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The HIV/AIDS Resource for Healthcare Professionals

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TO:

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IN THE NEWS

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Low-Level Viremia Only a Concern When Persistent

New study results support a hands-off approach to treating HIV-infected HAART patients who experience intermittent, low-level viremia — so-called viral load “blips.” Compared to those who maintain consistently undetectable viral loads, HAART patients with blips have significant increases in the magnitude and breadth of their HIV-specific immune responses, but generally do not experience subsequent T-cell activation or the damaging effects of viremia, according to California researchers conducting the longitudinal study, which was published in the April 30 issue of *AIDS*. The study found that after a median of 27 months, HAART patients who “blipped” had similar levels of activated CD8 cells compared to those on HAART who did not blip and were unlikely to experience treatment failure. At the same time, “blipping” patients exhibited a 10-fold increase in HIV-specific CD8 response compared to non-blipping patients, which suggests a relationship between immune activation and viremia.

Stopping Nevirapine Before NRTIs May Curb Resistance

When stopping a regimen consisting of nevirapine (Viramune) and a nucleoside backbone, discontinuing the nevirapine five days prior to the rest of the regimen can dramatically reduce the risk of resistance, according to the results of a small study conducted by British researchers. Their findings were published in the May 2004 issue of *HIV Medicine*. However, this strategy may not apply to nevirapine-based regimens that contain nucleosides with long half-lives, such as tenofovir (Viread) and emtricitabine (FTC, Emtriva).

Kaposi's Sarcoma Incidence Down 90% Since 1994

Kaposi's sarcoma (KS) incidence among HIV-infected patients in the U.S. dropped by 39% each year between 1994 and 2003, and now stands at just 10% of the incidence rate a decade ago, according to a study published in the May 10 online edition of *Cancer*. The study is reportedly the first to conclusively indicate a link between antiretroviral use and the reduction in KS incidence. Among its other findings, the study confirmed some well-known facts: KS was more than twice as likely to be diagnosed among men who have sex with men, and was far less likely to occur among those whose CD4 counts were over 200.

ASK YOUR COLLEAGUES

Q: Would a switch from lopinavir/ritonavir to atazanavir result in an improvement of gastrointestinal symptoms? And what does current research indicate about whether atazanavir is more or less likely than lopinavir/ritonavir to cause lipotrophy?

GERALD PIERONE JR., M.D., *Founder and Executive Director of the AIDS Research and Treatment Center of the Treasure Coast in Fort Pierce, Fla.*

In general, atazanavir (Reyataz) is associated with less diarrhea than lopinavir/ritonavir (Kaletra), and a switch should result in improvement in GI side effects.

Pneumonia Risk Remains High, Even in HAART Era

Although the incidence of most opportunistic infections has decreased dramatically since the advent of HAART, invasive pneumococcal disease remains as common now in HIV-infected patients as it was in 1996, Spanish researchers report in the June 1 edition of *Clinical Infectious Diseases*. Their analysis of all HIV-infected patients diagnosed with invasive pneumonia between 1996 and 2002 at Hospital Vall d'Hebron in Barcelona revealed no change in yearly incidence, with an overall incidence rate of 677 cases per 100,000 person-years in HIV-infected patients — nearly 60 times that of HIV-negative patients. Although the majority of diagnoses occurred in patients with CD4 counts below 200, the researchers saw no difference in likelihood of incidence, illness severity or mortality between HIV-infected pneumonia patients with CD4 counts above or below that level. The researchers noted, however, that only a third of the patients studied were actually taking HAART, and that a considerable number of patients were on suboptimal treatment.

Hepatitis A, B Vaccination Rare Among HIV-Infected Patients

Only 32% of HIV-infected patients in the United States who are eligible to receive hepatitis B vaccination are administered even a single dose of the vaccine, and only 23% of patients eligible for hepatitis A vaccination receive a vaccine dose, according to a recent analysis of the large, ongoing HIV Outpatient Study. The findings, published in the May 15 edition of *Clinical Infectious Diseases*, point to the need for more effective screening and vaccination practices for HIV-infected patients when they first access clinical care.

Case Reports Link Breast Enlargement to Efavirenz

Spanish physicians have reported five cases of gynecomastia among HIV-infected patients receiving HAART regimens containing efavirenz (Sustiva). Four of the five patients were men, and in all but one patient the enlargement impacted only one breast. In all cases, the gynecomastia resolved within a mean of five months after efavirenz was discontinued. The researchers were unclear on the mechanism for the enlargement, though they theorized that it may be due to immune restoration or to efavirenz' effects on estradiol, a female hormone. The findings, which were published in the May 2004 issue of *The Breast Journal*, complement previous reports of gynecomastia development in patients taking efavirenz.

We don't know the difference, if there is one, between how atazanavir and lopinavir/ritonavir affect lipotrophy. Actually, lipotrophy (fat loss) seems to be more related to NRTI toxicity (stavudine [Zerit] in particular). Lipohypertrophy (extra fat deposition) seems to be more common with protease inhibitors. Atazanavir does not affect cholesterol and triglycerides as much as lopinavir/ritonavir and seems less likely to cause diabetes. Based on this more benign metabolic impact, it is hoped that there will be a lower risk of body composition changes with this agent, but long-term studies are not yet available.