



# THEBODY PRO

The HIV/AIDS Resource for Healthcare Professionals

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BI-WEEKLY PROFESSIONALS UPDATE • May 15, 2006  
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## IN THE NEWS

Medical Reviewer: Benjamin Young, M.D., Ph.D.

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### Updated Treatment Guidelines Urge More Resistance Tests

Genotypic testing is now recommended for *all* patients prior to therapy initiation, whether they are acutely or chronically infected with HIV, according to updated guidelines for the treatment of HIV-infected adults and adolescents. The revised guidelines, which were released on May 4 by the U.S. Department of Health and Human Services, additionally recommend considering a resistance test for acutely or chronically infected patients for whom first-line therapy is being deferred. Also new in the guidelines is a detailed discussion of the proper manner in which to carry out short- and long-term treatment interruptions. No changes to the guidelines have been made regarding recommendations for when to initiate HAART or which antiretrovirals to prescribe as first-line therapy.

### Hypertension More Likely When Starting Tx With Lopinavir

Patients who initiate antiretroviral treatment with a regimen containing lopinavir/ritonavir (Kaletra) are at a greater risk for developing elevated blood pressure, according to the results of a 444-patient U.S. study published in the April 24 issue of *AIDS*. Researchers from the Washington University HIV Cohort study found a 2.5-fold greater risk of elevated blood pressure in patients who initiated treatment with lopinavir/ritonavir compared to efavirenz (Sustiva). By contrast, patients initiating therapy with atazanavir (Reyataz) appeared to be most protected from elevated blood pressure, with a risk approximately 80% lower than that of patients initiating therapy with lopinavir/ritonavir. The researchers noted that the increased blood pressure among lopinavir/ritonavir patients appeared to be mediated by a rise in body mass index after treatment initiation.

### CDC to Recommend Routine HIV Testing for All Patients

The U.S. Centers for Disease Control and Prevention (CDC) plans to recommend that physicians in private practices, clinics, hospitals and emergency departments offer voluntary HIV testing to all U.S. residents ages 13 to 64 as part of a routine medical exam, the *Wall Street Journal* reports. The agency also plans to recommend easing current guidelines that require patients to sign informed-consent forms before receiving an HIV test and removing or condensing the requirements for pretest counseling. Many physicians and health officials believe that routine testing could lead to an earlier diagnosis, earlier treatment and a reduction in HIV transmission. In corroboration of this theory, a 243-patient study by Jeffrey Grenwold and colleagues at Boston Medical Center found that patients who tested positive during routine testing after being hospitalized generally had a lower CD4+ cell count and a higher viral load than outpatients. The study, which was published in the April 2006 issue of *Mayo Clinic Proceedings*, noted that half of the inpatients who tested positive during routine HIV testing would have gone undiagnosed if such a testing policy had not been in place.

### Most HIV-Infected Male Inmates Not Infected in Prison

HIV transmission may not be nearly as common in prison as some have long presumed: A new report has found that about 91% of HIV-infected men incarcerated in Georgia's prisons last fall had been infected with the virus *before* they were imprisoned. The report says that just 88 men who had tested negative when they entered prison later tested positive while still in prison. These HIV-infected men were about 13 times as likely as HIV-uninfected inmates to have been tattooed, and about 10 times as likely to have had sex with another man in prison—often with a prison staff member, and usually consensually. Although federal health officials have recommended distributing condoms and needle-cleaning bleach to inmates—steps that the inmates themselves have requested—a Georgia correctional official said the state is not considering the proposal. Instead, the state will use data from the study to help it decide whether to segregate HIV-infected inmates, the official said.

### Many ADAPs Overpay for Antiretrovirals, Report Finds

At the same time that some U.S. AIDS Drug Assistance Programs (ADAPs) are putting patients on waiting lists for HIV medications because of funding shortages, many ADAPs are unwittingly being overcharged for the antiretrovirals they purchase, a new report has found. The report, written by the U.S. Government Accountability Office, took an in-depth look at how each of the country's 52 ADAPs are organized and funded, as well as how they pay for their antiretrovirals. Investigators found some unsettling results: For instance, 49 of 52 ADAPs reported paying a higher price than they were supposed to for at least one antiretroviral, and often many more. The report also noted that of the 10 most commonly prescribed antiretrovirals, Delaware's ADAP overpays for all of them, while Oklahoma's ADAP overpays for nine and Kentucky's ADAP overpays for eight. The report blames inadequate reporting and a lack of government oversight for the problems.

### New Sperm-Washing Method Appears to Eliminate HIV Risk

An improved method of sperm-washing appears to remove even a theoretical risk of HIV infection for an HIV-uninfected woman seeking to conceive a child with an HIV-infected man, according to Japanese researchers. In a study published in the April 24 issue of *AIDS*, the researchers revised the "swim-up" method of sperm washing and designed an ultrasensitive HIV RNA/DNA test to confirm that the sperm of all 48 HIV-infected male participants was completely free of HIV—including the proviral HIV DNA that researchers had previously theorized could be a possible transmission vector with the existing swim-up method. Forty-three serodiscordant couples then underwent intracytoplasmic sperm injection or in vitro fertilization using the washed sperm; no women were infected with HIV during the procedure, and 20 women conceived, resulting in the births of 27 babies—none of whom tested positive for HIV.



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- **HIV Antiretroviral Agents in Development**, by Edwin DeJesus, M.D.
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