Isentress Doesn’t Raise Risk of “IRIS” in Those With Very Advanced HIV Disease

Immune reconstitution inflammatory syndrome (IRIS) can occur when individuals with low CD4 counts begin HIV treatment.

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Intensifying an antiretroviral (ARV) regimen with an integrase inhibitor among those starting HIV treatment with a very low CD4 count is not associated with immune reconstitution inflammatory syndrome (IRIS), aidsmap reports.

Among those with severely compromised immune systems, IRIS may occur after they start ARV treatment and then, thanks to a rising CD4 count, gain the ability to combat preexisting infections. This sudden turnaround can prompt symptoms such as swollen lymph nodes and fever as well as more severe opportunistic infection symptoms.

Researchers from the REALITY trial conducted a retrospective analysis of IRIS rates among the study population of 1,805 adults and children living with HIV in four sub-Saharan African nations who had not yet begun ARV treatment and who had a CD4 count below 100.

Findings were presented at the 2018 Conference on Retroviruses and Opportunistic Infections (CROI) in Boston.

The study randomly assigned participants to begin HIV treatment with one of two regimens: 1) a standard regimen of two nucleoside/nucleotide reverse transcriptase inhibitors (NRTIs) plus a non-nucleoside reverse transcriptase inhibitor (NNRTI); or 2) the standard regimen with the integrase inhibitor Isentress (raltegravir) added just during first 12 weeks of treatment.

There was no difference in the rate of death after 24 weeks of treatment: About 10 percent of each study arm died by this point.

Among those who received Isentress, 41 percent had a fully suppressed viral load at week four of treatment and 71.9 percent at week 12, compared with a respective 13.4 percent and 51.7 percent of those in the standard treatment group. These rates ultimately converged, with a respective three quarters of both groups hitting full viral suppression by week 24 and about 80 percent doing so by week 48 of treatment.

The rate of fatal IRIS health events during the study was 4 percent among the Isentress arm and 3.4 percent in the standard treatment arm, a difference that was not statistically significant, meaning it may have been driven by chance. The combined rate of fatal and non-fatal IRIS health events was a respective 9.9 percent and 9.5 percent in the two study arms, a difference that also was not statistically significant.

To read the aidsmap article, click here.

To read the conference abstract, click here.

To view a webcast of the conference presentation, click here.
