



# Getting to the HAART of the matter

by Jennifer Chung

**H**eat disease is striking more HIV-positive people—and at a younger age. Dr. Greg Bondy, associate director of the Heart Centre at St. Paul's Hospital in Vancouver and a researcher at the BC Centre for Excellence in HIV/AIDS, plans to do something about it. Bondy is leading a new study investigating how the cholesterol-lowering drug rosuvastatin (Crestor) interacts with highly active antiretroviral therapy (HAART). The trial, CTN 218, will also determine whether the drug successfully prevents hardening of the arteries.

"We have made great strides in HIV treatments and simplifying drug regimes, but we have to start tackling some of the other health issues that are affecting people with HIV," says Bondy, who specializes in endocrinology. "This trial is one of first ways we can identify an approach to prevent hardening of the arteries."

While it isn't completely understood why people with HIV are at a higher risk for cardiovascular disease, a number of factors can be pointed to as the most likely causes. Researchers have found that antiretroviral drugs cause cholesterol levels to rise, and they believe that HIV disease itself may put individuals at an increased risk. In addition, a high prevalence of smoking among this specific population is of particular concern.

Bondy says findings generated from this study could potentially provide a definitive and effective strategy to prevent heart disease in HIV-positive people as well as information for HIV treatment guidelines.

He and his team are seeking participants with at least one risk factor for heart disease, such as hyperlipidemia (the presence

of excess fat or lipids in the blood) and hypertension (abnormally high blood pressure). Participants will receive either 10 mg rosuvastatin or a placebo on a monthly basis. Rosuvastatin belongs to a class of medications known as statins. Statins travel directly to the liver, where 80 per cent of the cholesterol in the blood is made. Once there, they shut down the enzymes that produce cholesterol.

According to Bondy, what makes this study unique is its use of carotid ultrasound, an imaging technique that can detect any hardening of the arteries at the start and end of the trial. By looking directly at the arteries, Bondy and his research team will be able to determine whether a participant should receive rosuvastatin or placebo.

"We have a world-class study that is not only important for HIV disease, it could also have broader implications in the general population, particularly those with metabolic disorders," says Bondy.

CTN 218 is a two-year, randomized, double-blinded study that will recruit 250 participants at sites in BC, Ontario, and Quebec. The study is expected to begin enrolling participants by early 2008. ⊕



*Jennifer Chung is the information and communications coordinator at the Canadian HIV Trials Network in Vancouver.*

## **Trials enrolling in BC**

- CTN 194** — Peg-Interferon and Citalopram in Co-infection (PICCO)  
*BC sites:* Downtown Infectious Diseases Clinic (DIDC), Vancouver
- CTN 214** — Effect of a One-Year Course of HAART in Acute/Early HIV  
*BC sites:* DIDC, Vancouver; Cool Aid Community Health Centre, Victoria

- CTN 221** — NGX-4010 for the Treatment of Painful HIV-Associated Neuropathy  
*BC sites:* DIDC, Vancouver
- CTN 222** — Canadian Co-infection Cohort  
*BC sites:* DIDC, Vancouver

To find out more about these and other trials, check out the **Canadian HIV Trials database** at [www.hivnet.ubc.ca](http://www.hivnet.ubc.ca) or call 1.800.661.4664.