

PAY ATTENTION TO ADHERENCE!

(the VIII. International Congress
“DRUG THERAPY in HIV INFECTION”,
Glasgow, XI.2006)

(translated from Latvian)

25 years into the AIDS epidemic, the **origins** of this newly emerged disease have been elucidated – they are to be found in chimpanzee communities in S Cameroon (abstract KL1).

There is now consensus on a simple and standard public health approach to ART using dual NRTI with NNRTI **first- line** and reserving boosted PIs for second- line (abstr. PL3.6).

The incidence of **multidrug- resistance** is decreasing over time (in Portugal – abstr. PL5.5), reflecting the increasing efficiency of HAART.

Adherence (over 90%) was associated with lower VL and increased rate of virological response; also with an increase in CD4 cells count and rate of immunological response (abstr. P182).

In an Italian study (abstr. P191) ART non- adherence did not significantly affect total and ART costs, but increased inpatient expenditures considerably. 2/3 of patients in BEAT study (abstr. P171) maintained optimal levels of adherence after more than 10 years on ART. Still, monitoring drug concentration might not reflect patients' behaviour in daily life.

The previously perceived disadvantage of **STIs** was development of resistance. SMART (and DART) trial results (abstr. PL8.1) have shown that STIs will always be associated with a slightly increased risk of AIDS- defining events and death. At some point, the cost of continuing treatment at high CD4 counts counterbalances the increased risk of interrupting it. Where is that point? Economical, political and psychological rather than medical arguments will play their decisive role.

A Spanish study (abstr. P172) with 1012 HIV patients on **Nelfinavir** has shown that median duration of NFV therapy was 3,9 yrs. Median CD4+ cells count was 509. VL was <50 in 87% of patients. On a satisfaction scale, 89% of pts were satisfied or very satisfied with NFV regimen.

Sexual dissatisfaction, especially loss of libido, is present in a very high number of HIV+ men and women (abstr. PL9.3).

Accumulated experience in N America and Europe in the last 5yrs. indicates that a 3yr survival in selected HIV+ recipients with **liver or kidney transplants** was similar to that of HIV- recipients.

One of the congress exhibition stands advertises “Aquamid” – long- lasting filler for **lipoatrophy** cases. In contrast to previous methodologies, this one is migration resistant, non- toxic, non- allergenic, stable, not degradable and has no indications of long- term complications, as shown by trials and feedback from clients. “Aquamid” is a bio- compatible, non- resorbable hydrogel, which consists of 97,5% water and 2,5% polyacrylamide.

During the congress, EATG organised a workshop on **criminalisation** of HIV transmission.
Its speakers gave evidence why this criminalisation should not be applied.

At a week earlier EATG/ ECAB meeting it was mentioned that no efficacy has been shown comparing **1x daily** vs 2x daily ART regimens.

Regarding prevention, the **pre- test counselling** has practically shown no positive results.

Although the **rapid HIV tests** are not as precise, they should be available in developed countries as well, and not only in the resource- limited regions - concluded an EATG member from the U.K.

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