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Incidence, risk factors, and cardiovascular impact of hypertension in people with HIV: a secondary analysis of the REPRIEVE trial

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[Published in The Lancet HIV, 2026](#)

Background

People living with HIV (PWH) have an increased risk for developing heart disease, but data on the development and effects of hypertension remain limited.

Goals of the Study

We aimed to evaluate whether pitavastatin reduces the the chance of developing new hypertension in PWH in RERPRIEVE and whether developing new, or incident, hypertension is associated with experiencing subsequent heart disease events.

REPRIEVE enrolled PWH between ages 40-75 with low-to-moderate traditional heart disease risk, randomized these participants to a cholesterol-lowering medication called pitavastatin or to placebo (a pill that contains no medication). Participants were followed for, on average 5 years, for heart disease events like a heart attack or stroke. Main findings from REPRIEVE were that [statin therapy reduced heart disease events among PWH by 36%](#), prompting guideline changes recommending statin use in PWH.

➤ The participants:

- 4948 REPRIEVE Participants without hypertension at study entry (2496 taking pitavastatin, 2493 taking placebo)
 - Low-to-moderate traditional heart disease risk
 - Median age: 49 years
 - 1464 (29%) women and 3525 (71%) men

The Findings:

- Over an average follow up time of 5 years, 668 (13%) of participants developed hypertension
- Participants taking pitavastatin had a 17% lower risk of developing hypertension when compared with those taking placebo
- Old age, high BMI, Black race in high-income regions, metabolic syndrome, and reduced glomerular filtration rate, were factors associated with increased risk of developing hypertension.
- Incident hypertension was associated with a higher risk of heart disease events during follow up

In Summary: These results suggest additional cardiovascular benefits of pitavastatin on hypertension among people with HIV.

REPRIEVE Trial Website: reprievetrial.org

The findings shared in this summary are from the REPRIEVE population at a specific point in time. These findings are descriptive and not intended to change clinical care. If you have questions about what you've read, please talk to members of the REPRIEVE study team at your local site or a health care provider