Journal of the International AIDS Society

Poster presentation

Open Access

High rates of viral suppression in HIV/TB patients treated with NNRTI-based antiretroviral therapy

LJ Campbell*[1], A Samarawickrama[2], AC Bailey[2], E Hamlyn[3], J Ashby[3], A Winston[3] and FA Post[4]

Address: [1]King's College London, London, UK, [2]King's College Hospital, London, UK, [3]St. Mary's Hospital, London, UK and [4]King's College London, King's College Hospital, London, UK

* Corresponding author

from Ninth International Congress on Drug Therapy in HIV Infection
Glasgow, UK. 9–13 November 2008

Published: 10 November 2008

Journal of the International AIDS Society 2008, **11**(Suppl 1):P260 doi:10.1186/1758-2652-11-S1-P260

This abstract is available from: http://www.jiasociety.org/content/11/S1/P260

Purpose of the study

Tuberculosis (TB) is common in HIV-infected patients and associated with advanced immunosuppression. The optimal HIV treatment in patients receiving TB therapy remains to be defined.

Methods

We reviewed all HIV/TB patients who received NNRTI-based antiretroviral therapy (ART) together with TB therapy at two London HIV clinics from 2000 to 2007. Baseline characteristics, TB outcome, trends in CD4 T-cell count and HIV-RNA level, and liver enzymes were examined.

Summary of results

Analysis is still in progress and for this abstract restricted to one clinical site where 70 patients were identified. Mean age was 36 yrs, 54% were female, 79% black African, 5% IVDU, 5% were hepatitis B and 6% hepatitis C co-infected. Efavirenz (n = 46) or nevirapine (n = 24) was given at a dose of 800 mg and 600 mg daily respectively to patients taking rifampicin (91%). Of the 70 patients, 51 initiated ART after having started TB therapy (median time to HIV therapy 8 weeks). NNRTI were well tolerated; two patients switched from efavirenz to nevirapine, one discontinued HAART due to life-threatening IRIS, five switched to a PI, and two died. Median CD4 count at TB diagnosis and 3, 6, 9 and 12 months post-ART initiation were 61, 158, 208, 256 and 296 cells/mm3, respectively, and 91% of patients attained an HIV-RNA <50 c/mL. CD4 and HIV-RNA responses did not differ between patients who received efavirenz or nevirapine. Grade 3 or 4 AST was observed in five patients each and was associated with hepatitis co-infection but not nevirapine use. A further 19 patients developed TB while receiving NNRTI-based ART (after a median duration of 15.1 (IQR 5–29) months. Median CD4 count in these patients was 279 cells/mm3, and 67% had HIV-RNA levels <50 c/mL. TB occurred <3 months of ART initiation in six patients, two of whom died. All others attained or maintained undetectable HIV-RNA levels, and no significant toxicity was observed.

Conclusion

In conclusion, NNRTI-based ART is highly effective in patients co-infected with TB/HIV. Co-administration of rifampicin and nevirapine was not associated with an increased incidence of liver toxicity.