BACKGROUND AND IMPORTANCE

Patients with HIV infection have greater risk for cardiovascular diseases (CVD) compared to general population, being the main cause of morbidity/mortality. Factors that contribute to this increase are both those of the infection and the classical cardiovascular risk factors (CRFs).

AIM AND OBJECTIVES

- To observe the prevalence of CRFs
- To estimate cardiovascular risk of HIV patients
- To analyse pharmaceutical interventions which were carried out to control it.

MATERIAL AND METHODS

Observational and prospective study was carried out from February to June 2021. The main CRFs were identified:

- **Modifiable**
  - Tobacco use
  - Arterial hypertension
  - Diabetes mellitus
  - Elevated LDL-c
  - Low HDL-c
  - Elevated total cholesterol
  - Physical inactivity

- **Unmodifiable**
  - Age
  - Sex

The data were collected through electronic clinical history and the interview with patient in a pharmaceutical care clinic.

RESULTADOS

- 63 patients were included.
- Median age was 53 years (IQR 45-57)
- 67% were men.

**THE CVRFS ANALYZED WERE**

- Tobacco use: 50.70%
- Arterial hypertension: 31.70%
- Diabetes mellitus: 50.80%
- Elevated total cholesterol: 63.40%
- High LDL-c: 17.40%
- Low HDL: 61.90%

- 92 pharmaceutical interventions were carried out

CONCLUSION AND RELEVANCE

- CRFs are common in these HIV patients and a large proportion of them have a moderate-high risk of CVD.
- The main role of the pharmacist in this study has been aimed at modifying heart-healthy lifestyle habits.
- The approach of cardiovascular risk should be considered as part of the integral follow-up of HIV patients.

**No conflict of interest**

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Case studies - with patient consent