Recent studies suggest that the increased incidence of cardiovascular diseases (CVD) is due to greater longevity of patients, chronic inflammation and immune activation associated with HIV infection, and antiretroviral treatment (ART) itself, which may contribute to increased cardiovascular risk (CVR).

To establish the frequency of cardiovascular risk factors (CVRF), as well as to estimate the incidence of CVR in patients with HIV infection.

Observational, retrospective study with all HIV patients with ART who were followed up by the Infectious Diseases Unit.

**Variables**
- Age
- Gender
- AIDS prevalence
- Time since diagnosis
- Time on ART
- Current ART

**CVRF***
- Age and male gender
- Smoking
- Hypertension
- Diabetes
- Dyslipidemia
- Obesity

***European Society of Cardiology Framingham scale
- Low risk (<5%)
- Moderate risk (5-10%)
- High risk (10-15%)
- Very high risk (≥15%)

**950 patients**
Mean age: 52 years
♀ 27%
♂ 73%

- 25% AIDS criteria
- Time on ART: 14 years
- 98% with ART

**ART**
- 16% non-nucleoside analogs
- 40% protease inhibitors
- 47% transcriptase inhibitors

**Prevalence of CVRF**

<table>
<thead>
<tr>
<th>CVR by Framingham scale</th>
<th>Mean</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low risk</td>
<td>340 (35.8%)</td>
<td>188 (19.8%)</td>
<td>152 (16%)</td>
</tr>
<tr>
<td>Moderate risk</td>
<td>232 (24.4%)</td>
<td>175 (18.4%)</td>
<td>57 (6%)</td>
</tr>
<tr>
<td>High risk</td>
<td>168 (17.7%)</td>
<td>137 (14.4%)</td>
<td>31 (3.2%)</td>
</tr>
<tr>
<td>Very high risk</td>
<td>209 (22%)</td>
<td>188 (19.9%)</td>
<td>21 (2.2%)</td>
</tr>
</tbody>
</table>

Gender difference: **♂ 12.21 vs. 6.25% ♀
P<0.001

Classic CVRF are more frequent in patients with HIV than in the general population, which carries a high risk of CVD. Therefore, it is advisable to improve the primary control of modifiable CVRF in patients with HIV and to assess the use of drugs with a better cardiovascular risk profile.