Booze Doesn’t Affect Treatment Failure or CD4 Count

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A new study argues that consumption of alcohol appears unrelated to CD4 levels or treatment failure rates—although heavy drinkers are more likely to interrupt their antiretroviral (ARV) regimen, aidsmap reports. Publishing their findings in the Journal of Acquired Immune Deficiency Syndromes, researchers conducted a seven-year prospective cohort study of 2,982 people with HIV who were beginning ARVs for the first time and 2,085 people with HIV who did not start treatment, all of them drawn from the Swiss HIV Cohort Study.

Among those beginning HIV therapy for the first time, 241 (8 percent) experienced virologic failure during the study. Alcohol consumption proved unrelated to treatment failure. A total of 449 (15 percent) participants interrupted their ARVs for a week or longer without authorization from a physician. Those who were classified as posing severe risks to their health with drinking—consuming more than 40 grams of alcohol per week for women and 60 grams for men—were 2.24 times more likely to interrupt their treatment regimen when compared with those who were light drinkers or who did not drink.

The study found no link between CD4 counts and alcohol consumption in either group of study participants.

The researchers acknowledge that this topic is unsettled, writing, “Our data contribute valuable knowledge to the controversy over whether alcohol has an influence on HIV surrogates or not.”

To read a POZ story on false beliefs that HIV meds and alcohol are a toxic mix, click here.

To read the aidsmap story, click here.

To read the study abstract, click here.

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