



Steven T. Harris - MD

Professor, UCSF, Endocrinology & Metabolism

Dr. Steven T. Harris is a board-certified endocrinologist with a subspecialty focus on osteoporosis, metabolic bone disease and disorders of mineral metabolism. He is a Clinical Professor of Medicine at the University of California, San Francisco. He has spent many years working on a variety of clinical research projects related to the prevention and treatment of osteoporosis. Dr. Harris maintains an active consultative practice in metabolic bone disease, and is also engaged in a wide variety of educational initiatives related to osteoporosis.

Interview by

Stefano Rusconi

Ospedale Luigi Sacco– Milano

Prof. Steven T. Harris

ICAR: Italian Conference on Aids and Retrovirus- TORINO

May 12-14, 2013

Stefano Rusconi:

Prof Harris from the United States of America. We're going to ask him three questions. The first one is: there are many anti-HIV medicines, and more or less they're all related to some kind of toxicity. Is this a given consequence?

Prof Harris:

Yes, it appears that all of the medications used to treat HIV are associated with a mild reduction in bone density. Typically, if one looks across these various studies, the bone density decreases by something like 2% to 6% within the first year or so of therapy. Fortunately, it appears that most patients do not have a progressive decrease in bone density over time. So, there's a slight decrease of uncertain significance regarding fracture risk, followed by subsequent stability.

Stefano Rusconi:

The second question is about the class of Bisphosphonates - are they more a help or harm?

Prof Harris:

I think that Bisphosphonates are very effective agents in decreasing bone remodelling, and decreasing the rate of bone loss, and presumably, in decreasing fracture risk. I say presumably, because we've done extensive studies with Bisphosphonates outside of the HIV population, but no one to my knowledge has done a study of the effectiveness of Bisphosphonates in patients who are HIV-positive. Having said that, I would expect the Bisphosphonates to reduce fracture risk, but they are in fact associated with a slightly increased risk of osteonecrosis of the jaw and atypical femoral fracture over the long term. The question then becomes, if the fracture risk is low

at baseline, and the fracture risk might increase a little bit with antiretroviral therapy, is it then reasonable to add yet another medication to reduce the fracture risk from a small number to an even smaller number if there are some safety issues associated with the long-term use of the Bisphosphonates?

Stefano Rusconi:

And the third and last one: we have a variety of HIV-infected persons, a big chunk of them is represented by women. Do you have any advice, any major perspectives for ageing?

Prof Harris:

In the premenopausal women, I suspect that antiretroviral therapy will not in fact have a major negative effect upon bone density. The changes are likely to be very small, as we were discussing before. In postmenopausal women, however, any regimen that increases the bone remodelling rate, as is true for the antiretroviral therapies in general, might aggravate bone loss over the long-term. We know that postmenopausal women are losing bone anyway, and it's conceivable that HIV infection and its treatment might aggravate that normal age-related bone loss. So if I were to single out a particular population for more careful monitoring and evaluation, it would in fact be postmenopausal women on antiretroviral treatment.

Stefano Rusconi:

Okay, thank you Professor.