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Tekeda Ferguson, PhD; Liz Simon, PhD; Meghan Brashear, MPH; Curtis Vande Stouwe; Stefany Primeaux, PhD; Don Mercante, PhD; Katherine Theall, PhD; David Welsh, MD; Patricia E. Molina, MD, PhD

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Chronic hazardous alcohol use is highly prevalent in persons living with HIV (PLWH). Antiretroviral therapy (ART) has reduced HIV mortality and increased survival, which is associated with an increased incidence of comorbidities including insulin resistance, metabolic syndrome and cardiovascular disease. Our preclinical studies have shown that chronic binge alcohol administered simian immunodeficiency virus-infected male rhesus macaques develop decreased whole body insulin sensitivity irrespective of ART status. This study examined the prevalence of insulin resistance (IR) and its association with alcohol use in an adult, majority African American, cohort of PLWH enrolled in the New Orleans Alcohol Use and HIV (NOAH) Study. IR was determined using HOMA-IR and the Triglyceride Index and insulin sensitivity (IS) was determined using the McAuley and Raynaud’s index. Alcohol use was measured with a 30-day time line follow back, the Alcohol Use Disorder Identification Test (AUDIT), Life Time Drinking History, and Phosphatidylethanol.

Multivariate regression and logistic regression analyses were performed to assess the association of IR and IS and alcohol consumption stratifying by sex adjusting for body mass index (BMI), race, smoking, education, viral load, CD4 status, protease inhibitor use and use of statins or metformin. Our analyses included 355 PLWH, 83.6% were African American, 15.6% Caucasian, and 0.3% other race; 69% are men and 31% women. The mean age of the cohort is of 48.2 ±10. Their mean fasting plasma glucose was 99.88 ± 23.4 mg/dl (range: 57 - 258 mg/dl), mean BMI was 27.2 ± 7.1 (range: 1.2 - 73.2), and mean triglyceride levels was 123.7 ± 84.0 mg/dl (range: 35 - 956 mg/dl). At risk drinking (AUDIT ≥8) was prevalent in 40.3% of participants. Among the current non-drinkers, 53% subjects are IR and 58.2% of them have history of prior heavy drinking. Overall, 47.2% of subjects met IR criteria (HOMA-IR ≥1.9). We observed, a positive correlation of alcohol use and fasting plasma glucose and a negative correlation of alcohol use and fasting plasma insulin (p-value <0.05).

However, measures of IR and IS, were not associated with alcohol use when adjusting for known confounders. A statistically significant difference in prevalence of IR by gender was observed. Men who were former drinkers were at a higher risk for increased Triglyceride Index. In this adult in-care cohort of PLWH, alcohol use was not associated with prevalence of IR as detected by multiple indices. However, current versus life-time drinking history may have differential effects on risk for IR and metabolic comorbidities. Whether alcohol use increases risk of impaired glucose tolerance, as seen in our macaque studies remains to be investigated.

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