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Primary Prevention for People Living with HIV: A Call to Action

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Background

People living with HIV (PWH) have an increased risk of developing heart disease. Authors of the 2026 American College of Cardiology (ACC)/American Heart Association (AHA)/Multisociety Dyslipidemia Guideline recommended that all PWH in the United States (U.S.) between ages 40 and 75 start therapy with a statin medication to lower the risk of heart disease events, like heart attacks and strokes. Statin therapy is to be combined with healthy lifestyle, including diet and exercise. This new recommendation regarding statin therapy was based on the results of the Randomized Trial to Prevent Vascular Events in HIV (REPRIEVE): REPRIEVE enrolled 7,769 people with HIV between ages 40 and 75 with low-to-moderate traditional heart disease risk, randomizing participants to take pitavastatin (a type of statin medication, known to lower LDL cholesterol) or a placebo. Participants were followed for an average of approximately 5 years to see if they developed heart disease events. The main finding in REPRIEVE was that among PWH, statin therapy reduced heart disease events by 36%.

Goals of the Commentary

This piece explains ways in which REPRIEVE findings support the updated guideline recommendations for PWH in the U.S. and comments on why the recommendations may be more readily translated to clinical practice. The work also highlights important questions which still need to be addressed by future research.

Of note, since the ACC/AHA/Multisociety Dyslipidemia guidelines apply only to PWH in the US, the piece does not comment on use of REPRIEVE findings to inform heart disease prevention recommendations for PWH living in other countries.

➤ Ways in which REPRIEVE findings support the updated guideline recommendation

- Statins were effective in reducing heart disease events among REPRIEVE participants regardless of sex, race or starting LDL cholesterol level
- Most REPRIEVE participants would not have qualified for statin therapy under old guidelines
- Statins were well tolerated by most REPRIEVE participants, without harmful effects on physical function, muscle health, or memory and thinking

➤ Why guideline recommendations may be more readily translated to clinical practice

- Recommendations are straightforward and do not rely on calculation of a heart disease risk score. Of note, analyses of REPRIEVE data showed that standard heart disease risk score calculators tend to underestimate risk in women and African American men with HIV. Avoiding full reliance on such calculators may help reduce bias.

Important questions relevant to heart disease prevention in U.S. PWH which still need to be addressed by future research:

- What is the ideal LDL cholesterol target for PWH taking statins?
- What strategies may help PWH reach target LDL cholesterol levels when moderate-intensity statin therapy is either insufficient or poorly tolerated?
- For people with HIV taking statin therapy, might it also be useful to measure markers of inflammation (the immune system's response to infection or injury) and potentially deliver medicines to reduce inflammation?
- Might PWH younger than age 40 also benefit from statin therapy?
- What are the best ways to deliver to PWH comprehensive health care, which includes attention to controlling HIV *and* preventive comorbidities – including heart disease related events?

REPRIEVE Trial Website: reprivetrial.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



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In Summary: The REPRIEVE trial provided evidence for the updated 2026 ACC/AHA Multisociety Dyslipidemia Guideline recommending statin therapy for all PWH in the U.S. between ages 40 and 75. The guideline-supported approach to preventing heart disease related events among PWH is expected to be effective, safe, and relatively straightforward to apply consistently in clinical practice.

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