

14th Annual Conference of the British HIV Association



23–25 April 2008, Belfast

RISK FACTORS FOR HYPOVITAMINOSIS D IN HIV-POSITIVE INDIVIDUALS

HIV Med 2008; 9(Suppl. 1):35 (abstract no. P95A)

K Klassen, A Winston and S Portsmouth
Imperial College Healthcare NHS Trust, London, UK

BACKGROUND: Levels of vitamin D [25(OH)D] in HIV positive individuals have not been well described. However, concerns regarding an increasing prevalence of bone disease in this population have been highlighted. We therefore investigated factors associated with plasma 25(OH)D concentrations in HIV-1 infected subjects.

METHODS: All HIV positive patients attending a central London clinic undergoing 25(OH)D assessment in the past 48 months were included in this analysis. Factors associated with 25(OH)D concentrations were assessed using linear regression modelling.

RESULTS: Seventy nine patients were included. Mean (median) vitamin D levels were 38(31) nmol/L (range: <15–145). Mean age was 41 (range: 17–72), 70% were on HAART, median CD4 count was 380 (range: 0–930), 47% were men, 33% were of Caucasian origin and 49% were of African origin. Eighteen (23%) and 55 (70%) patients were vitamin D-deficient and insufficient (<25 nmol/L and 25–74nmol/L), respectively. The following factors were statistically significantly associated with increased plasma 25(OH)D exposure; Caucasian origin ($P=0.025$), currently on HAART ($P=0.010$) and duration of time on HAART ($P=0.026$). Whereas season, CD4+cell count, gender, currently receiving protease inhibitors and tenofovir use were not statistically significantly associated ($P>0.064$ for all).

CONCLUSIONS: We have described a high prevalence of hypovitaminosis D in an urban, diverse HIV-positive population. Unlike other reports, we have observed no relationship with season and levels of vitamin D. Furthermore Caucasian ethnicity was not the strongest predictor of higher vitamin D concentrations whereas current HAART use was.

Copyright © 2008 - [British HIV Association \(BHIVA\)](#) Reproduction of this abstract (other than one copy for personal reference) must be cleared through the BHIVA Organising Secretariat 1 Mountview Court, 310 Friern Barnet Lane, London N20 0LD