



HIV and Rheumatic Disease

The first cases of acquired immunodeficiency syndrome —more often referred to as AIDS — occurred 30 years ago. Since then, there has been great progress in understanding, treating and preventing AIDS and HIV, the virus that causes AIDS. Despite these advances, 2.7 million people around the world became infected with HIV in 2010.

Many people with HIV have problems of the musculoskeletal system (joints, muscles and bones). HIV infection can lead to rheumatic (joint and muscle) illness, including joint pain, arthritis, muscle pain, weakness and fatigue (feeling very tired). Sometimes these symptoms (what someone feels) happen before the person knows he or she has HIV.

Fast facts

- Rheumatic diseases related to HIV can affect any age group, though they are most common between 20 and 40 years of age.
- Most HIV-related rheumatic diseases get better with HIV treatment.
- Some medicines for HIV and AIDS can cause joint pain or muscle weakness. Some of these drugs can even cause autoimmune diseases. Then the body’s immune system mistakenly attacks healthy tissues.
- Signs and symptoms of rheumatic diseases, their treatment and HIV infection all overlap.



What are HIV-related rheumatic diseases?

Some diseases of the joints and muscles can result from HIV infection. Many of these rheumatic diseases cause inflammation (pain and swelling). Painful joints and muscles are often the first and most common complaints.

Less common rheumatic diseases that can occur in people with HIV include:

- Infected joints (septic arthritis), muscles (myositis) and bones (osteomyelitis)
- [Psoriatic arthritis](#)
- [Reactive arthritis](#)
- Polymyositis (inflammation of muscles)
- [Fibromyalgia](#)
- [Vasculitis](#) (inflammation of blood vessels)

Patients with HIV may also get muscle or bone problems from the medicines they take to control HIV. These problems include [inflammatory myopathy](#) (muscle disease), [osteonecrosis](#), [osteoporosis](#) and lipodystrophy (abnormal fat distribution, most often loss of fat).

What causes HIV-related rheumatic diseases?

There are a few causes of rheumatic disease in people with HIV. The HIV infection can be a direct cause. Other viruses or bacteria can play important roles in causing rheumatic problems.

Who gets HIV-related rheumatic diseases?

HIV-related rheumatic illnesses affect males and females, all ages and all ethnic groups. Common risk factors for HIV include unprotected sex and IV (intravenous) drug abuse with shared needles.

How are HIV-related rheumatic diseases diagnosed?

Health care providers suspect a rheumatic disease is due to HIV when a patient at high risk for HIV infection has painful joints and muscles or any other rheumatic problem. HIV tests can confirm HIV.

How are HIV-related rheumatic diseases treated?

The name for the type of drugs that treat HIV is antiretroviral. Use of the highly active antiretroviral therapy HAART began in the mid-1990s. People often call HAART the “cocktail” of HIV drugs because it combines two or more HIV drugs. This treatment has greatly improved HIV symptoms, above all those affecting the muscles and joints.

Thanks to HAART, fewer people with HIV get a rheumatic disease. And if they do get one, the rheumatic disease tends to be less serious.

Most people with HIV who have muscle and joint complaints respond well to standard treatment. This is a mix of pain relievers and anti-inflammatory drugs, which decrease swelling, pain and fever.

Those who do not respond to standard treatment may need medicine to suppress the immune system. They also may need physical therapy to relieve symptoms, prevent joint deformities and preserve function.



How can HIV-related rheumatic diseases be prevented?

Some things that raise the risk of getting HIV also raise the risk for HIV-related rheumatic disease. To lower your risk for both, use safe sex practices. If you have HIV, take your medicines as your doctor has prescribed.

Also, the Centers for Disease Control and Prevention suggests HIV testing for certain groups. They are: adults who are having sex, pregnant women (mainly under age 24) and men who have sex with men.

Living with HIV-related rheumatic diseases

People with HIV-related rheumatic diseases are living longer. Yet, rheumatic disease can cause discomfort, muscle weakness and impaired function. Ways for people with HIV to stay healthy, besides taking their HIV drugs, are eating a well-balanced diet and exercising.

If you get joint pain or muscle weakness while taking HIV drugs, review your medicines with your doctor. Ask if any might be causing your symptoms and if you can switch to another drug.

Points to remember

- Not all muscle, bone and joint complaints in people with HIV stem from HIV. They can occur for other reasons.
- HIV-related rheumatic disease may precede the detection of HIV infection.
- Treatment of HIV (HAART) has greatly improved HIV symptoms and related problems, including rheumatic disease.

To find a rheumatologist

For more information about rheumatologists, [click here](#).

For a listing of rheumatologists in your area, [click here](#).

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

American College of Rheumatology Research and Education Foundation

Learn how the ACR Research and Education Foundation advances research and training to improve the health of people with rheumatic diseases.

www.rheumatology.org/REF



Updated January 2012

Written by Luis R. Espinoza, MD, and reviewed by the American College of Rheumatology Communications and Marketing Committee.

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