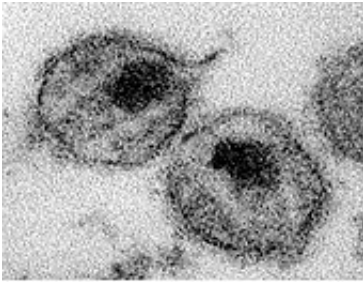


Specific biomarkers ID cardiac dysfunction, mortality risk in HIV

July 9 2015



Electron micrograph of HIV.
Source: U.S. Centers for
Disease Control & Prevention

(HealthDay)—Specific biomarkers correlate with cardiovascular dysfunction and all-cause mortality among HIV-infected individuals, according to a study published online July 8 in *JACC: Heart Failure*.

Eric A. Secemsky, M.D., from Massachusetts General Hospital in Boston, and colleagues examined biomarkers and electrocardiograms for 332 HIV-infected patients (median age, 49 years; 80 percent male) and 50 age- and gender-matched controls. The authors further assessed the correlation between biomarkers and cardiovascular dysfunction and all-cause mortality.

The researchers found that HIV patients had higher levels of all biomarkers except ST2, compared with controls. Forty-five percent of

HIV patients had [diastolic dysfunction](#) (DD); ST2 correlated with DD (relative risk [RR], 1.36). Within the cohort, left ventricular systolic dysfunction was rare (5 percent). Twenty-seven percent of HIV [patients](#) had pulmonary hypertension, and this correlated with growth differentiation factor-15 (GDF-15; RR, 1.18), N-terminal pro-B-type-natriuretic peptide (RR, 1.18), and cystatin C (RR, 1.54). Over a median of 6.1 years there were 38 deaths in HIV subjects; all-cause mortality was independently predicted by ST2, GDF-15, high-sensitivity C-reactive protein, and D-dimer (hazard ratios, 2.04, 1.42, 1.25, and 1.49, respectively).

"Among HIV-infected individuals, ST2 and GDF-15 are associated with both cardiovascular dysfunction and all-cause [mortality](#) and may be useful at identifying those at-risk for developing cardiovascular events and death," the authors write.

Two authors disclosed financial ties to the pharmaceutical and biotechnology industries.

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