To study hypertension results in a total change of diabetes and CHD risk.

Table 2: Baseline CVD Characteristics in START (n=4,485)

Table 3: Differences (Immediate-Delayed) in Prevalence of CVD

Table 4: Mean Difference (Immediate-Delayed) in CVD Risk Scores over Follow-up.

• Increased Total-C, LDL-C, use of lipid-lowering therapy, and ultimately, the prevalence of diabetes.
• Marginally increased fasting glucose (~2mg/dL), with no difference in the prevalence of diabetes.
• Lower prevalence of an optimal CVD risk factor profile (~9% less), with a clinically insignificant and inconsistent net effect on CVD and CHD risk scores.

The START Trial
START (Figure 1) randomly assigned HIV+ adults with a CD4+ count of >500 cells/mm3 to start ART immediately or to ART after a deferred threshold of 350 cells/mm3 or until the development of AIDS (Deferred ART group). 4,690 participants were randomized across 215 sites in 15 countries, mean follow-up was 3.0 years; immediate and deferred groups spent 94% and 28% of follow-up time on ART, respectively.

• Among HIV+ adults with relative immune preservation, the net-difference in overall CVD risk between immediate and deferred ART may be clinically insignificant.
• Given that clinical manifestations take years to develop, longer follow-up is needed to determine if immediate ART alters the pattern of CVD event rates over time.