

POSTER PRESENTATION

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Lopinavir/r + Efavirenz combination as a potent NRTI sparing antiretroviral therapy

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Background

Classical recommended HAART are NRTI+PI or NRTI +NNRTI combinations. However, some of our HIV patients have already long durations of NRTI exposure with confirmed or beginning NRTI toxicities. NNRTI +PI combinations could be proposed to avoid further exposure to NRTI.

Methods

We review the data of 19 patients heavely preexposed to NRTI and submitted to a Lopinavir/r + Efavirenz (Lpv/r 2×3 tablets 200 mg/50 mg/d + EFZ 1×1 tablet 600 mg/d) combination. Results are expressed as means \pm sem.

Results

Nineteen patients (7 F/12 M; 8 Africans, 1 Asiatic, 11 Caucasians) were submitted to Lpv/r+EFZ during a total period of 618,5 patient-months (33 \pm 5 months). These patients were 47 \pm 2 years old and are regularly followed for their HIV seropositivity since 123 \pm 9 months. Duration of exposure to any ART before inclusion in this study was 92 \pm 10 m. Three patients discontinued EFZ rapidly for allergic reactions (2) or psychiatric deterioration (1), and one discontinued after 16 m due to persistently sleep disturbances. Seven patients discontinued for hyperlipemia after 30 \pm 5 m. Viral loads remained undetectable (PCR<5 copies RNA/ml) and % CD4 continued to increase to reach a mean value of 25 \pm 2%.

Discussion

The long term follow-up of this small cohort heavely pre-exposed to NRTI suggests that Lpv/r+EFZ is a potent antiviral therapy and that further NRTI combinations therapy can be avoided in these patients. The

tolerance to each drug seems not modified by their use when combined. However, hyperlipemia is a regular preoccupation.

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