

## CHAPTER VII

### CONCLUSIONS

#### 7.1 Conclusions

The prevalence of lipodystrophy in HIV infected patients in Dr. Kariadi Hospital was 21.7% in stavudine group and the prevalence of dyslipidemia was 82.6% in stavudine group. Most patients in stavudine group were reported with lipohypertrophy of abdomen (34.8%) and decreased HDL-c level (52.2%).

From this study it can be concluded that:

1. Stavudine administration was not significantly associated with lipodystrophy among HIV-infected patients in Dr. Kariadi Hospital Semarang.
2. Stavudine administration was significantly associated with dyslipidemia among HIV-infected patients in Dr. Kariadi Hospital Semarang.
3. Sex was significantly associated with lipodystrophy among HIV-infected patients with stavudine administration in Dr. Kariadi Hospital Semarang while age, CD4 count, and duration of treatment were not.
4. Sex, age, CD4 count, and duration of treatment were not significantly associated with dyslipidemia among HIV-infected patients with stavudine administration in Dr. Kariadi Hospital Semarang.

## **7.2 Suggestions**

1. Stavudine should be phased out as first-line drugs in HIV treatment in Dr. Kariadi Hospital Semarang due to its metabolic side effects such as dyslipidemia and lipodystrophy.
2. Zidovudine, abacavir or tenofovir should be used to replace stavudine due to its ability to improve disturbed lipid profiles in patients with stavudine associated dyslipidemia.
3. Advances studies should be conducted to determine the main mechanism responsible in stavudine associated dyslipidemia and lipodystrophy in HIV-infected patients.