HIV Treatment Greatly Improves Brain Illness Survival

October 31, 2007 By David Evans

Combination antiretroviral (ARV) treatment has significantly increased survival in people diagnosed with AIDS-related illnesses of the brain, according to a report from Emilie Lanoy, MD, of the Institute National de la Santé et de la Recherche Médicale (INSERM) in Paris, and her colleagues at the 11th European AIDS Conference in Madrid.

Dr. Lanoy's group studied the medical records of people with HIV included in the French hospital database on HIV and compared the rate of survival after diagnosis with several AIDS-related illnesses of the brain over a 12-year period. Central nervous system complications included in the analysis were toxoplasmosis (TOX), AIDS-related dementia (DEM), progressive multifocal leukoencephalopathy (PML) and cryptococcal meningitis (COC).

In the era before effective ARV combination therapy, 1992 to 1995, the proportion of people surviving one year after diagnosis were 42.3 percent for those with TOX, 22.8 percent of those with DEM, 19.8 percent of those with PML and 50.5 percent of those with COC.

After the introduction of effective ARV combination therapy in 1996, survival from all four diseases increased considerably. The percentages of people alive one year after diagnosis with one of the four diseases was 72.9 percent for those diagnosed with TOX (a 72 percent increase), 55.1 percent for those diagnosed with DEM (a 142 percent increase), 55.9 percent for those diagnosed with PML (a 182 percent increase) and 76.3 percent for those with COC (a 51 percent increase).

In people diagnosed with DEM or COC, the rate of survival continued to increase between 1996 and 2004. In people diagnosed with TOX there was an initial 12 percent increase in survival between 1996 and 2002, and then a slight drop between 2002 and 2004. For people diagnosed with PML, the rate of survival continuously dropped between 1996 and 2004 by a total of 13 percent.

Dr. Lanoy went on to review a sub-analysis of the data, finding that people who were put on ARVs that readily cross the blood-brain barrier—such as Retrovir (zidovudine), Zerit (stavudine), Ziagen (abacavir), Viramune (nevirapine), Lexiva (fosamprenavir), and Reyataz (atazanavir)—had even better increases in survival post-diagnosis.

In all, the study should come as welcome news to people who are diagnosed with a brain-related disease and may prompt their doctors to ensure that they include ARVs that effectively penetrate the brain.

Source:

Lanoy E, Bentata M, Guiguet M, et al. **Improvement in Survival After a Neurological-AIDS Defining Event Over Time** [AbsractPS1/3] 11th European AIDS Conference, 2007, Madrid.

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