fatty liver disease was only partially explained by overweight and metabolic syndrome.

Arising from the accumulation of fat in the liver, NAFLD and its more severe form, non-alcoholic steatohepatitis (NASH), are responsible for a growing proportion of advanced liver disease worldwide. As a result of inflammation, NAFLD can lead to fibrosis, cirrhosis and even liver cancer. Fatty liver disease is often accompanied by abdominal obesity, hypertension and abnormal blood sugar and fat levels, collectively known as metabolic syndrome. With no effective approved medical therapies, NAFLD management is dependent on lifestyle changes such as weight loss and exercise.

While fatty liver disease is known to be common among people living with HIV, data on younger people with perinatal HIV acquisition, meaning they acquired HIV during gestation or around the time of birth, are lacking.

Talia Sainz, MD, PhD, of the Hospital La Paz Institute for Health Research in Madrid, and colleagues carried out a prospective study of 38 children, adolescents and youth with perinatal HIV acquisition and 38 HIV-negative young people matched for age and sex. More than half (59%) were young women, and the median age was 19 years. All individuals with HIV were receiving antiretroviral therapy when the study began; 87% had viral suppression. Noninvasive imaging was used to determine the presence of NAFLD or fibrosis, and four different scores were used to predict NAFLD.

The researchers found that 11 young people with HIV (29%) were diagnosed with NAFLD by imaging, compared with just three HIV negative individuals (8%). Clinical parameters and analytical scores failed to accurately identify participants who were at risk for NAFLD. People with NAFLD had a significantly higher BMI and were somewhat more likely to have overweight, though this was not statistically significant. HIV-related parameters, such as viral load and CD4 cell count, generally did not differ significantly in people with and without fatty liver disease, except the CD4/CD8 T-cell ratio was lower among HIV positive people diagnosed with NAFLD.

“The prevalence of NAFLD was high” among people with perinatally acquired HIV and was “only partially explained by overweight and metabolic syndrome–defining factors,” the researchers concluded.

“Noninvasive image techniques offer an opportunity to address non-alcoholic fatty liver disease in a population in which the scores validated for adults have not been tested,” they wrote. [L]iver ultrasound assessment should be considered for the screening of NAFLD among [people with perinatally acquired HIV] in routine clinical practice.”

Click here to read the study abstract in AIDS.

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