

Comment on “Association between changes in body fat distribution, biochemical profile, time of HIV diagnosis, and antiretroviral treatment in adults living with and without virus infection”

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Dear Editor,

We read with great interest the study by Soares¹ et al. in which they demonstrated that the negative cholesterol profile was mainly related to antiretroviral treatment time, and was especially associated with time for HIV infection in those with self-reported lipodystrophy. This study offers a new strategy for improving antiretroviral treatment in adults living with and without virus infection. However, some concerns should be raised in my opinion.

To begin with, “Anova” in the statistical analysis section should be “ANOVA”, ANOVA is the abbreviation of

analysis of variance. Additionally, when ANOVA is used, a post hoc test also is needed. Thus, the author should give a more detailed analysis process, especially which method for post hoc test.

Secondly, this study found that excess weight seems to be directly correlated to higher risks due to the accumulation of fat in the abdominal region. We speculate that gender may be a confounding factor in the present study. Due to gender may affect the association between body fat distribution and antiretroviral treatment in adults, sub-group analysis (men and female) is necessary for Table 2 and Table 3.

REFERENCES

1. Soares LR, Menezes GC, Barreto APM, Sant’Anna MSL, Cardoso NMA, Casseb JSR, et al. Association between changes in body fat distribution, biochemical profile, time of HIV diagnosis, and antiretroviral treatment in adults living with and without virus infection. *Rev Assoc Med Bras* (1992). 2020;66(1):67-73. <https://doi.org/10.1590/1806-9282.66.1.67>

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