HIV-Associated Rheumatic Disease Syndromes

Musculoskeletal symptoms continue to affect over 50% of individuals with HIV, the virus that causes AIDS. A variety of rheumatic disorders can be associated with HIV infection including joint pain, arthritis, muscle pain, weakness, and fatigue, all of which can sometimes precede the diagnosis of HIV/AIDS.

**Fast facts**

- HIV-associated rheumatic disorders can affect any age group, although they are more commonly seen in young individuals between the ages of 20 to 40 years.
- Most HIV-associated rheumatic disorders improve with specific treatment of HIV.
- Some of the medications used to treat HIV/AIDS can cause joint pain or muscle weakness, and can even cause some autoimmune disorders. If musculoskeletal and/or autoimmune disorders do occur, medications should be reviewed for possible side effects causing the musculoskeletal symptoms.

**What are HIV-associated rheumatic diseases?**

These are disorders of the joints and muscles that can result from the HIV infection. Painful joints and muscles are usually the first and most common complaints. Less common, but as important, are a variety of rheumatic conditions that can occur including infectious complications such as infected joints (septic arthritis), muscles (tropical myositis, and bones (osteomyelitis), psoriatic arthritis, reactive arthritis, polymyositis (inflammation of muscles), fibromyalgia, lymphomas, and inflammation of blood vessels (vasculitis).
Patients with HIV infection may also experience musculoskeletal complications such as muscle disease (myopathy), osteonecrosis, osteoporosis, and lipodystrophy resulting from medicines used to control HIV infection.

What causes HIV-associated rheumatic diseases?
The musculoskeletal complications of HIV-associated rheumatic disorders have a number of different causes. Infections including direct involvement of HIV and other viruses and/or bacteria can play important role(s) in causing these complications.

Who gets HIV-associated rheumatic diseases?
HIV-associated rheumatic disorders affect individuals of all ages, ethnicities and genders. Common risk factors for HIV include unprotected sex, IV drug abuse and, less commonly, blood transfusion.

How are HIV-associated rheumatic diseases diagnosed?
HIV-associated rheumatic diseases are suspected when an individual who is at high risk for HIV infection develops painful joints and muscles or any other rheumatic condition. The diagnosis is confirmed by the appropriate test for HIV.

How are HIV-associated rheumatic diseases treated?
The specific highly active antiretroviral therapy HAART (often referred to as the “cocktail” of HIV drugs) introduced in the mid 1990s has markedly improved HIV-related symptoms, especially inflammatory musculoskeletal conditions. Thanks to HAART, both the frequency and clinical severity of the rheumatic disorder and long-term prognosis have greatly improved.

Additionally, most HIV patients with musculoskeletal complaints respond well to conventional treatment with a combination of pain relievers and anti-inflammatory medications. Those who do not respond to conventional treatment may require medicine to suppress the immune system and physical therapy to relieve symptoms, prevent joint deformities and, most importantly, preserve musculoskeletal function.

How can HIV-associated rheumatic diseases be prevented?
Some of the risk factors associated with HIV infection are shared with the risks of associated rheumatic diseases. To prevent these risk factors, all individuals should use safe sex practices, and those afflicted with HIV should make sure they take their specific antiretroviral therapy as prescribed by their doctor.

Living with HIV-associated rheumatic diseases
HIV-associated musculoskeletal pain causes discomfort, muscle weakness, and impairment in everyday function. A well-balanced diet and an exercise program are the best way to help HIV patients maintain health.

Points to remember
- Any musculoskeletal complaint such as joint pain and muscle weakness that affects non-HIV infected patients can occur in HIV-infected patients. Therefore, not all musculoskeletal complaints in HIV patients are related to the HIV infection.
- HIV-associated rheumatic diseases may precede the diagnosis of HIV infection.
The introduction of HAART has had a major beneficial effect on HIV infection and its associated clinical manifestations.

To find a rheumatologist
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For more information
The American College of Rheumatology has compiled this list to give you a starting point for your own additional research. The ACR does not endorse or maintain these Web sites, and is not responsible for any information or claims provided on them. It is always best to talk with your rheumatologist for more information and before making any decisions about your care.

The Arthritis Foundation
www.arthritis.org

The National Association of People with AIDS
www.napwa.org

Updated May 2008
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