Infosheet #21 *from the series* ***"For a Better QL of PLWHA!"***

AND WHAT ABOUT MORTALITY?

(the **XVI CROI:**
Conference on **Retroviruses** and **Opportunistic Infections**,
II 2009, Montreal)

(translated from Latvian)

It was predicted that nothing exciting would come out of the XVI CROI, one of the most prominent AIDS medical conferences.
Still, I could find lots of interesting data in its proceedings.

The optimal **time to initiate** HAART for asymptomatic HIV patients is uncertain. Today's standard of starting HAART is CD4>350. Emerging data about the benefits of earlier ART *(improved response to therapy & preservation of immune function)* suggest that initiating HAART earlier may improve outcomes *(oral #71)*.
American scientists found 36% higher risk of death for patients who deferred rather than initiated HAART at a **CD4>500**. Increasing age, but neither baseline HIV-1 RNA nor CD4 count *(within range >500)* were independent predictors of mortality. These scientists' findings support the initiation of HAART earlier than currently recommended.

American scientists *(poster #706)* found that despite the widespread use of HAART in the U.S., **mortality** risk among HIV patients is 3 times higher than in the general uninfected population. The factors independently associated with their death included:

- current smoking,
- increasing age
- low baseline CD4.

British scientists *(oral #145)* summarized underlying causes for deaths in HIV patients:

- AIDS – 32%
- liver- related – 14%
- non- AIDS cancers – 12%
- CVD – 11%
- other - 31%.

Risk factors for overall death in the large *D:A:D* study were:

- smoking
- low body mass index *(<18kg/m2)*
- hypertension
- diabetes
- HBV/ HCV co- infection
- low current CD4
- higher HIV RNA.
    - Smoking was associated with CVD and non- AIDS cancers,
    - HBV & HCV co- infections – with liver- related deaths,

- hypertension – with liver- related & CVD deaths,
- higher current HIV RNA - with AIDS and liver- related deaths,
- lower CD4 – with all specific causes of death.

Maintaining higher CD4 count is likely to have the broadest effect on decrease in death.

American scientists *(poster #566)* identified 20 drugs as inhibitors of HIV replication, including the **anti- herpetic drug *Acyclovir***. This direct inhibition of HIV replication raises the concern of *Acyclovir* monotherapy in co- infected patients.

NIH has reported that **syphilis co- infection** did not affect time to AIDS or death *("Positively Aware", 2007, #1)*. According to the report, "syphilis co-infection transiently decreases CD4 count and increases VL in HIV patients. There was no difference in baseline CD4 or VL between those with and without syphilis".
Since syphilis may be a very quiet disease, often without any symptoms and can be acquired through oral sex, people with multiple sex partners should test for syphilis every 6 months.

The large *ESPRIT* and *SILCAAT* trials have finally shown that though HIV patients on HAART using the immuno- stimulator ***Interleukin- 2*** have higher CD4 count, it has not decreased AIDS- associated diseases or mortality rates. Patients using *IL- 2* had 23% higher level of side- effects.
Since *IL- 2* use has shown no positive effects, *SILCAAT* representative concluded that he sees no sense in prolonging this trial.

GSK is cutting its prices. Its head challenges other pharma giants to follow his lead. In this trend, ***GSK- Latvia*** has announced a 43% price reduction of its *Combivir* – special thanks from HIV patients!
GSK will also share knowledge about potential drugs that are currently protected by patents.

In 2004, in response to a lack of affordable ARV drugs, the U.S. President's Emergency Plan for AIDS Relief *(PEPFAR)* developed an approved process to encourage production of high quality and safe **generic ARVs**.
U.S. scientists *(poster #612)* conclude that countries with lower rates of generic procurement should consider greater generic purchasing to maximize limited funds.
American and Zambian scientists compared outcomes for adults starting generic and brand *Zidovudine + Lamivudine + Nevirapine*. They concluded that use of generic first- line drug formulations had similar effectiveness to that of brand formulations. "This should provide reassurance to policy makers", they say *(poster #611)*.

Why couldn't Latvian pharmaceutical companies *(e.g., "Olainfarm")* start producing some ART components, thus helping to solve the **critical AIDS medication provision situation in Latvia**?!

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