

Poster presentation

Different metabolic and anthropometric characteristics of TVD, CBV or K VX associated with nevirapine: Results from the "NEVIRAPINE COMPANION" cohort

G Guaraldi*, F Adorni, S Zona, N Squillace, G Orlando, C Stentarelli, R Esposito and C Sconiamilio

Address: University of Modena and Reggio Emilia, Modena, Italy

* 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):P34 doi:10.1186/1758-2652-11-S1-P34

This abstract is available from: <http://www.jiasociety.org/content/11/S1/P34>

© 2008 Guaraldi et al; licensee BioMed Central Ltd.

Purpose of the study

To assess metabolic, anthropometric and cardiovascular risk profile of a cohort undergoing stable nevirapine therapy associated with TDF+FTC (TVD), AZT+3TC (CBV) or ABC+3TC (K VX).

Methods

Cross-sectional observational study that included all consecutive HIV-infected patients seen at a metabolic clinic undergoing nevirapine therapy for >6 months associated with TVD, CBV or K VX.

Summary of results

244 patients were included. Table 1.

Rho of Spearman did not find any correlation between NVP exposure and the surrogate toxicity end-points (all: $p = ns$).

Conclusion

K VX arm displayed a greater pro-atherogenic risk profile notwithstanding lower BMI in respect to CBV and TVD. This non-randomised cohort cannot discriminate if patients with a higher underlying risk of cardiovascular disease might be initially placed on K VX or if K VX associated with NVP per se, had a poorer metabolic profile compared with the TVD and CBV arms. Careful assessment of metabolic parameters should be evaluated in people undergoing the association K VX+NEV even beyond the

initial 6 months of therapy and appropriate lipid-lowering therapy started if needed.

Table 1:

Median* or %°	Total	TVD n = 142 pts	CBV n = 62 pts	KVX n = 40 pts	p-value
Age, (yrs)*	44.0	44.5	42.0	44.0	.173
CDC Group C°	25.8	25.4	18	9	.793
Nadir CD4 (c/μL)*	156	141	166	188	.457
NRTI cum exp (mths)*	119	132	112	126	.073
Current NRTI Tx (mths)*	18.1	12.3	24.9	21.7	<.001
PI cum exp (mths)*	42	47	36	38	.100
NNRTI cum exp (mths)*	45	40	52	55	.038
Current NEV Tx (mths)*	20	13.4	24.9	21.8	.003
BMI	22.5	22.5	23.55	21.54	.020
Waist (cm)*	83	83	87	80	.009
Total fat mass (gr)*	9905	9538	11926	8656	.012
Total lean mass (gr)*	50754	51590	50754	45940	.257
% fat in legs*	9.14	9.10	12.01	7.43	.080
% fat in legs/BMI*	0.40	0.41	0.48	0.35	.239
HOMA	2.79	2.78	2.78	2.82	.993
TG (mg/dL)*	130	120	133	142	.200
TC (mg/dL)*	199	194	196	215	.040
HDL (mg/dL)*	49	49	51	48	.120
LDL (mg/dL)*	123	122	113	137	.028
ApoB (mg/dL)*	102	99	94.5	115.5	.009
ApoAI (mg/dL)*	151	146	163.5	157	<.001

Publish with **BioMed Central** and every scientist can read your work free of charge

"BioMed Central will be the most significant development for disseminating the results of biomedical research in our lifetime."

Sir Paul Nurse, Cancer Research UK

Your research papers will be:

- available free of charge to the entire biomedical community
- peer reviewed and published immediately upon acceptance
- cited in PubMed and archived on PubMed Central
- yours — you keep the copyright

Submit your manuscript here:
http://www.biomedcentral.com/info/publishing_adv.asp

