

# Lipodystrophy / Fat Redistribution Syndrome

## What is lipodystrophy ?

Lipodystrophy also known as the 'Fat Redistribution Syndrome', refers to a number of disturbances in the way the body uses and distributes fat.

### Changes to the body shape can include:

- *fat accumulation*: an increase in fat around the stomach or girth (previously known as 'Crix Belly'). Sometimes there is an increase in breast size (male and female) and a small number of people have extra fat between the shoulder blades ('buffalo hump').
- *fat loss*: wasting of the face around the cheeks and temples and loss of fat from the arms, legs and buttocks, with veins becoming more prominent.

Some people have a combination of fat accumulation and loss in different parts of the body. Sometimes these physical changes coincide with changes in the metabolism, the way the body produces and uses nutrients and energy.

### Changes to the metabolism can include:

- a rise in the levels of fats in the blood, called 'lipids' (cholesterol and triglycerides). Elevated levels of blood lipids may be associated with heart disease.
- high blood sugar (glucose) levels and diabetes have been found in a small number of people.

## Prevalence

It is difficult to know how common lipodystrophy is, as no specific clinical definitions have been agreed and there are no clear diagnostic tests or measurements.

## What Causes Lipodystrophy?

Research suggests that the emergence of these physical and metabolic changes may be associated with the length of time on combination therapy. Other theories suggest that protease inhibitors or other antiretrovirals such as nucleoside analogues (NA) are not necessarily the cause of lipodystrophy and that successful suppression of HIV, enabling the immune system to repair itself, may contribute. Lipodystrophy is a rapidly changing situation so a lot of International research is currently being undertaken to assess the underlying causes of these changes and to explore preventative measures.

Currently there is no proven method of reversing these syndromes, however there are options that may help you minimise its impact.

## **What You Can Do**

### **Antiretroviral Therapy changes**

- It is generally considered advisable to stay on your current therapy, but different antiretroviral regimens can be discussed with your **clinic doctor**, and current studies can be discussed.
- Discuss monitoring of your *blood fats*, *blood glucose* and *blood pressure* with your doctor.

### **Diet & weight**

- Arrange to see a **dietitian** if you are concerned about *weight loss* or *weight gain*.
- Your dietitian can carry out simple measurements to help monitor *body shape changes*.
- Although it is still unknown whether changing your diet affects drug-induced *raised lipid levels*, it is considered sensible to follow a "Cardioprotective diet". Individual dietary assessments and appropriate dietary strategies can be discussed with your dietitian.

### **Fitness & Exercise**

- The altered physical make up of your body can produce functional problems. If you have a physical problem or require information on exercise and physical activity you can access a **physiotherapist** via your doctor or key nurse. Psychological problems can occur secondary to changes in body image.

### **Social & emotional support**

- The **nurses** at the Kobler work in teams. You can be linked with a key nurse for support.
- Your local **community nurse specialist** (CNS) may be able to advise you about services available nearer your home.
- **Health advisors** are available to give support and crisis counselling for anyone with HIV/health anxieties. Those with concerns prior to starting treatment may also benefit from discussing these issues with health advisers.
- These services extend to partners and carers. Ask your clinic doctor or key nurse to refer, or self-referrals are accepted via 020 8846 6155.

### **Specialist psychological support**

- Some people with body shape changes experience a significant drop in self-esteem and confidence. If this is the case you may benefit from speaking to a **psychologist**. Discuss this with your clinic doctor or key nurse and ask them to refer you.

### **Activities of daily living**

- Some daily activities can become more difficult to manage due to physical changes to your body and associated psychological adjustments. The **occupational therapist** (OT) can offer advice, suggest equipment and adaptations to improve function and promote independent living and provide support in stressful situations. The OT service can provide an out-patient stress management course and a community service which includes home assessments. The service is accessed via a written referral from any member of the multi-disciplinary team.
- General advice can be given by all teams to help keep the heart healthy: e.g. stopping/reducing smoking, having your blood pressure checked, maintaining a healthy weight and exercising regularly.

### **Metabolic Clinic**

The Kobler now has a specific clinic dedicated to Metabolic Issues. Ask your Clinic Doctor to refer you to the Dietitian or Dr Moyle for treatment.

This information was provided by the Dietetics team of the HIV/GU Medicine Directorate of the Chelsea and Westminster Hospital. For more information please call 020 8746 8178.

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