

POSTER PRESENTATION

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# The prognosis of patients with dissociated virological and immunological responses to HAART

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From Tenth International Congress on Drug Therapy in HIV Infection  
Glasgow, UK. 7-11 November 2010

## Background

While HAART allows for the reconstitution of immune functions in most treated HIV patients, failure to achieve a significant increase in circulating CD4+ T cells despite undetectable viremia occurs.

## Methods

A retrospective study was conducted to evaluate the treatment outcome in a subgroup of 232 patients who after 3.1 years of treatment had not achieved desirable immune reconstitution despite a good virological response to HAART.

## Results

After a further  $3.5 \pm 2.7$  years of HAART, 41 (17.7%) patients achieved immune reconstitution ( $681.4 \pm 172.7$  CD4 cells/ $\mu$ L), while 191 (82.3%) patients did not ( $306.6 \pm 109.16$  cells/ $\mu$ L); the difference in the achieved CD4 counts between these subgroups was significant ( $P < 0.01$ ). One patient experienced treatment failure. Eleven patients died to the end of follow-up, of which ten with a continuously dissociated response. Factors associated with immune recovery included, usage of PIs and of drugs from all three classes (OR 2.1, 95% CI 1.0-4.2,  $P = 0.037$  and OR 5.1, 95% CI 1.4-18.7,  $P = 0.013$ , respectively), and a rise in CD4 count to over 200 cell/ $\mu$ L after the first 3.1 years of treatment (OR 2.8, 95% CI 1.1-6.6,  $P = 0.019$ ). Achievement of a rise in CD4 count to over 200 cell/ $\mu$ L after the first 3.1 years of treatment, and usage of all three drug classes were independent predictor of immune reconstitution in the following period.

## Conclusions

If patients on HAART reach CD4 cell counts of above 200 cells/ $\mu$ L in the first three years, immune recovery is possible after at least six years of treatment, particularly if treated with drugs from all three classes.

Published: 8 November 2010

doi:10.1186/1758-2652-13-S4-P55

**Cite this article as:** Jevtovic et al.: The prognosis of patients with dissociated virological and immunological responses to HAART. *Journal of the International AIDS Society* 2010 **13**(Suppl 4):P55.

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