I77. THE RHEUMATIC MANIFESTATIONS OF HIV INFECTION IN THE ANTI-RETROVIRAL ERA

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Human immunodeficiency virus (HIV) has caused a global pandemic. Associated with premature death from opportunistic infections and malignancies, the uncontrolled virus is devastating. In the UK, an estimated 90,000 people are infected, one third of whom are currently undiagnosed. Since the advent of combination anti-retroviral therapy (cART), the prognosis of HIV has been dramatically transformed and a normal life expectancy is now predicted. However, there is growing recognition that long-term cART is associated with its own complications, particularly metabolic conditions such as hyperlipidaemia and diabetes. Evidence is accumulating that rates of osteoporosis are also increased in these patients. This and other manifestations of so-called premature ageing are increasingly described. The earliest description of the rheumatic manifestations of HIV was published in 1989 and detailed severe seronegative arthritis and psoriasis among patients dying of AIDS. Since then, several studies were published about seronegative arthropathies and HIV. However, much of the literature pre-dates the widespread use of cART. As we will see, HIV may present for the first time with symptoms of an inflammatory rheumatic disease. Moreover, there are syndromes unique to HIV that have similarities to rheumatic diseases and of which rheumatologists should be aware. This lecture will build on the older literature by describing the rheumatic manifestations among a UK cohort of 2000 patients with HIV treated according to modern best practice with cART. As the population with prevalent HIV ages, more patients will develop co-existent inflammatory rheumatic diseases and require disease modifying drugs and biologic therapies on a background of chronic immunosuppression. The literature is sparse at present but the risks/benefits of standard rheumatological therapies in patients taking cART will be discussed.

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