

Exercise Linked to Less Belly Fat in People With HIV

People who took more steps and had less sedentary time per day had smaller waistlines.

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Getting more physical activity can help older people with HIV shrink their waistlines in addition to offering other benefits for overall health, according to study results [published in the journal AIDS](#).

[Weight gain](#) is a growing concern for people living with HIV and their health care providers. HIV-positive people have not been spared from the rising prevalence of overweight and obesity among the general population in the United States and worldwide. The accumulation of visceral fat within the abdomen—reflected in an expanding waistline—is particularly detrimental to health. Not only do many people find weight gain and body shape changes distressing, they also raise the risk of cardiovascular disease, fatty liver disease, some types of cancer and other health problems.

Research continues to yield [conflicting findings](#) about weight changes after starting or switching antiretroviral medications. Numerous studies have found that people who start or switch to a new regimen [can gain weight](#), especially if it includes an integrase inhibitor. Increasing weight may also be attributable to a return to health after starting treatment or normal changes that occur with age.

People with HIV are often urged to manage their weight, but this is easier said than done. In general, changing antiretrovirals in an effort to lose weight [does not seem to have much effect](#). For some people, [weight-loss drugs](#) can help, but they are expensive, difficult to access, can cause unpleasant side effects and can lead to loss of lean muscle as well as fat.

This brings us back to the traditional advice: Eat a healthy diet, exercise more and get enough sleep. The new study suggests that such efforts are far from futile.

Allison Webel, RN, PhD, of the University of Washington School of Nursing in Seattle, and colleagues looked at the association between objectively measured physical activity and abdominal adiposity, or belly fat, in people with well controlled HIV.

The PROSPER-HIV trial ([NCT03790501](#)) is a multisite observational study of the impact of physical activity and diet on long-term outcomes among people with HIV. This analysis included 416 people

on antiretroviral therapy. A majority (77%) were men, just over half were Black and the average age was 58 years. They had an undetectable viral load, and 78% were taking integrase inhibitors. At baseline, the mean [body mass index](#) (BMI) was 28.1—in the middle of the overweight range—and 88% had excess abdominal adiposity, as indicated by a large waist circumference.

The study participants used an [ActiGraph](#) accelerometer worn on the hip for seven to 10 days to record their physical activity, and their waist and hip circumference were measured.

During this period, they took an average of 4,905 steps per day, with a range of 3,233 to 7,140 steps. They were sedentary, or inactive, for 5.4 hours per day, on average. More than half (55%) reached [the federal government's fitness goal](#) of at least 150 minutes of moderate-intensity physical activity or 75 minutes of vigorous exercise per week.

After controlling for age, sex, employment status and integrase inhibitor use, the number of steps taken per day was associated with reduced abdominal fat. Waist circumference was about 1 centimeter less for every additional 1,000 steps per day. Conversely, a greater amount of daily sedentary time was associated with a larger waist circumference.

“Greater physical activity is associated with reduced abdominal adiposity in aging people with HIV,” the study authors concluded. “Future work should investigate how to tailor the amount, type and intensity of physical activity needed to reduce adiposity in people with HIV taking contemporary HIV medication.”

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