

Supplementary material

Supplementary Table 1. Age, sex, and main outcomes prevalence in people living with HIV and 3 age- and sex-matched uninfected controls per HIV-positive individual.

General characteristics	PLWH n = 1,099	Controls n = 3,290	P
Age median, (IQR)	50.1 (42.8 - 58.0)	50.1 (43.2 – 58.2)	0.767
Gender male, % (n)	85.3 (937)	85.2 (2804)	1.000
Blood Pressure			
Hypertension, yes, % (n)	43.9 (451)	55.8 (1,812)	< 0.001
Lipids			
Elevated LDL-C, yes, % (n)	24.0 (229)	21.2 (672)	0.078
Hypertriglyceridemia, yes, % (n)	48.7 (478)	37.7 (1,201)	< 0.001
Abdominal obesity , yes, % (n)	63.5 (674)	58.4 (1,914)	0.003
Metabolic syndrome , yes, % (n)	37.8 (338)	34.8 (1,081)	0.097

Abbreviations: People living with HIV, PLWH; low density lipoprotein cholesterol, LDL-C; interquantile range, IQR.

Metabolic syndrome was defined as minimum three of the following: 3 or more of the following 5:(1)waist circumference \geq 94cm in men and \geq 80cm in women, (2) SBP \geq 130mmHg and/or DBP \geq 85mmHg and/or antihypertensive treatment, (3) non-fasting plasma triglyceride \geq 1.693mmol/l, (4)HDL \leq 1.036mmol/l in men and \leq 1.295mmol/l in women, (5)self-reported diabetes and/or antidiabetic treatment and/or plasma glucose \geq 11.1mmol/l [18].

Supplementary Table2. Association of HIV infection with abdominal obesity and elevated LDL-C after stratification of people living with HIV according to exposure to ddi/d4T/AZT

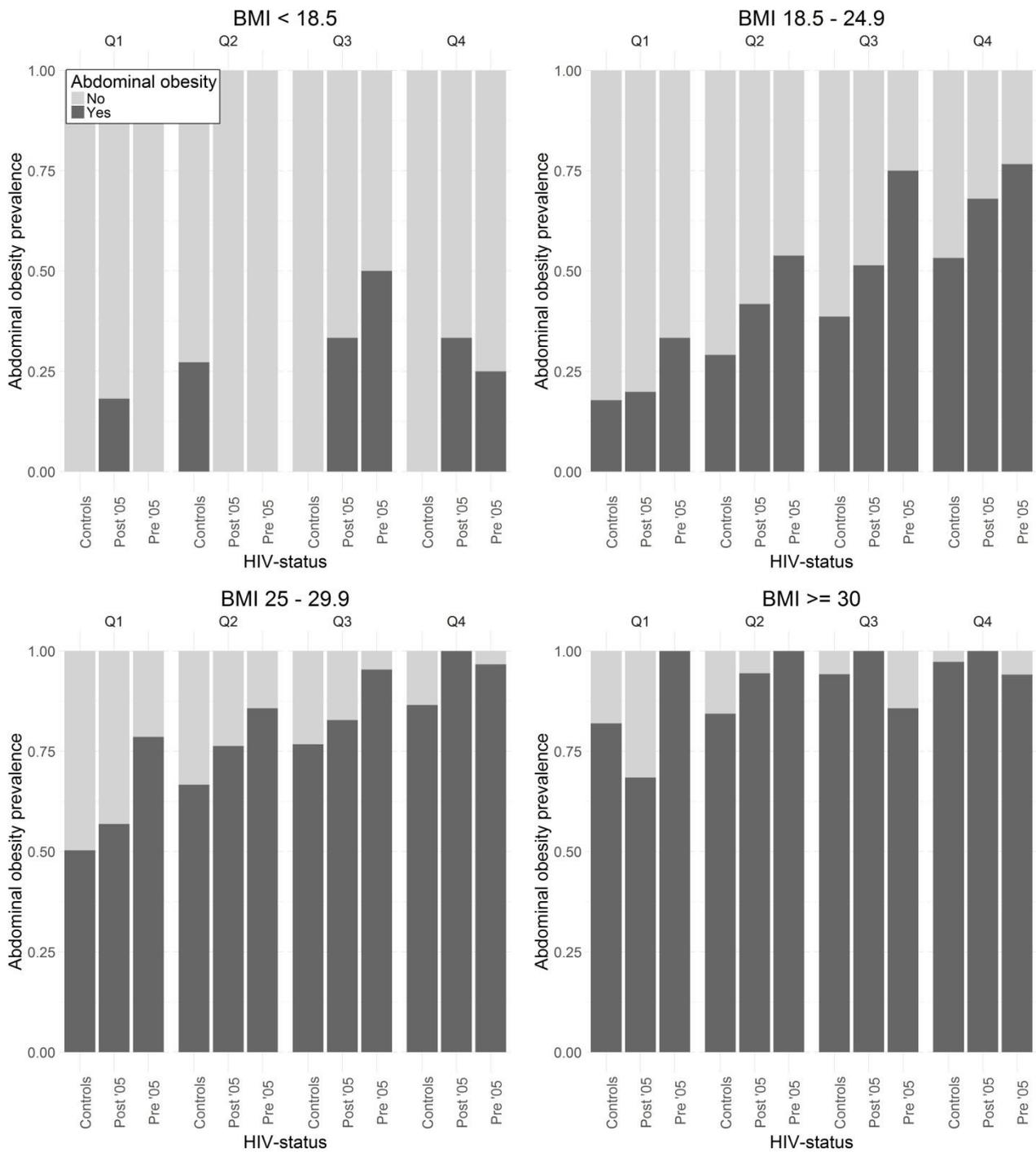
	Abdominal obesity		Elevated LDL-C	
	ddi/d4T/AZT, yes	ddi/d4T/AZT, no	ddi/d4T/AZT, yes	ddi/d4T/AZT, no
HIV, yes vs no	2.74*** [2.13-3.54]	1.30* [1.02-1.66]	1.62*** [1.33-2.10]	0.97 [0.72-1.30]
Sex, male vs female	3.54*** [3.01-4.16]	3.63*** [3.08-4.28]	1.55*** [1.29-1.87]	1.50*** [1.24-1.82]
Age, per five years	1.32*** [1.28-1.36]	1.32*** [1.28-1.36]	1.27*** [1.23-1.31]	1.28*** [1.24-1.32]

Multivariable models have been adjusted for HIV infection, sex, age, BMI, physical activity, origin, education level and smoking status.

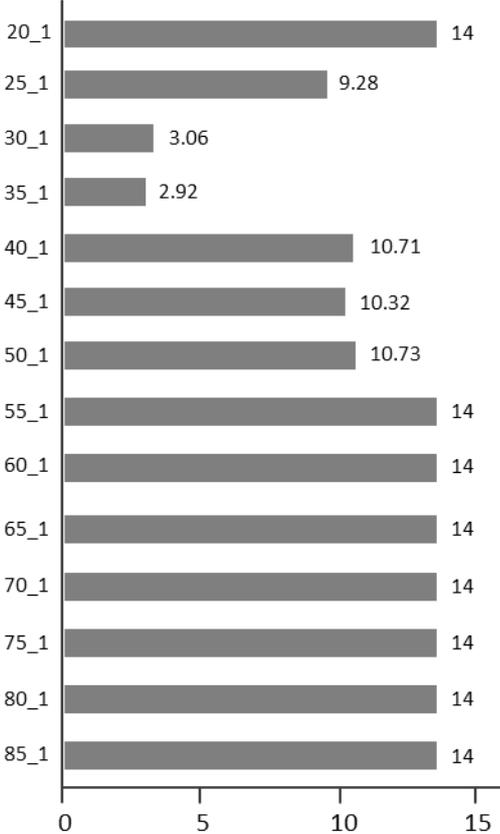
Abbreviations: with present/previous exposure to didanosine/stavudine/zidovudine, ddi/d4T/AZT, yes; without present/previous exposure to didanosine/stavudine/zidovudine, ddi/d4T/AZT, no

P-values significance: *, < 0.05; **, < 0.01; ***, < 0.001

Supplementary Figure 1. Distribution of abdominal obesity prevalence in uninfected controls and PLWH (stratified after cART initiation date) for a given BMI group and according to age quartiles.



Supplementary Figure 2. Frequency matching of HIV infected men with uninfected controls



Uninfected individuals per HIV infected man in each age strata

Supplementary figure legends

Supplementary figure 1.

Distribution of abdominal obesity prevalence in uninfected controls (n = 12,161) and PLWH (stratified into cART initiation date pre (n=514) and post (n=544) 2005) for a given BMI group according to age quartiles (1st quartile (Q1), 2nd quartile (Q2), 3rd quartile (Q3), 4th quartile (Q4)).

Supplementary figure 2.

Number of uninfected men per PLWH (men) in each age strata. For HIV-positive women it was possible to randomly identify 14 uninfected control women.