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Good experience of enfurvitide in severely ill patients

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Background

Enfurvitide (T-20) is, besides zidovudine, the only HIV drug that does not have to be given orally. Systemic side-effects are rare and there are no known important interactions. Enfurvitide is approved in Sweden for triple class experienced patients with treatment failure or intolerance to other antiretroviral drugs (ART). In reality there have been other reasons for choosing enfurvitide.

Methods

A retrospective analysis was performed of all patients treated with enfurvitide in our clinic from 2004 to January 2008 in a patient population of 755 HIV-positive patients of whom 73% were on ART.

Summary of results

A total of 25 patients had received treatment with enfurvitide. In 10 cases the indication was triple failure. In eight cases the indication was intolerance to other ARTs, in one case "induction therapy" for a patient with high VL and resistance, and in one case for prevention of mother-to-child transmission. Five cases were severely ill patients in need of parenteral administration of drugs, complicated medication and/or repeated surgical interventions (see Table 1).

In all patients T-20 was combined with one or two other antiretrovirals. The reduced risk for interactions facilitated treatment of concomitant disorders. The parenteral administration also made it possible to maintain ART during ICU care or introduce effective ART earlier than otherwise had been possible. As a further benefit the reduced viral load reduced the risk for HIV transmission to staff during surgery and care in the ICU.

Conclusion

The indications for enfurvitide were in 28% of cases (7/25 cases) other than failure or intolerance and most commonly severely ill patients with co-morbidities in need for treatment interacting with conventional ARTs. The parenteral administration, lack of interaction and antiretroviral effect made it possible to maintain undetectable viral load in HIV-treated patients hospitalised for medical or surgical emergencies, and to rapidly reduce viral load in newly diagnosed patients during ICU-care. This can improve the chances for survival for the patients and also reduce the risk for transmission to the staff.

Table 1:

nr	Sex/Age	Concomitant illness	CD4	VL at start	Days on T-20	Outcome
1	f/36	Abdominal trauma, repeated surgery, bleeding	280	<5	80	Dead
2	f/46	Advanced AIDS, enteric administration difficult.	50	2300	102	Dead
3	f/35	TB and Pneumocystosis.	110	7600	296	Succesfull. Stopped T-20 when TB-treatment was finished.
4	m/52	Severe pneumonia and cardiac arrest	110	<50	12	Successful. Restarted previous ART after improvement.
5	f/52	HIV with severe immunodeficiency diagnosed in ICU when treated for fasciitis and septicaemia	40	792000	19	Successful. Changed to NNRTI based ART after improveme