

ASHM 2008: New treatments

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Recent results from studies of some of newer [antiretrovirals](#) [1]A medication or other substance which is active against retroviruses such as HIV. were presented by Roy Gulick (Professor of Medicine at Weill Medical College, Cornell University, USA). Here's a brief summary.

- Out of the new protease inhibitors
 - Tipranavir doesn't quite match up to lopinavir as a first line treatment
 - Darunavir is equally as effective as lopinavir as a first-line treatment
- With the NNRTIs or non-nucleosides
 - Etravirine is effective for people who have developed [resistance](#) [2]HIV which has mutated and is less susceptible to the effects of one or more anti-HIV drugs is said to be resistant. from being on efavirenz or nevirapine.
 - It is particularly important to watch out for drug interactions with etravirine.
 - Rilpivirine (an equivalent of etravirine) is in [phase 3](#) [3]A large clinical trial designed to establish whether a drug is effective and safe enough for widespread use. Phase III studies include expanded controlled and uncontrolled trials after preliminary evidence suggesting effectiveness of the drug has been obtained, and are intended to gather additional information to evaluate the overall benefit-risk relationship of the drug and provide an adequate basis for physician labeling. trials.
- CCR5/entry inhibitors/antagonists
 - As a first line treatment they don't work as well as efavirenz (when given with AZT and 3TC).
 - Maraviroc works well for treatment experienced people.
 - Vicriviroc is in phase 3 trials.
- Integrase inhibitors
 - Raltegravir looks to be as good as efavirenz as a first-line treatment so long as the other drugs in the combination are effective and you don't start with a high [viral load](#) [4]A measurement of the quantity of HIV RNA in the blood. Viral load blood test results are expressed as the number of copies (of HIV) per milliliter of blood plasma..
 - Elvitegravir is in phase 3 trials. It looks like it may be a safe option for treatment-experienced people to take a combination containing all three new agents: darunavir, etravirine and raltegravir.
- Starting treatments
 - Professor Gulick summarised findings on the best antiretroviral treatments to start with.
 - The preferred nucleos(t)ide backbone
 - Tenofovir/emtricitabine (Truvada) proved to be superior to abacavir/ lamivudine (Kivexa) for people with viral loads greater than 100,000.
 - Tenofovir/emtricitabine had fewer grade 3 and 4 side effects than abacavir/ lamivudine.
 - Non-Nucleosides (NNRTIs)
 - US guidelines give efavirenz first place
 - Australian guidelines afford equal place to efavirenz and nevirapine
 - Protease inhibitors
 - Lopinavir/ritonavir has immunological and resistance benefits compared to efavirenz but efavirenz has less virological failure.
- [HIV treatments](#)

Links:

[1] <http://www.napwa.org.au/glossary/term/122>

[2] <http://www.napwa.org.au/glossary/term/109>

[3] <http://www.napwa.org.au/glossary/term/92>

[4] <http://www.napwa.org.au/glossary/term/416>

