

FOR A HEALTHY SURVIVAL!

(the VII International Congress
“**DRUG THERAPY** in **HIV INFECTION**”,
Glasgow, XI. 2004)

(translated from Latvian)

The **key talking point** at the Glasgow Press conference was the emphasis shift from survival to a “**healthy survival**”. Rob Munk (University of New Mexico, U.S.A.) stated: “The goal of HIV therapy used to be just to keep someone alive a little longer but now, at least in the developed world, we are looking at a lifetime of therapy”.

The **key direction** in HIV management is **treatment simplification**. E.g., fixed- dose combinations (drugs combined into 1 pill). Treatment to be taken just once a day also helps in protecting ones confidentiality.

A major barrier to treatment success over the past few years were drug side effects. Today, the increased knowledge of drug profiles allows for treatments better tailored to each patient **individually**.

Still, the **mortality** frequency of patients on HAART is considerable. Mortality rates in 2004 in patients who since 1996 started combinations comprising PIs were 10 times greater than normally expected from age- matched general population figures (L.E. Eriksson, abstr. P225). Apart from AIDS- related mortality, the frequency was approx. 5 times bigger than expected in this study. Only baseline CD4 count and age are statistically significant influencing factors (older age and lower CD4 count at HAART start were related to higher mortality rate: 28/ 155 of patients with an initial CD4 < 301 in 1996 had died by 2004, compared to 2/47 with CD4 > 300).

Administering ARVs in fixed doses regardless the weight of adults could result in e.g. toxic therapeutic drug levels in thin people. Still, a study by B. Roca (abstr. P286) observed no **influence of weight** on HAART efficacy.

HIV+ persons in sero- discordant couples are often advised in vitro fertilization. As it is an expensive procedure, some couples prefer natural sexual relationship. In such cases they are advised to reduce intercourse exclusively to fertility days. Provided the infected parents' VL has been undetectable for more than 6 months and mother has followed the rules of preventing perinatal HIV transmission, no cases among 74 **HIV- discordant couples** of sexual or vertical HIV transmission were recorded (P. Barreiro, abstr.PL13.3).

Thus, sexual intercourse during fertility days may be considered as an alternative to in vitro fertilization for HIV- serodiscordant couples.

It has finally been proved that the only acceptable use of **STIs** in today's clinical practice pertains to recoveries from side effects or co- morbidities (J. Montaner, abstr.PL1.4).

Comparing different **lipohypoatrophies**, all of them seem to be linked to older age or use of DDI and EFV.

- Lipohypoatrophy of glutea and face seems to be linked to general body fat loss.
- Sole and facial lipohypoatrophy seems to be related to severe baseline immunodeficiency.
- Gluteal lipohypoatrophy seems to be linked to longer HIV- infection (Ricardo Walther, abstr. P164).

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