

What is Hard Belly?

Not all fat is the same. Typically, when people gain weight, they primarily add a layer of fat just under the skin. This is regular fat; it is a soft, doughy kind of fat and is easier to pinch. However, some people living with HIV can develop an increased amount of a different kind of fat that is hard and feels much firmer and is difficult to pinch. This fat usually develops deeper within the abdomen. Hard Belly is known by many different names, such as excess hard abdominal fat, lipohypertrophy and visceral adipose tissue. But no matter what it's called, Hard Belly is not regular fat; it requires a different type of conversation with your healthcare provider and may require a different approach to treatment.

Hard Belly:

- Is a “hard” fat that surrounds a person’s abdominal organs
- Is a normal tissue that is harmful in excess amounts
- May not be reduced enough with diet and exercise alone

Who is at Risk?

Some people living with HIV are at risk for Hard Belly (excess hard abdominal fat). Accumulating evidence indicates that excess hard abdominal fat (Hard Belly) is associated with metabolic abnormalities and may be associated with unfavorable health consequences.

Keep in mind that reducing Hard Belly may not decrease the risk of these and other health issues.

There are a variety of factors that may increase the risk of someone who is HIV+ developing Hard Belly, including:

- **Age.** People over the age of 40 have a higher chance of being diagnosed with Hard Belly.
- **Length of infection.** Those who have had HIV for more than three years are at an increased risk.
- **Markers of disease severity.** If your lowest CD4 count is below 100, you may be at risk. This may be related to the effect HIV has on different types of cells in the body. HIV can change the way those cells normally work.
- **Use and duration of ART.** Anti-retroviral therapy (ART) is believed to play a role in the development of excess hard abdominal fat (Hard Belly). Although not completely understood, the condition may be related to direct effects of the medications or to the viral suppression that happens as a result of taking the medications.
- **Gender.** Women are more likely than men to develop Hard Belly. However, more men in the U.S. are infected with HIV, so there may be more men with the condition.
- **Lifestyle factors.** Smoking and/or having a body mass index (BMI) higher than 26 have been shown to influence the condition.

How is it Diagnosed?

While there is no standardized test for Hard Belly, the following are some common ways your healthcare provider may determine if you have Hard Belly:

- Feeling the stomach for firmness
- Measurement of the waist and hips
- Calculating waist-to-hip ratio
- Questionnaires (how the person living with HIV describes the fat or its impact on them)
- Assessment of the type of body fat
- Medical history and HIV therapy regimen

Why Care About Hard Belly?

Hard Belly can be hard to live with—it feels harder than regular fat and can be hard on overall health. Multiple studies show that excess hard abdominal fat (Hard Belly) in people living with HIV may be associated with increased morbidity and mortality. Hard Belly has been associated with a variety of health conditions, including high blood pressure, dyslipidemia, insulin resistance, diabetes, and cardiovascular disease.

Keep in mind that reducing Hard Belly may not decrease the risk of these and other health issues.



© 2019 Theratechnologies Inc. All rights reserved.

Learn more at www.myHardBelly.com

MY
HARD
BELLY