Olgu Sunumu

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Olgu

- 49 yaş, ♂
- Evli (biseksüel) 1 çocuklu
- Tanı tarihi 2001
- Oral kandidiyazis, ciltte döküntüler
- Kilo kaybı (2 ayda 5 kg)

Laboratuar

Tarih	Temmuz 2001
WBC	10.400
Hemoglobin	17.1 g/dL
Trombosit	240.000
AST	16
ALT	22
Bun/Kreatinin	15/0.8

Tarih	Temmuz 2001
Toxoplazma Ig G	Negatif
CMV Ig G	Pozitif
Hbs Ag	Negatif
Anti HCV	Negatif
Anti HAV Ig G	Negatif
VDRL/TPHA	Negatif

Klinik Seyir

- CD4→%26 ve HIV RNA →780.000
- Major direnç Ø

Ağustos 2001→ AZT+ 3TC+ İndinavir

Klinik Seyir

- Ağustos 2002→
- Viramun(Nevirapin)+Combivir(Lamivudin+Zidovudin)
- 2003 ART Ø

2003-2008 ART Ø

Klinik Seyir

- Direnç testi (Ağustos 2007) → Direnç Ø
- Temmuz 2008→ **Truvada+Stocrin**

Klinik Seyir

2009	
Total Kolesterol	225 mg/dL
TG	159
HDL	34
LDL	159

- Alkol, sigara Ø
- Framingham %7
- Rosuvastatin 10 mg

Klinik Seyir

- Efavirenze bağlı uykusuzluk, kabuslar

Şubat 2014 STRİBİLİD

Tarih	CD_4 (%)	HIV RNA	Ağırlık	İlaç	Diğer
Ocak 2001	451 %26	780.000	68 kg	AZT+ 3TC İndinavir	Oral candida, kilo kaybı,
Ekim 2001	1059 %39	750	72	AZT+3TC İndinavir	
Ocak 2002	891 %41	<50	78	AZT+3TC İndinavir	
Ağustos 2002	1060 %36	<400		Combivir viramune	
Mayıs 2003			İlaci maddi nedenlerle kesmiş!!!		
Temmuz 2008	406 %22	<400		Direnç YOK → Truvada+ Stocrin	
Şubat 2014	772 %40	<20	78		

Efavirenze bağlı yan etkiler!!!
STRİBİLD'e geçiş

A Randomized Double-Blind Comparison of Coformulated Elvitegravir/Cobicistat/Emtricitabine/Tenofovir Disoproxil Fumarate Versus Efavirenz/Emtricitabine/Tenofovir Disoproxil Fumarate for Initial Treatment of HIV-1 Infection: Analysis of Week 96 Results

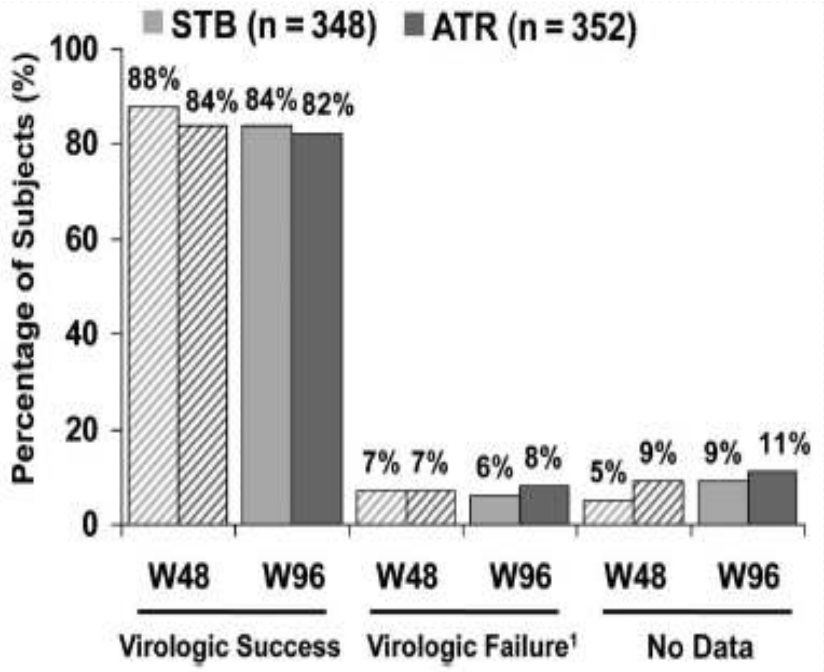


TABLE 1. Adverse Events in ≥10% of Patients in Either Group at Week 96

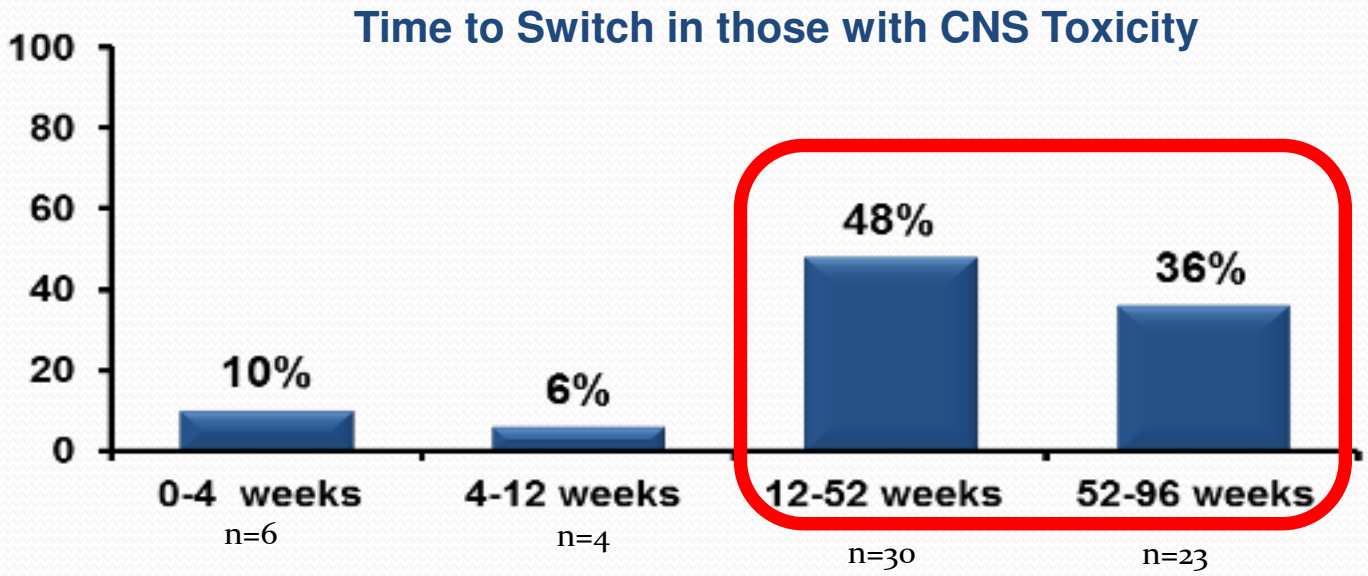
	EVG/COBI/ FTC/TDF (n = 348)		EFV/FTC/TDF (n = 352)	
	Week 48	Week 96	Week 48	Week 96
AEs in ≥10% of patients in either group at week 96				
Diarrhea	23%	25%	19%	24%
Nausea	21%	22%	14%	15%
Upper respiratory tract infection	14%	21%	11%	17%
Headache	14%	16%	19%	21%
Abnormal dreams	15%	15%	27%	28%
Fatigue	11%	13%	13%	15%
Depression	9%	12%	11%	14%
Insomnia	9%	11%	14%	16%
Sinusitis	7%	9%	8%	11%
Rash	6%	7%	12%	14%
Dizziness	7%	7%	24%	26%

(*J Acquir Immune Defic Syndr* 2013;63:96–100)

EFV/FTC/TDF - Tek tablet rejiminin geç dönemde kesilmesine yol açan kalıcı nöropsikiyatrik advers olaylar

Retrospective analysis of 472 ARV-naïve HIV patients on first-line EFV/FTC/TDF STR evaluating reason for discontinuing therapy

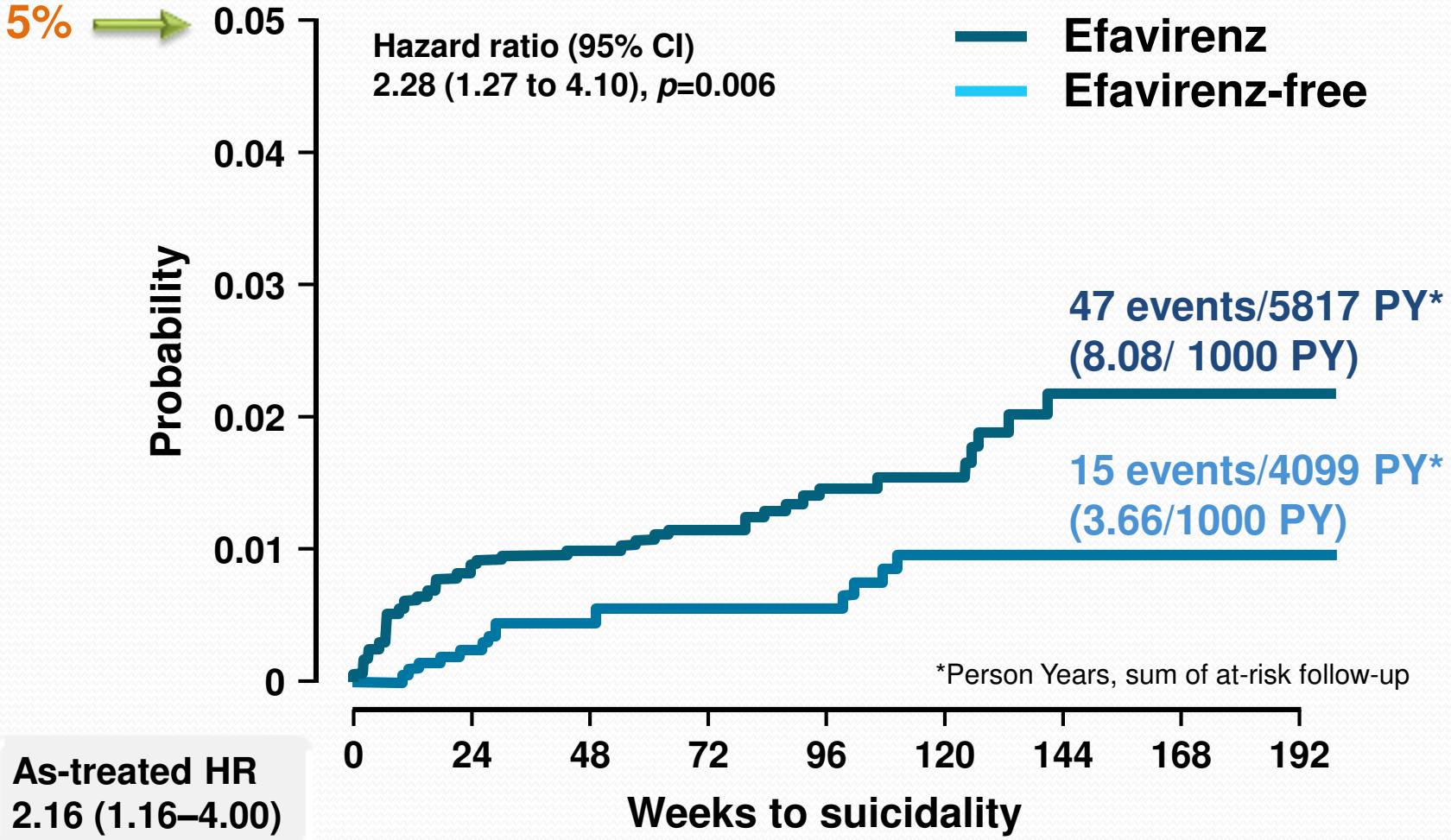
- 89 (19%) discontinued EFV/FTC/TDF STR after median duration of 294 days (IQR 108-495)
- CNS toxicity was the most common reason for switching therapy in 63 (71%) cases
  - Most common reported findings were insomnia, nightmares, depression and dizziness



The majority of cases of CNS toxicity leading to treatment modification occurred after having been established on EFV/FTC/TDF STR for more than 3 months

Scourfield A, *et al. AIDS*, 2012;26:1399-1401

İntihar düşüncesi zamanı



As-treated HR
2.16 (1.16–4.00)

Scourfield A, *et al. AIDS*, 2012;26:1399-1401

D:A:D

Lack of Association Between Use of Efavirenz and Death from Suicide: D:A:D Study

Figure 1

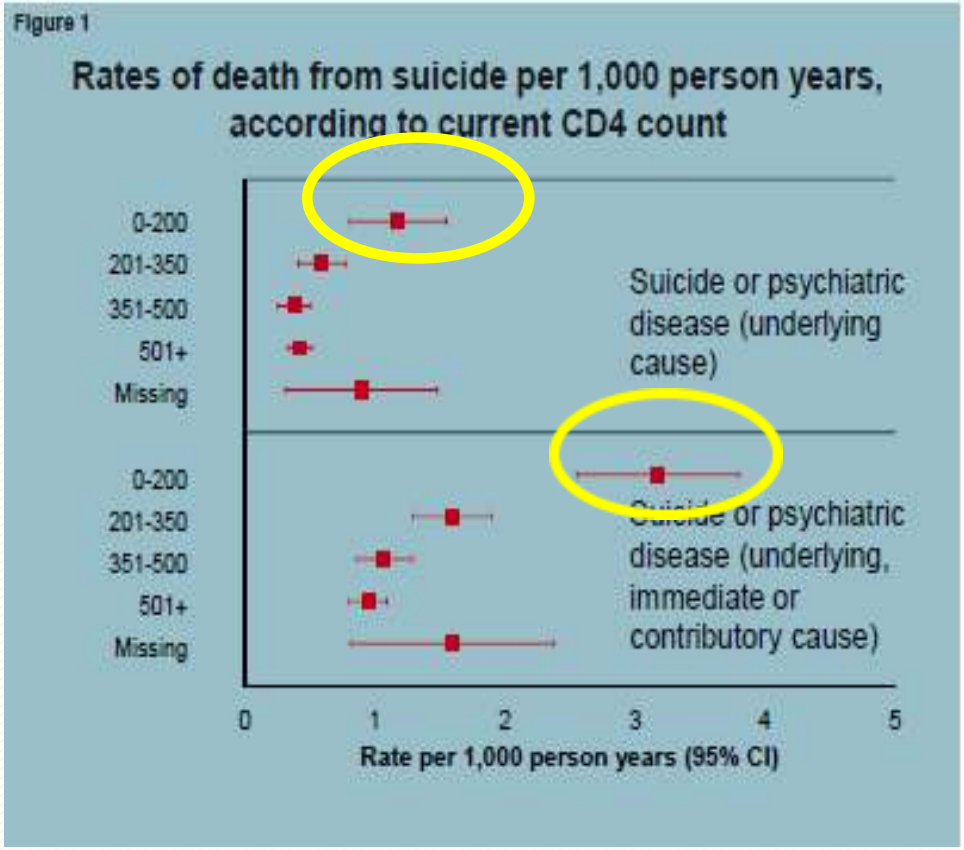
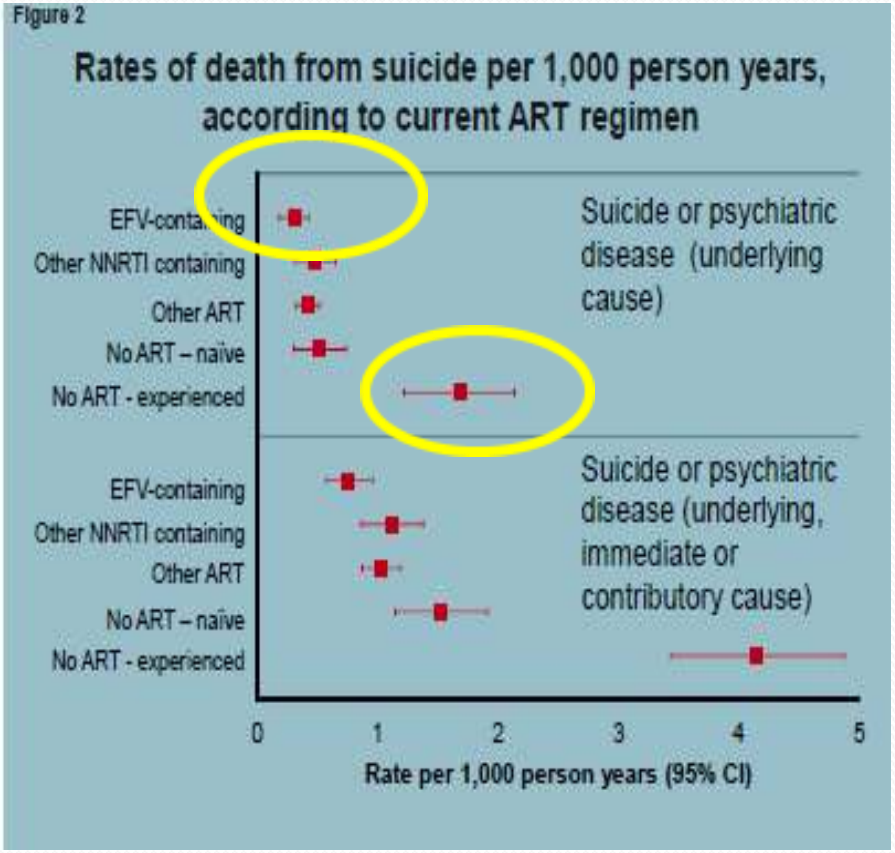


Figure 2



Tedavi Değişim Nedenleri

- Tedaviye uyumu artırmak (tablet sayısı ve uygulama sıklığını azalmak)
- Toleransı artırmak ve toksisiteyi azaltmak
- İlaç etkileşimini azaltmak
- Gebelik esnasında
- Maliyeti azaltmak için

Table 1. Modifying Antiretroviral Therapy to Increase Tolerability and/or Decrease Toxicity

Toxicity	Offending Agent(s)	Switch Offending Agent(s) to	Expected Benefit	Clinical Trial(s)
CNS toxicity	Efavirenz	Etravirine, nevirapine, raltegravir, cobicistat/elvitegravir/emtricitabine/tenofovir, rilpivirine	CNS adverse event improvements	Schouten et al[Schouten 2010] Waters et al[Waters 2011] SWITCH-ER[Nguyen 2011] STRATEGY-NNRTI[Pozniak 2014] GS-111[Mills 2013] Nelson et al[Nelson 2013]
Lipoatrophy	Thymidine analogues	Abacavir, tenofovir, darunavir/ritonavir monotherapy, or lopinavir/ritonavir monotherapy	Subclinical improvements/ prevention of further fat loss	RAVE[Moyle 2006] SWEET[Fisher 2009] 934E[DeJesus 2008] RECOMB[Ribera 2013] ACTG A5110[Tebas 2009] MONOI[Valantin 2012] KRETA [Bernardino 2013]

Dyslipidemia	Abacavir/lamivudine	Emtricitabine/tenofovir	↓TC, LDL	ROCKET II[Behrens 2012] Moyle et al[Moyle 2010] SWIFT[Campo 2013]
Diarrhea and/or dyslipidemia	Lopinavir/ritonavir 400/100 mg BID	Atazanavir/ritonavir 300/100 mg QD; raltegravir	↓TC, TG ↓Diarrhea*	ATAZIP[Mallolas 2009] SWITCHMRK[Eron 2010] SPIRAL[Martínez 2010]
Diarrhea and/or dyslipidemia	Ritonavir-boosted PI	Atazanavir; emtricitabine/rilpivirine/tenofovir, cobicistat/elvitegravir/emtricitabine/tenofovir		ARIES[Squires 2010; Squires 2012] INDUMA[Ghosn 2011] SPIRIT[Palella 2014] SWAN[Gatell 2007] STRATEGY-PI[Arribas 2014] GS-111[Mills 2013] Nelson et al[Nelson 2013]

Diarrhea and/or dyslipidemia	PI	NNRTI		NEFA[Martínez 2003] Etra-Switch[Echeverría 2014]
Injection site reaction	Enfuvirtide	Raltegravir	↑ Tolerability	EASIER[De Castro 2009]
Dyslipidemia or frequent dosing	PI or NNRTI + 2 NRTIs	Coformulated efavirenz/emtricitabine/tenofovir	↓TG ↑ Convenience	AI266-073[DeJesus 2009]

BID, twice daily; CNS, central nervous system; QD, once daily; TC, total cholesterol; TG, triglycerides.

*Not proven in clinical trials.

Teşekkürler