

Letters to the Editor

Dyslipidemia among HIV-infected patients

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Sir,
The recent report on dyslipidemia among HIV-infected patients is very interesting.^[1] Muhammad *et al.*, concluded that “HIV-infected patients on HAART demonstrated higher prevalence of high TC while HAART naïve subject showed higher prevalence of low HDL.^[1]” Indeed, the problem of dyslipidemia is well-known among the HIV-infected patients. There are many reports worldwide. For its exact pathophysiology, “HIV-related dyslipidemia is multifactorial.^[2]” The important points for the general practitioners include (a) seeking for possible dyslipidemia and other metabolic disorders among HIV-infected cases is suggested, (b) closed monitoring of dyslipidemia and other metabolic disorders during the use of HAART is required and (c) continuous updating the knowledge according to the new clinical practice guideline to manage dyslipidemia and other metabolic disorders among HIV infected.^[3]

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References

1. Muhammad S, Sani MU, Okeahialam BN. Prevalence of dyslipidemia among human immunodeficiency virus infected Nigerians. *Ann Afr Med* 2013;12:24-8.
2. Rodríguez-Carranza SI, Aguilar-Salinas CA. Metabolic abnormalities in patients with HIV infection. *Rev Invest Clin* 2004;56:193-208.
3. Samaras K. The burden of diabetes and hyperlipidemia in treated HIV infection and approaches for cardiometabolic care. *Curr HIV/AIDS Rep* 2012;9:206-17.

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