

Conferencias y Simposios

MESA DE CAPÍTULOS. Diabetes en contextos de infecciones complejas y consumo de drogas

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Diabetes en personas que viven con VIH

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El tratamiento antirretroviral (TAR) ha transformado la infección por VIH en una condición crónica, equiparando la expectativa de vida con la población general. Sin embargo, esto ha revelado una alta prevalencia de comorbilidades cardiometabólicas, particularmente diabetes mellitus tipo 2 (DM2).

La fisiopatología de la DM2 en personas que viven con el VIH (PVS) es multifactorial. Involucra inflamación crónica de bajo grado, translocación microbiana y remodelación patológica del tejido adiposo, generando resistencia insulínica profunda. Asimismo, los regímenes TAR modernos basados en inhibidores de la integrasa (INSTIs) se asocian a un aumento de peso significativo y obesidad central (MASLD). Frente a este fenotipo de alto riesgo cardiorrenal, es destacable el rol de las nuevas moléculas: los agonistas del receptor de GLP-1 (AR-GLP-1), que promueven pérdida ponderal y reducción de eventos cardiovasculares mayores (MACE), y los inhibidores de SGLT2 (iSGLT2), que otorgan protección renal y cardíaca sin interacciones medicamentosas con el TAR.

El pronóstico de las PVS depende actualmente del manejo integral del riesgo cardiometabólico. La integración temprana de AR-GLP-1 e iSGLT2 resulta esencial para mitigar la morbimortalidad y asegurar un envejecimiento saludable.

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Palabras clave: VIH, diabetes.

PANEL DISCUSSION. Diabetes in the context of complex infections and drug use

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Diabetes in people living with HIV

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Antiretroviral therapy (ART) has transformed HIV infection into a chronic condition, aligning life expectancy with that of the general population. However, this has revealed a high prevalence of cardiometabolic comorbidities, particularly type 2 diabetes mellitus (T2DM).

The pathophysiology of T2DM in people living with HIV (PLWH) is multifactorial. It involves chronic low-grade inflammation, microbial translocation, and pathological adipose tissue remodeling, leading to profound insulin resistance. Furthermore, modern ART regimens based on integrase strand transfer inhibitors (INSTIs) are associated with significant weight gain and central obesity (MASLD). Facing this high cardiorenal risk phenotype, the role of novel molecules is noteworthy: GLP-1 receptor agonists (GLP-1 RAs), which promote weight loss and the reduction of major adverse cardiovascular events (MACE), and SGLT2 inhibitors (SGLT2is), which provide renal and cardiac protection without drug-drug interactions with ART.

The prognosis of PLWH currently depends on the comprehensive management of cardiometabolic risk. The early integration of GLP-1 RAs and SGLT2is is essential to mitigate morbidity and mortality and ensure healthy aging.

Key words: HIV, diabetes.