

Bone health and HIV

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Those of us with HIV are more likely to have conditions such as osteopenia (low bone mineral density) and osteoporosis (weakened bones) than our negative contemporaries. Factors such as low body weight and increased levels of smoking may also be contributors.

French investigators recently found that over a third of those about to start treatment already had reduced bone mineral density and that their levels continued to fall after they started treatment, particularly in those taking a [protease inhibitor](#) [1] A type of anti-HIV drug that works by preventing the production of an enzyme, protease, that HIV needs to replicate..

However, HIV treatment, CD4 cell count and [viral load](#) [2] A measurement of the quantity of HIV RNA in the blood. Viral load blood test results are expressed as the number of copies (of HIV) per milliliter of blood plasma. does not appear to increase the risk of bone fractures. Their analysis showed that the only factors associated with fractures were excess alcohol consumption and coinfection with hepatitis C.

A joint London/New York study also noted that tenofovir, a popular component of many people's regimens, may also be responsible for higher levels of bone mineral loss. They advise that vitamin D may prove to be a useful supplement for those on tenofovir.

Vitamin D is essential for bone metabolism and appears to be almost universally deficient in people with HIV.

- [bone disorders](#)
- [clinical research](#)
- [tenofovir](#)

Links:

[1] <http://www.napwa.org.au/glossary/term/108>

[2] <http://www.napwa.org.au/glossary/term/416>