The prevalence and frequency of ventricular ectopic/arhythmic beats did not differ significantly by HIV serostatus in the MACS. Among men with HIV, lower CD4 nadir was associated with borderline-significantly more ventricular beats.

**RESULTS**

- **Raw data**
  - Any VT/VE: 336 MWH (50.4%) had any VT/VE; 325 HIV- men (55.9%)
  - VT lasting ≥10 beats: 19/336 MWH and 24/586 HIV- men (p=0.22)
  - Only 1 sustained VT event in entire cohort

- **Primary and Secondary Analyses**
  - VT/VE for MWH vs. HIV- men: aOR=1.17 (95% CI 0.82-1.68; p=0.39)
  - Adjusted # beats/24h: 123 more for MWH (95% CI 0.43-241; p=0.02)

- **VE/VT Burden: Percentiles (Ventricular Beats/24h)**

- **CONCLUSIONS**

  - In a cohort of men with HIV and HIV- controls, HIV serostatus was not associated with different prevalence or frequency of ventricular ectopy or arrhythmias
  - Among men with HIV, lower CD4 count was associated with a borderline significantly higher number of ventricular beats per 24 hours

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