



PATIENT FACT SHEET

HIV and Rheumatic Disease



CONDITION DESCRIPTION

People with HIV infection and acquired immunodeficiency syndrome (AIDS) often have problems in their joints, muscles and bones. People may notice these problems before they know they have HIV.

People of all ages, sexes, and racial or ethnic groups can get HIV and related rheumatic disease. People who have unprotected sex or use intravenous drugs with shared needles are at higher risk for contracting the virus.

About five percent of HIV-positive patients have pain and inflammation in joints or soft tissues that are the result of HIV infection. They may have rheumatic diseases like septic arthritis, reactive arthritis, myositis, osteomyelitis, psoriatic arthritis, polymyositis, fibromyalgia, vasculitis and others.



SIGNS/ SYMPTOMS

Muscle and joint pain, or any other rheumatic illness, may suggest that the patient has HIV and should prompt testing for the virus. Early signs include joint pain and swelling, arthritis, muscle pain, weakness, fatigue, and extra-articular problems, such as eye inflammation or uveitis.

Diagnosis is based on an HIV blood test. A rheumatologist may diagnose specific rheumatic illnesses, or an ophthalmologist (specialist in medical

and surgical eye disease) can diagnose uveitis. Causes of the rheumatic illness could be the HIV infection itself, or an infection with another virus or bacteria the person contracts.

HIV medications may also cause joint, soft tissue, muscle or bone problems, as well as gout and immune reconstitution inflammatory syndrome. As their CD4 T cells recover, HIV patients may experience overwhelming systemic inflammatory symptoms.



COMMON TREATMENTS

Antiretroviral drugs are used to treat HIV infection. Combination antiretroviral therapy of at least three drugs, or cART, is a drug “cocktail” used since the mid-1990s. This therapy significantly reduces HIV symptoms, including joint and muscle problems. Thanks to cART, fewer people with HIV get rheumatic disease or have less serious disease.

Most people with HIV who have joint and muscle problems respond well to standard treatment. These

include pain relievers and anti-inflammatory drugs to control pain, swelling and fever.

People who do not respond to standard treatment for joint and muscle problems may need immune-suppressing medications. Physical therapy also may help them relieve symptoms, prevent joint deformities and preserve function.



CARE/ MANAGEMENT TIPS

Lowering your risk of contracting HIV through safe-sex practices and avoiding shared needles also helps prevent rheumatic diseases related to HIV.

Screening for the virus is recommended for people aged 13-64 to promote early detection and start treatment. Screening is also recommended for those with high risk behaviors such as IV drug use

or unprotected sex. People with HIV should eat a healthy, balanced diet and get regular exercise

Patients who experience joint pain or other rheumatic disease symptoms should review their medications with their doctor, as they could be side effects. Ask your doctor if the medications may be causing these symptoms and if other options are possible.

Updated March 2017 by Jennifer Murphy, MD, and reviewed by the American College of Rheumatology Committee on Communications and Marketing. This information is provided for general education only. Individuals should consult a qualified health care provider for professional medical advice, diagnosis and treatment of a medical or health condition.