Resources

HIV/AIDS

HIV therapy and dyslipidemia in Tanzania

Approximately 75% of HIV-positive patients in Tanzania had lipid abnormalities three years after starting antiretroviral therapy, research published in the online edition of Clinical Infectious Diseases shows.

The study involved 6385 people starting first-line HIV therapy in Dar es Salaam. Their lipid profiles improved during the first six months of treatment, but by month 36 the prevalence of dyslipidemia had increased significantly from baseline. Regimens containing AZT (zidovudine, Retrovir) and nevirapine (Viramune) were shown to have more favourable lipid profiles than those based on d4T (stavudine, Zerit) or efavirenz (Sustiva).

The authors believe their findings have important implications for the care of people living with HIV in sub-Saharan Africa (SSA), and comment: "it has been estimated that incidence of cardiovascular disease will increase dramatically in the coming decades in SSA … it is becoming imperative to monitor cardiovascular risk, identify risk factors associated with cardiovascular disease, and determine how these risks should best be managed in HIV-infected populations receiving ART."

Cardiovascular disease is now a significant cause of death in people with HIV. The causes are uncertain but there is a consensus that they are likely to include a number of factors including lifestyle issues such as smoking and diet, the inflammation caused by HIV and the side-effects of some antiretroviral drugs, including dyslipidemia.

Access to HIV therapy in sub-Saharan Africa is expanding. Despite this, relatively little is known about the cardiovascular risks associated with antiretrovirals in this setting.

Ref: Liu E et al. First-line antiretroviral therapy in changes in lipid levels over 3 years among HIV-infected adults in Tanzania.Clin Infect Dis, online.

Comparison of Stopping vs Continuing Co-trimoxazole Prophylaxis among HIV+ Children on Long-term ART

Cotrimoxazole (CTX) prophylaxis reduces morbidity and mortality in HIV+ children prior to ART; its long-term impact in children on ART is unknown. The study took place among 1206 children in the Anti-Retroviral Research for Watoto (ARROW) trial in Uganda/Zimbabwe, 758 were randomized to stop (n = 382) or continue (n = 376) daily CTX (open-label) after median 2.1 years on ART. Eligible children were aged >3 years, on ART >96 weeks, currently on CTX, using insecticide-treated bed-nets if living in malaria endemic areas and had no previous pneumocystis pneumonia (PCP).Co-primary endpoints were hospitalization/death and grade 3/4 adverse events (AE). It was concluded that continuing CTX in children on ART for > 96 weeks is beneficial, with persisting reductions in hospitalizations for malaria and other infections across all ages and CD4 levels. Children/adolescents on ART in resource-limited countries should continue CTX long-term. Supply-chain logistics must be strengthened to ensure this occurs.

Ref: Mutsa Bwakura-Dangarembizietal. Paper #86 CROI 2013 Atlanta 3-6 March 2013