Uncertain-teens

Drug dosage divergences

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Do HIV meds work the same in adolescents as in adults? Unfortunately, the knowledge base on this question is still in its infancy. Very few of the clinical trials done to date have included teenagers, and even those that did had no more than a handful. The current view—based on minimal studies—is that there are no real metabolic issues that would require treatment in most teens to be different from that in adults. In general, dosage recommendations are identical, and all the drugs approved for adults are also approved for adolescents.

However, Hoffman notes that an evaluation procedure called the Tanner system should be used to identify the stage of puberty, since that will affect dosing (see “Making the Grade,” p. 108). The development of breasts, pubic hair and genitalia is visually assessed, and those defined as Tanner stage 1 (prepubertal) or Tanner stage 2 (early changes) are dosed as children. Those in Tanner stages 4 or 5 are dosed as adults. For Tanner stage 3 (transitional period), dosage depends on whether or not the growth spurt has occurred. Unfortunately, not all clinicians are aware of the need to do this careful staging, so dosing mistakes can result.

A federal study of adolescents with HIV, now enrolling in 13 cities, may eventually shed light on the many unanswered questions about whether—and how—both the disease and its treatments affect this age group differently from adults.

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