A Lifesaver for Those Starting HIV Meds With Advanced Disease

A package of enhanced antimicrobial prophylactic medications cut the death risk in those starting HIV treatment with fewer than 100 CD4s.

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Prescribing an enhanced package of prophylactic (preventive) antimicrobial medications to those starting HIV treatment very late cuts the risk of death during their first year on antiretrovirals (ARVs), MedPage Today reports.

People with highly suppressed immune systems as a result of advanced HIV disease are at risk for numerous infections and death. In developing countries, where many people start ARV treatment with very advanced HIV disease, about 10 percent die within weeks of beginning treatment. Since early in the epidemic, clinicians have prescribed such individuals prophylactic medications to ward off infections that the immune system itself may no longer be able to fight.

Publishing their findings in The New England Journal of Medicine, researchers from the Reduction of Early Mortality in HIV Infected Adults and Children Starting Antiretroviral Therapy (REALITY) trial enrolled 1,895 people with HIV who had a CD4 count less than 100 in Uganda, Zimbabwe, Malawi and Kenya.

The median CD4 count was just 37, a sign of very advanced HIV disease. Nevertheless, almost half of the group had no symptoms of the disease or had only mild ones.

The researchers randomized the participants to three interventions: receiving an enhanced prophylactic antimicrobial regimen (one that was more intense than the standard regimen people otherwise received), receiving Isentress (raltegravir) on top of their standard ARV regimen and receiving supplemental food.

The published paper reported only about the effects of the enhanced prophylactic microbial regimen. A total of 899 individuals received the standard prophylactic treatment of trimethoprim-sulfamethoxazole, while 906 received an enhanced treatment regimen. The enhanced regimen included continuous treatment with trimethoprim-sulfamethoxazole plus at least 12 weeks of isoniazid-pyridoxine and fluconazole, five days of azithromycin and one dose of albendazole.

At the 24-week mark, 108 of those on the standard antimicrobial treatment had died, compared

with 80 of those who received the enhanced treatment. This meant that the enhanced treatment reduced the risk of death by 27 percent at this point.

After 48 weeks of treatment, a respective 127 and 98 of those on the standard and enhanced antimicrobial treatment had died, meaning that the enhanced treatment reduced the risk of death by 24 percent at this point. The enhanced treatment also lowered the rates of tuberculosis (TB), cryptococcal infections, candidiasis and hospital admissions, as well as the rates of death from cryptococcus and deaths from unknown causes.

To read the MedPage Today article, click here.

To read the study abstract, click here.

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