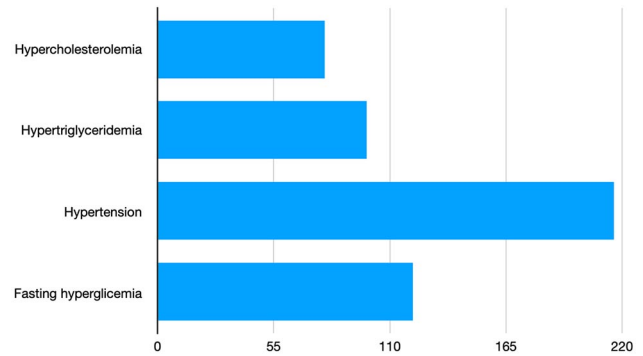




Graphic 1. Cardiovascular risk factors 3 or more months after starting ARVs

Cardiovascular risk factors 3 or more months after starting ARVs

Methods. This cross-sectional study analyzed data from the HIV care program at a tertiary hospital in Santiago de los Caballeros, Dominican Republic. The aim was to identify and characterize dyslipidemia and its relationship with hypertension and diabetes mellitus. Lipid profiles, serum glucose levels, and blood pressure readings were compared before and at least three months after starting antiretroviral treatment to assess any significant changes.

	Hypercholesterolemia (>200 mg/dl)	Hypertriglyceridemia (>150 mg/dl)	p value
Gender			0.03
Female	43	36	
Male	36	60	
Fasting hyperglycemia (>101 mg/dl)	47	47	0.89
Hypertension (> 120 / 80 mmHg)	67	87	0.56

Correlation between gender and cardiovascular risk factors

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P-259. Dyslipidemia and Its Relationship with Hypertension and Diabetes in HIV Patients: A Cross-Sectional Study in the Dominican Republic

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Background. Advances in the management of HIV and AIDS have shifted the primary health concerns for these patients from opportunistic infections to cardiovascular diseases. Although antiretroviral therapy (ART) has significantly improved survival, it has also been linked to complications such as dyslipidemia, hypertension, carbohydrate metabolism disorders, and coronary and peripheral artery disease. In the Dominican Republic, a middle-high-income country, healthcare practices for people living with HIV are generally not focused on preventing these comorbidities.

Results. A total of 298 medical records were reviewed, with 82% of patients on an antiretroviral regimen consisting of Tenofovir/lamivudine + Dolutegravir. Hypertriglyceridemia was the most common form of dyslipidemia (33.2%), followed by hypercholesterolemia (26.5%). Hypertension was prevalent in 72.5% of patients, and 40.6% exhibited fasting hyperglycemia. Dyslipidemia was significantly associated with gender ($p=0.03$), but no statistically significant relationships were found between dyslipidemia, hypertension, and hyperglycemia.

Conclusion. The high prevalence of hypertension and diabetes or pre-diabetes in the studied population highlights the need for preventive measures to address these chronic non-communicable diseases in HIV patients. It is crucial for healthcare providers to implement lifestyle modifications and consider medications that could slow the development of these complications.

Disclosures. All Authors: No reported disclosures

Table 1. Patients demographics

Gender	
Female	151 / 50.67%
Male	147 / 49.33%
Age (years)	
18 - 28	34 / 11.4%
29 - 38	51 / 17.1%
39 - 48	92 / 31%
49-60	91 / 30.5%
> 60	30 / 10%