

# Aging and Antiretroviral Neurotoxicity

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# Disclosures

**Research funds were paid to UC San Diego on behalf of Dr. Letendre:**

- National Institutes of Health
- Gilead Sciences
- ViiV Healthcare

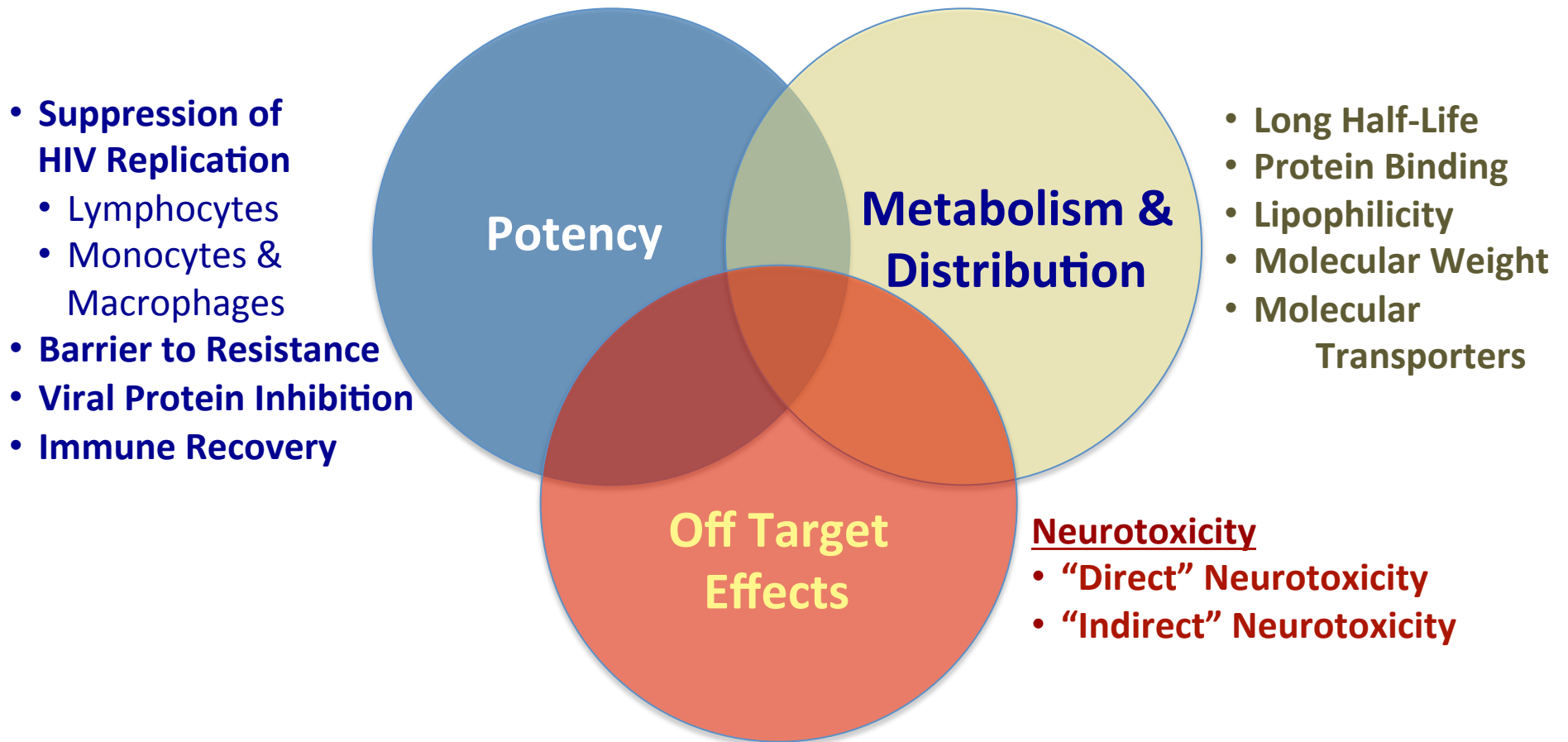
**Dr. Letendre was paid for an advisory board:**

- ViiV Healthcare

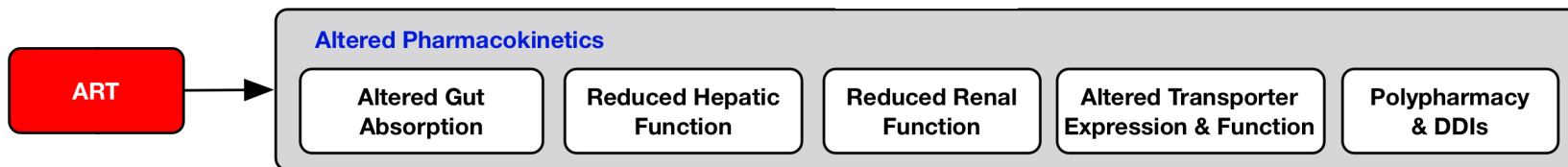
**Dr. Letendre was paid for a lecture:**

- None

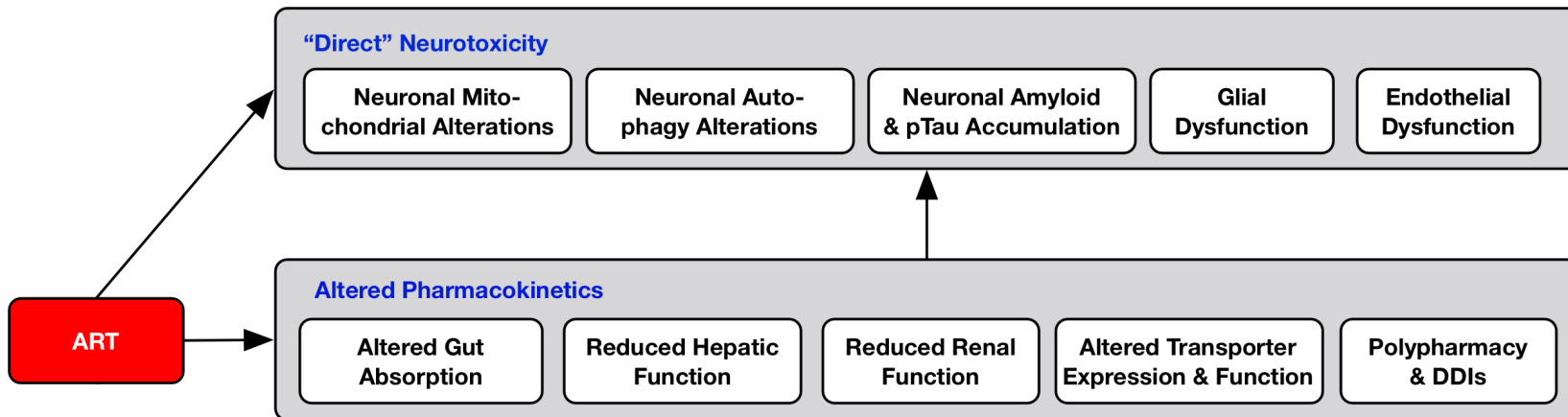
# Several ART Drug Characteristics Can Influence CNS Effectiveness



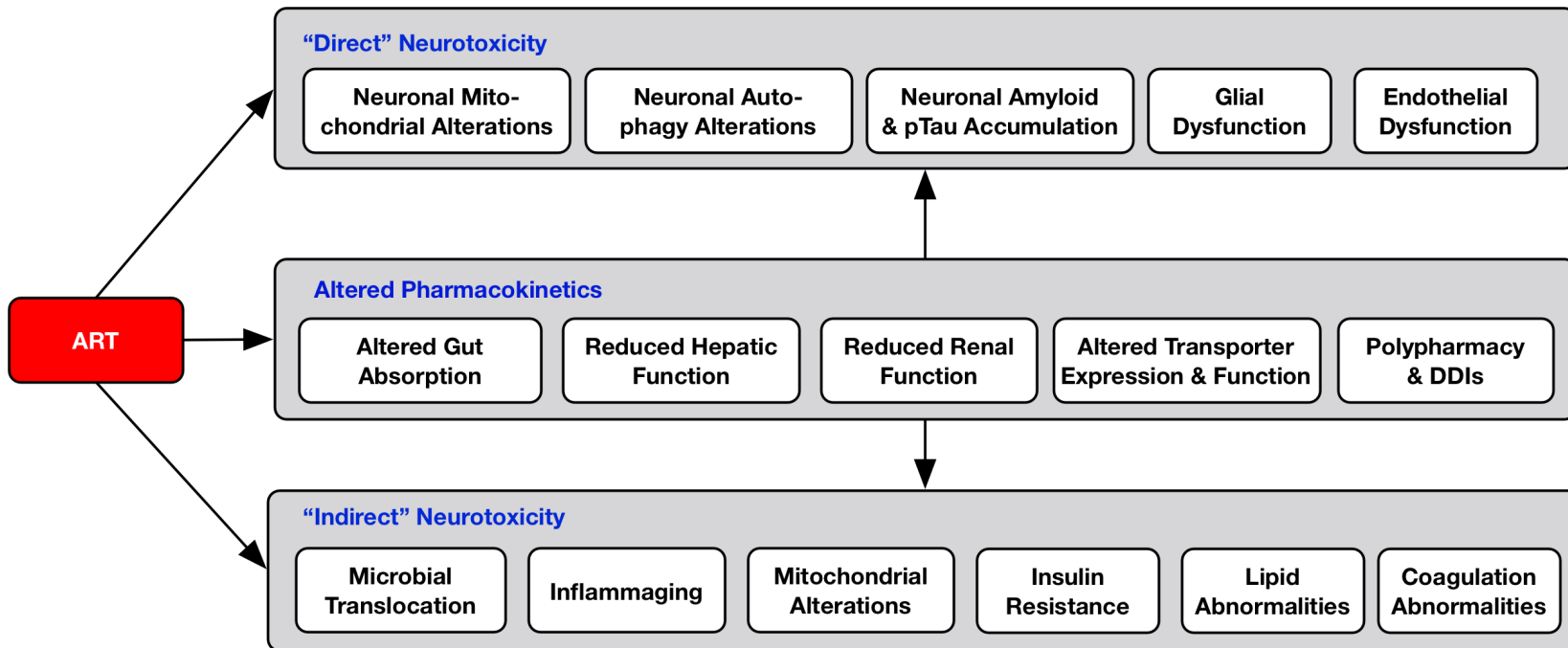
# Conceptual Construct for Worsened Neurotoxicity with Aging



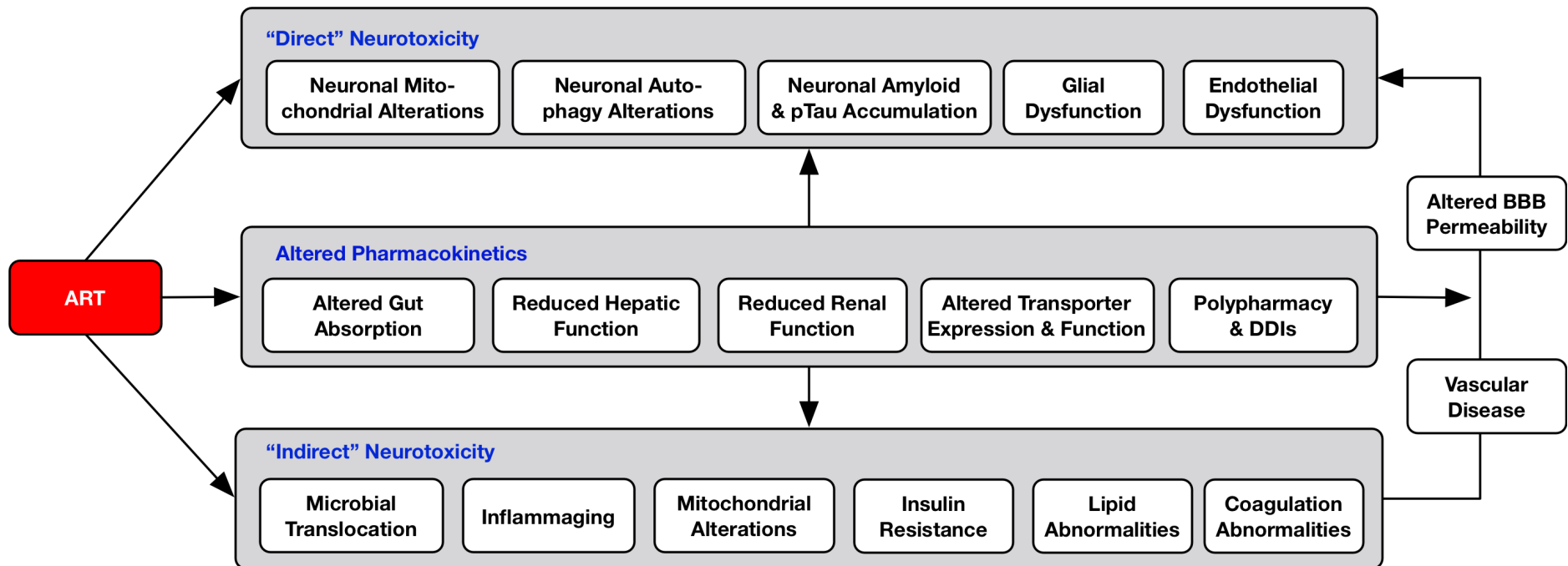
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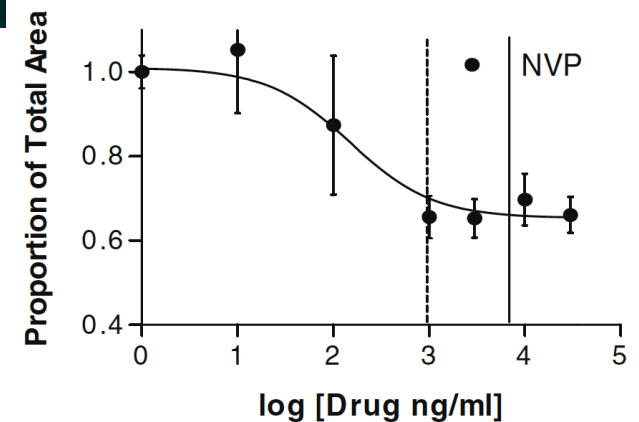
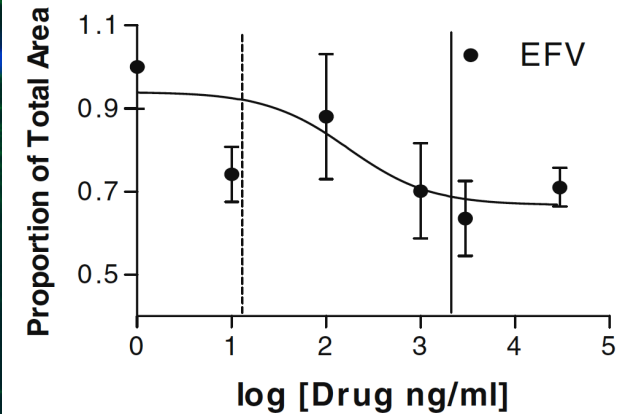
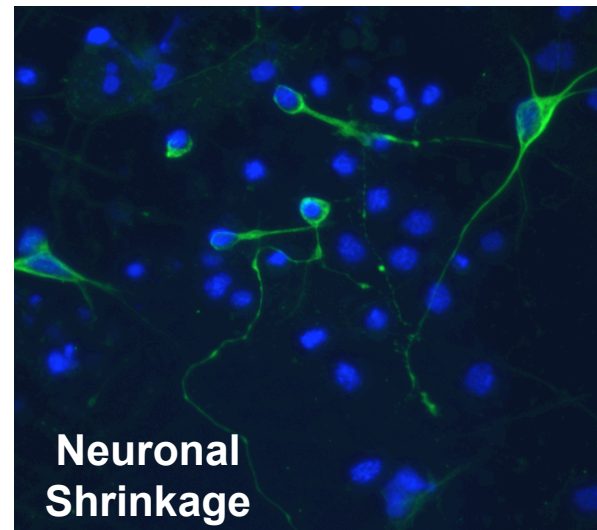
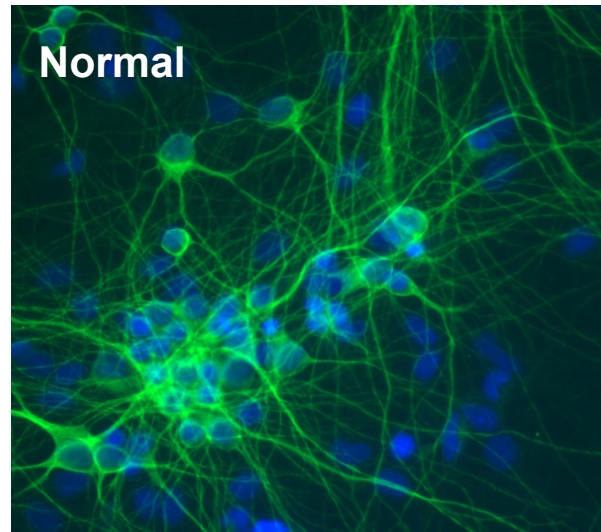


# Conceptual Construct for Worsened Neurotoxicity with Aging



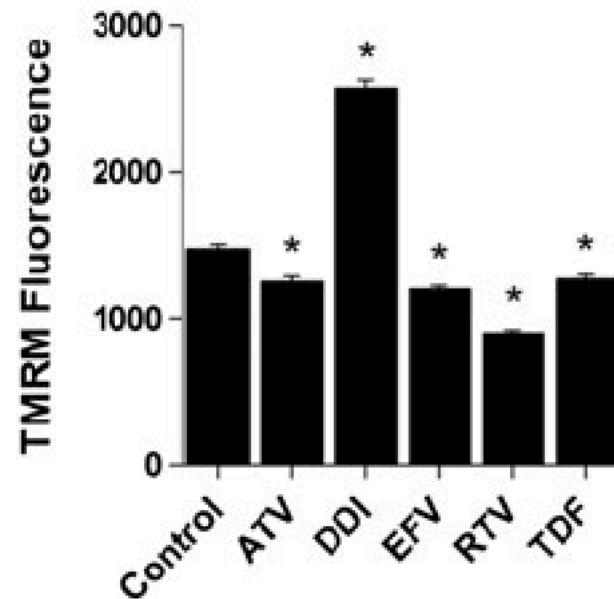
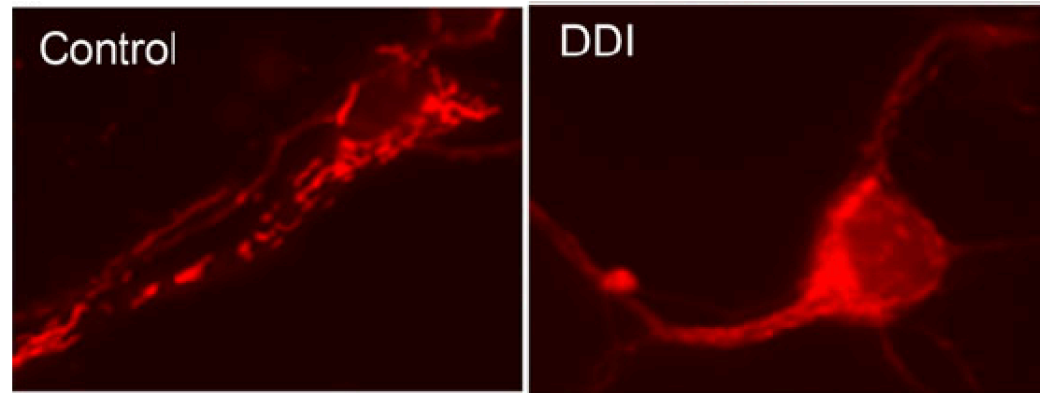
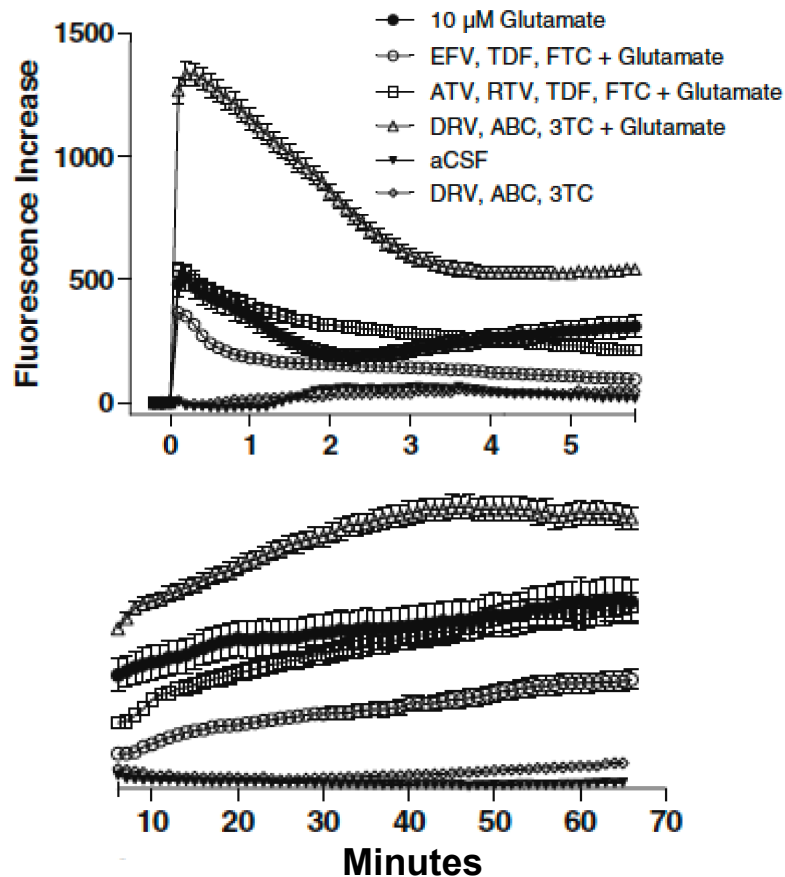
# Neurotoxicity in Neuronal Culture

- **Fetal rat cortical neurons** exposed to increasing ART concentrations
- All drugs caused Injury
- Dose-effect curves and toxicity indices were calculated



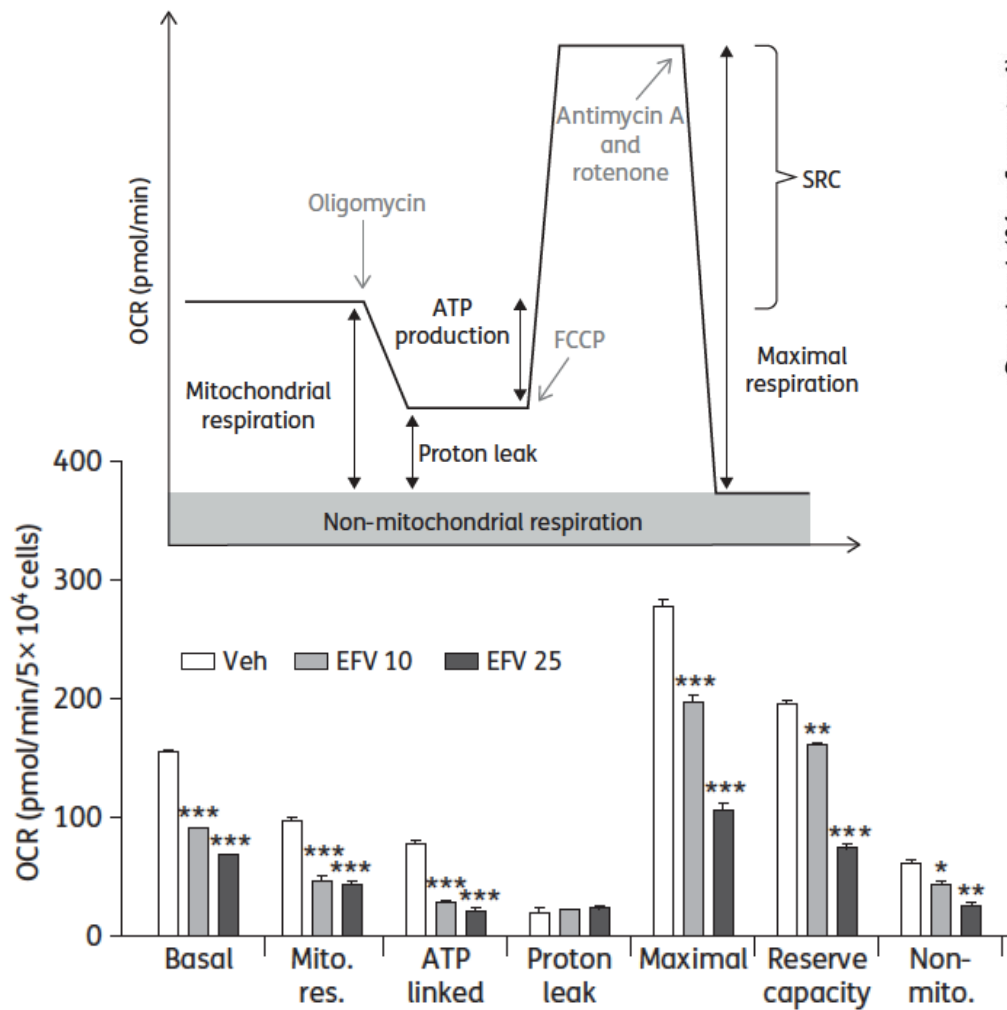


# ART Drugs, Neuronal Calcium Flux, & Mitochondrial Potential

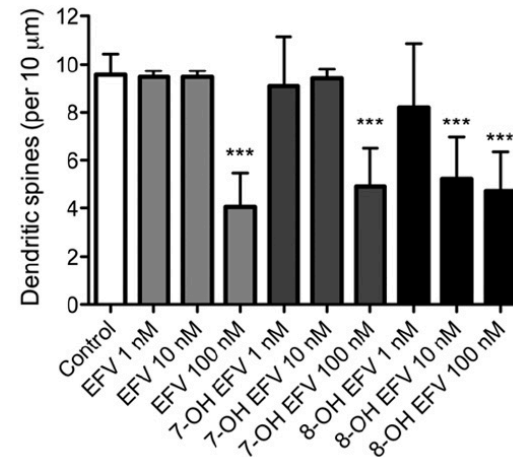
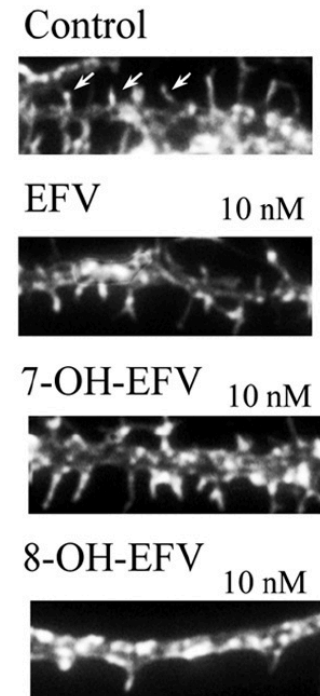
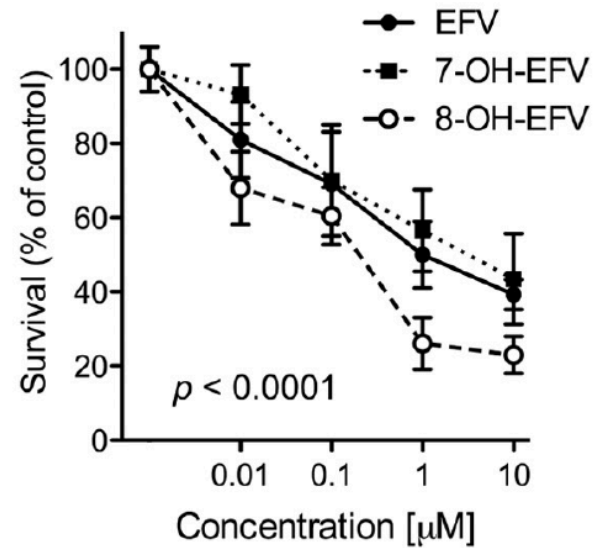


Robertson et al, *J Neurovirol*  
2012, 18: 388-299

# Efavirenz, Mitochondrial Respiration, and Neurotoxic Metabolites

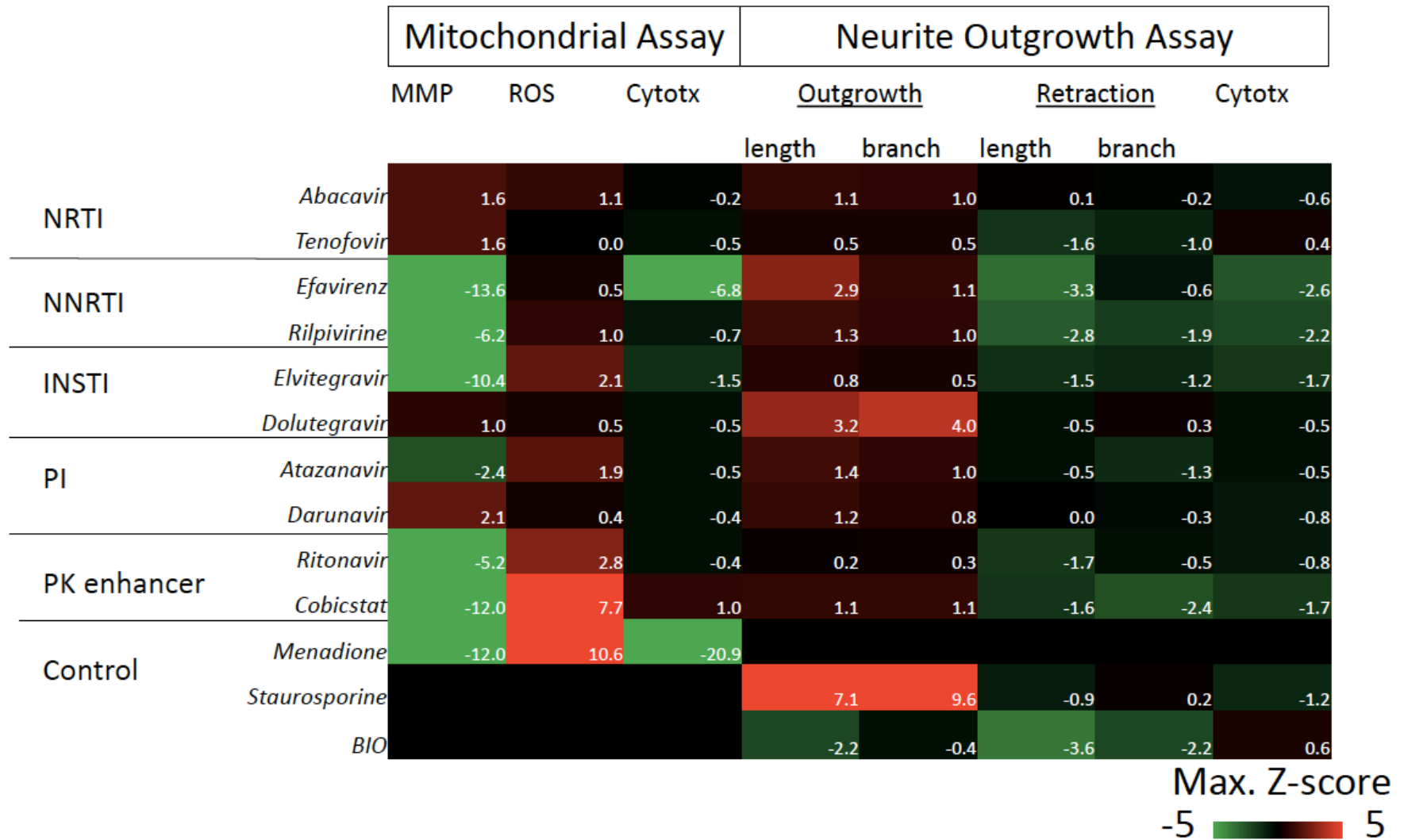


Funes et al, JAC 2015; 70: 2249–2254



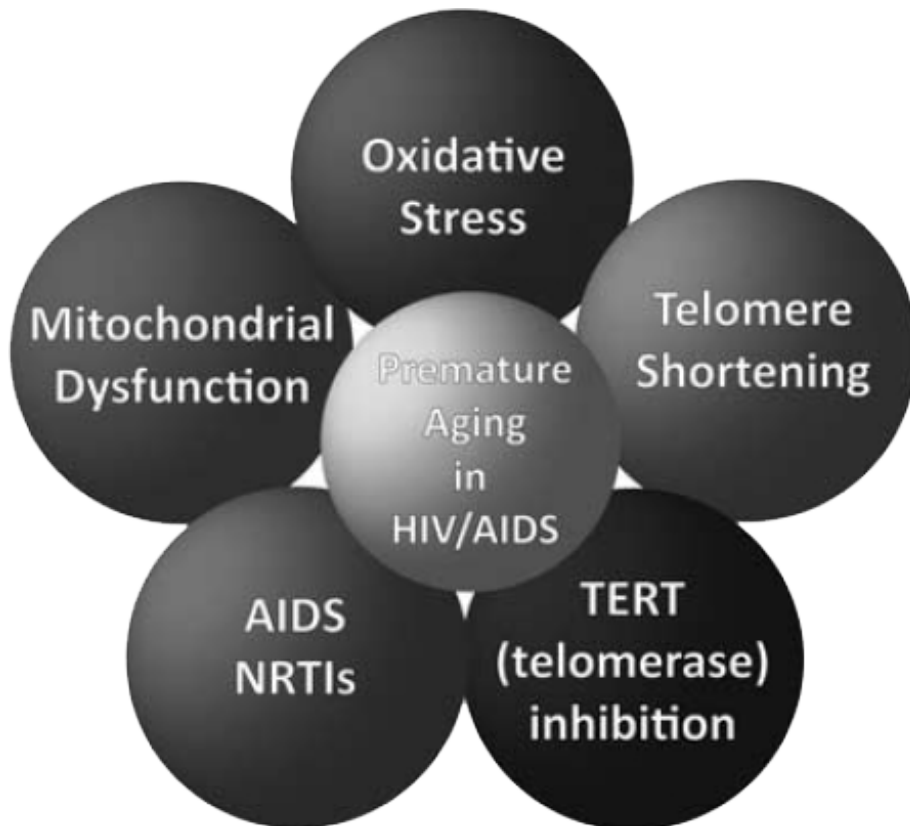
Tovar-y-Romo et al, JPET 2012, 343(2): 696-703

# Neurotoxicity Screening of ART Drugs With Human iPSC-Derived Neurons



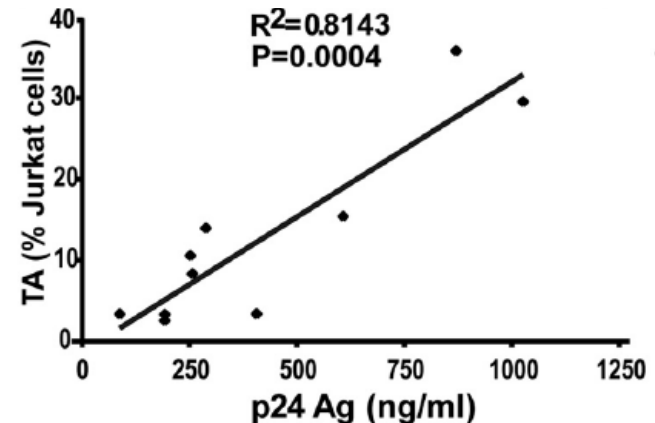
Hinckley et al, CROI 2016, Abstract 395

# Higher NRTI Levels in CNS May Increase Mitochondrial and Telomere Toxicity

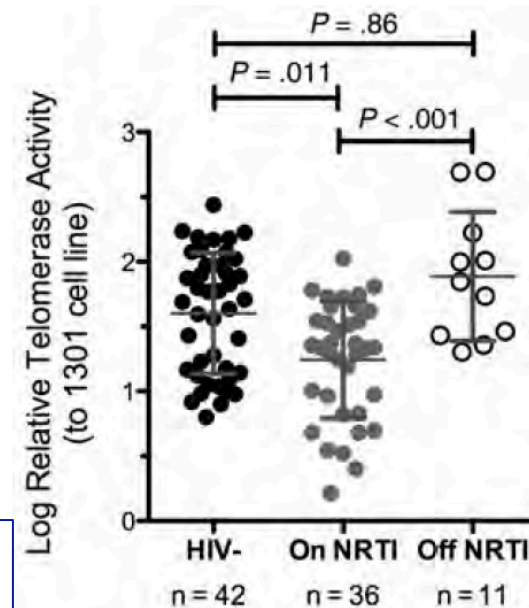


Torres & Lewis, Laboratory Investigation (2014) 94, 120–128

**Tenofovir was the most potent inhibitor of telomerase activity**

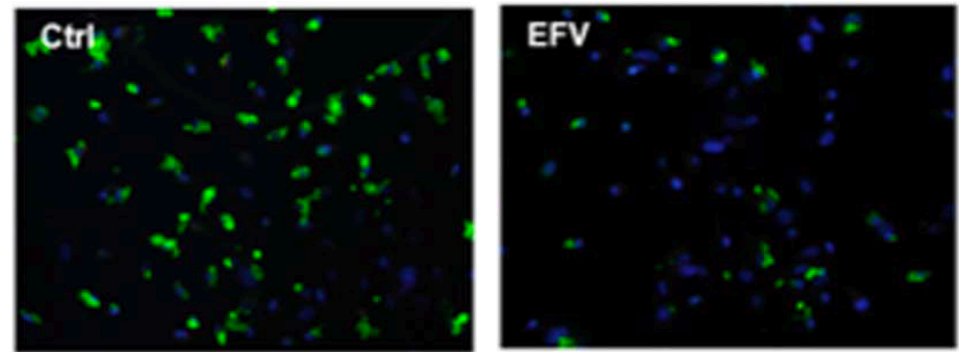
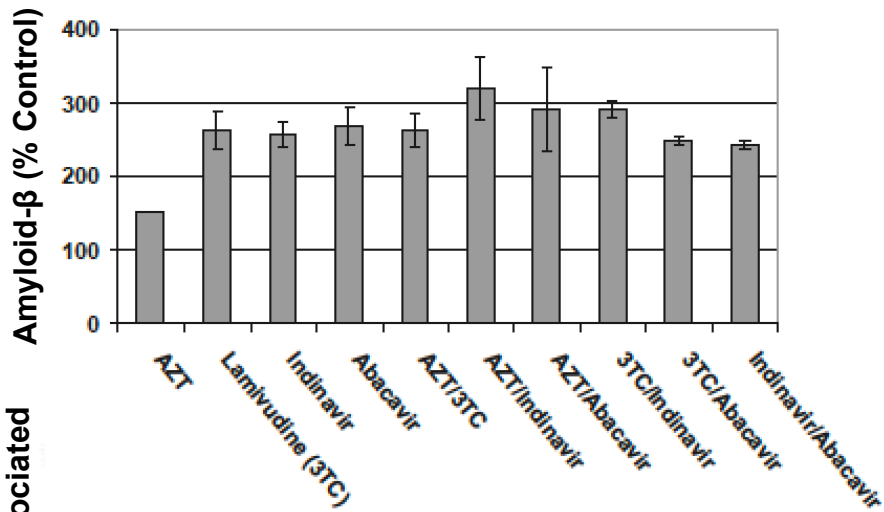


Reynoso et al, J Virol 2012; 86(19):10327

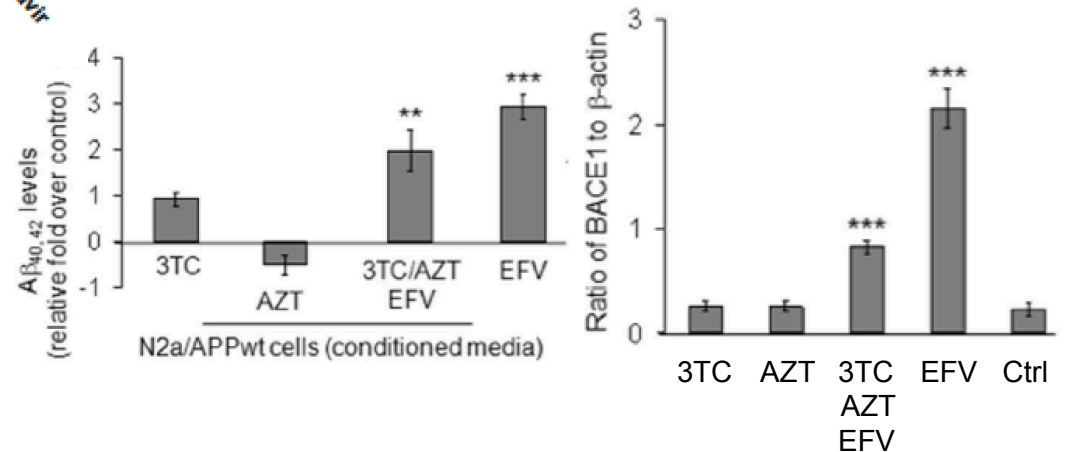
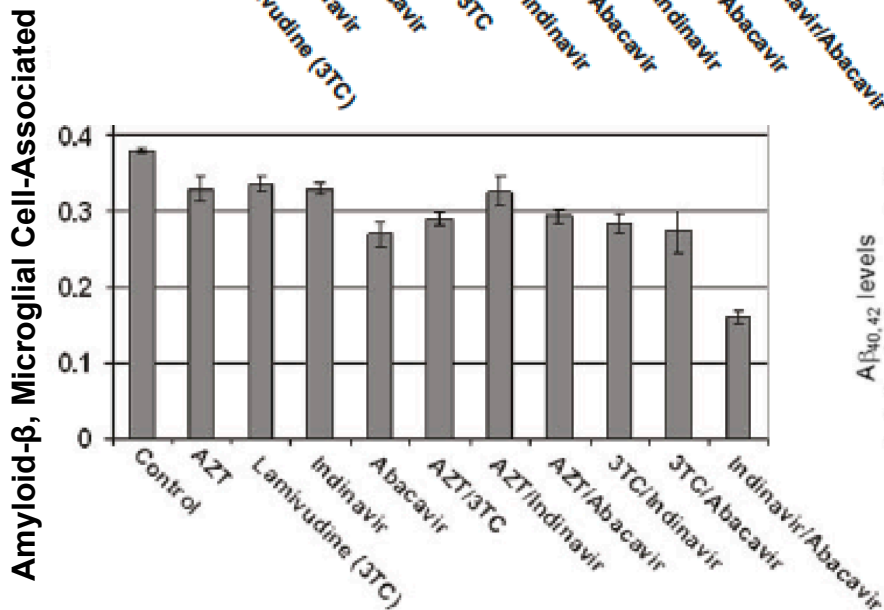


Leeansyah et al, JID 2013; 207:1157

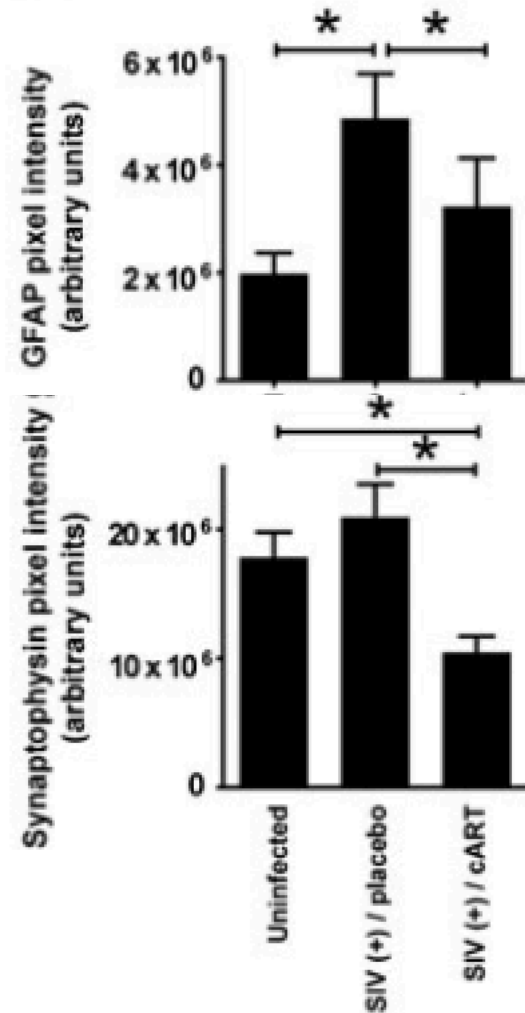
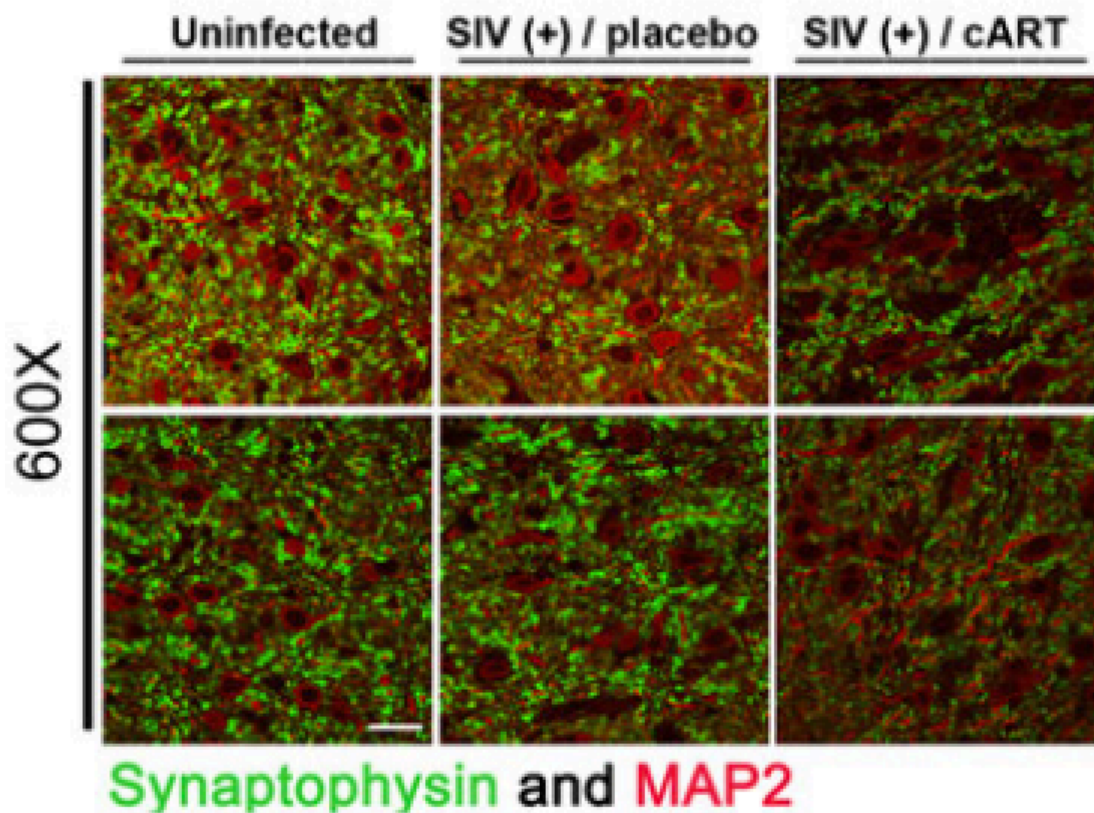
# ART Drugs Can Increase Amyloid- $\beta$ & Reduce Microglial Phagocytosis



EFV Reduces Microglial Phagocytosis of A $\beta$ <sub>1-42</sub>



# Evidence of Neurotoxicity in Macaques and Rodents

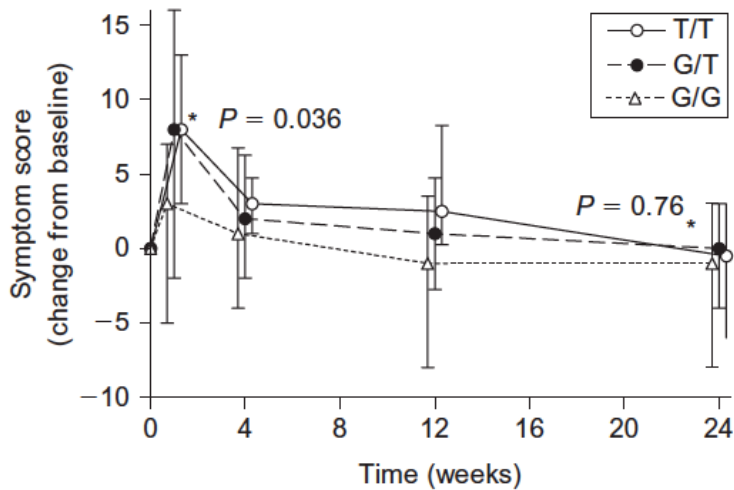
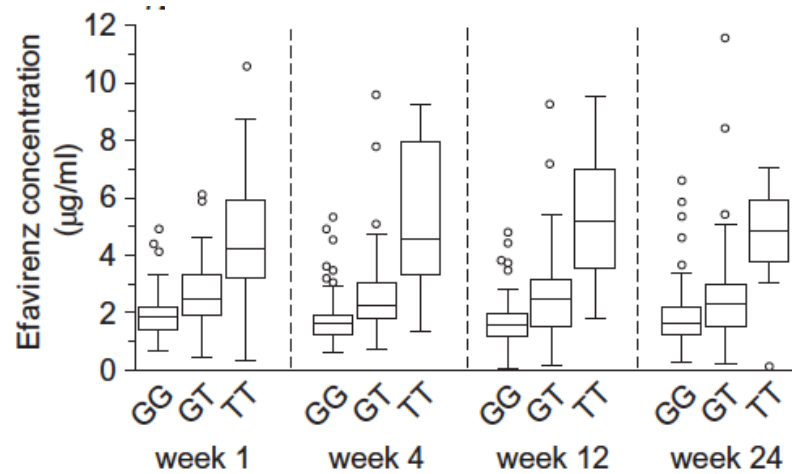


cART = AZT + SQV/r

# More *in vitro* and Animal Evidence than Human Evidence

Antiretroviral	In-vitro evidence	Animal evidence	Imaging evidence	Clinical evidence
<b>NRTIs</b>				
Tenofovir [19,25]	+/-	+		
Abacavir [19,26,40,41]	++		+/-	
Emtricitabine [19]	+/-			
Lamivudine [14,19,26,40]	+/-	+	-	
Zidovudine [14,19,25,26,40,41]	+/-	+	+/-	
Stavudine [14,40]	+/-	+	+	
Didanosine [14,19,40]	+	+	+	
Zalcitabine [19]	+/-			
<b>NNRTIs</b>				
Efavirenz [19,22-24,27,41,42,47-50]	++	+	+/-	++
Nevirapine [19,24]	+	+		
Etravirine [19]	+			
<b>PIs</b>				
Darunavir [19]	-			
Atazanavir [19,25,41,42]	+	+	+/-	
Amprenavir [19]	+			
Ritonavir [19,25]	+/-	+		
Saquinavir [25]	+	+		
Indinavir [26]	+			
<b>Others</b>				
Maraviroc [19]	-			
Raltegravir [51]				+/-

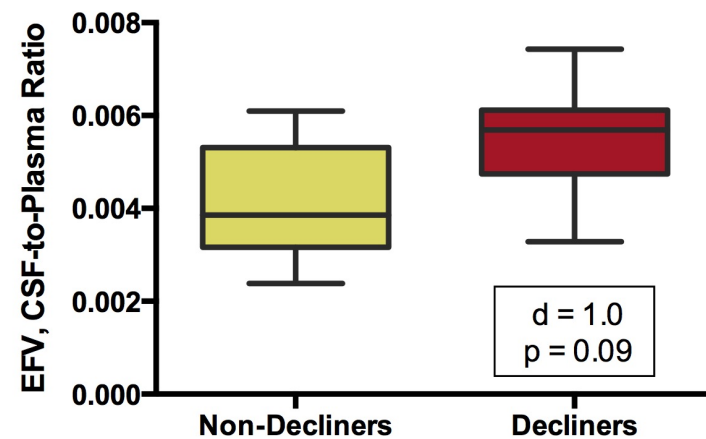
# Greater Efavirenz Exposure is Associated with Worse Outcomes



Haas et al, AIDS 2004, 18:2391–2400

Risk Factor	Odds Ratio	P Value
Age (per 10 years)	0.83	0.29
Education (per 1 year)	0.85	0.002
Non-Italian Born	3.5	0.056
<b>Efavirenz use</b>	<b>4.0</b>	<b>0.008</b>

Ciccarelli et al, Neurology 2011, 76: 1403

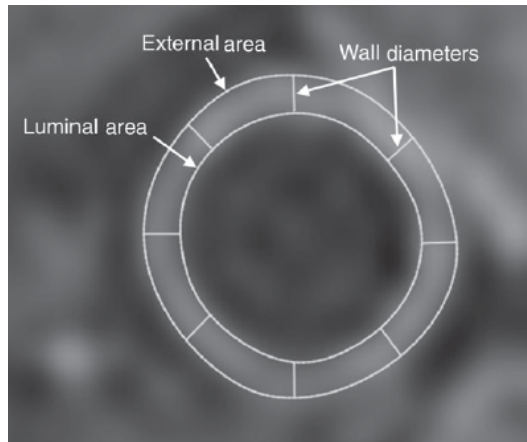


Ma et al, CROI 2015, Abstract 444

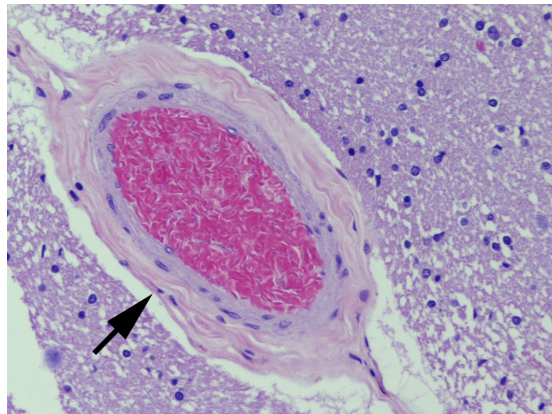


# Protease Inhibitors & NRTIs

## Protease Inhibitors

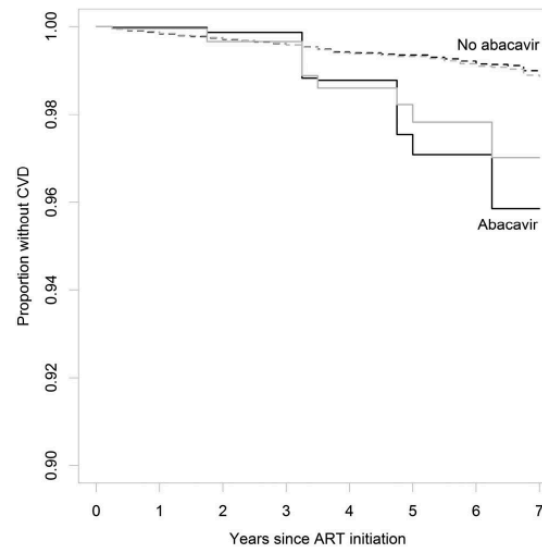


LaBounty et al, *HIV Medicine* 2016, 17(7):516-23

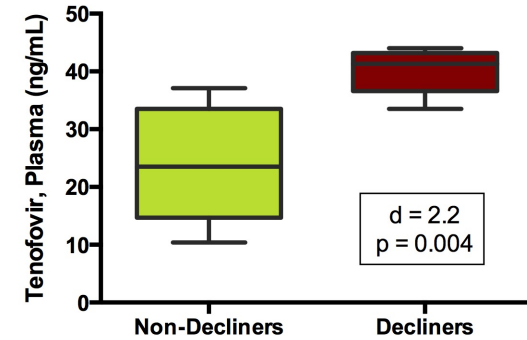


Soontornniyomkij et al, *AIDS* 2014, 28:1297-1306

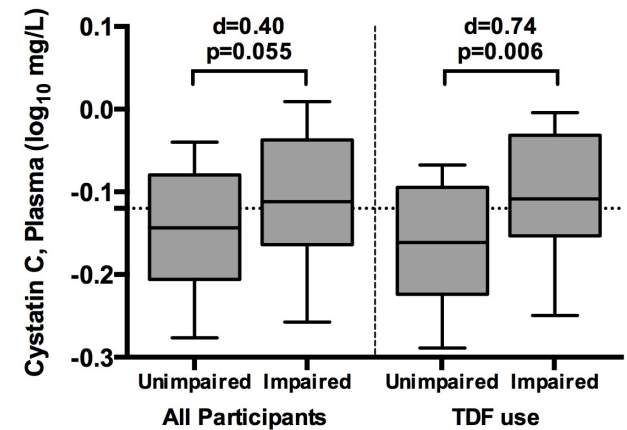
## NRTIs



Marcus et al, *JAIDS* 2016; 71:413-419



Ma et al, *CROI 2015, Abstract 444*



Sakoda et al, *JAIDS* 2017; 74(3):243-249

# Vascular and Metabolic Disease Increase Risk for Neurocognitive Impairment

- **292 HIV+ adults in the START study**
- **Prior CVD was associated with NCI**

*Wright et al. Neurology 2010; 75: 864*

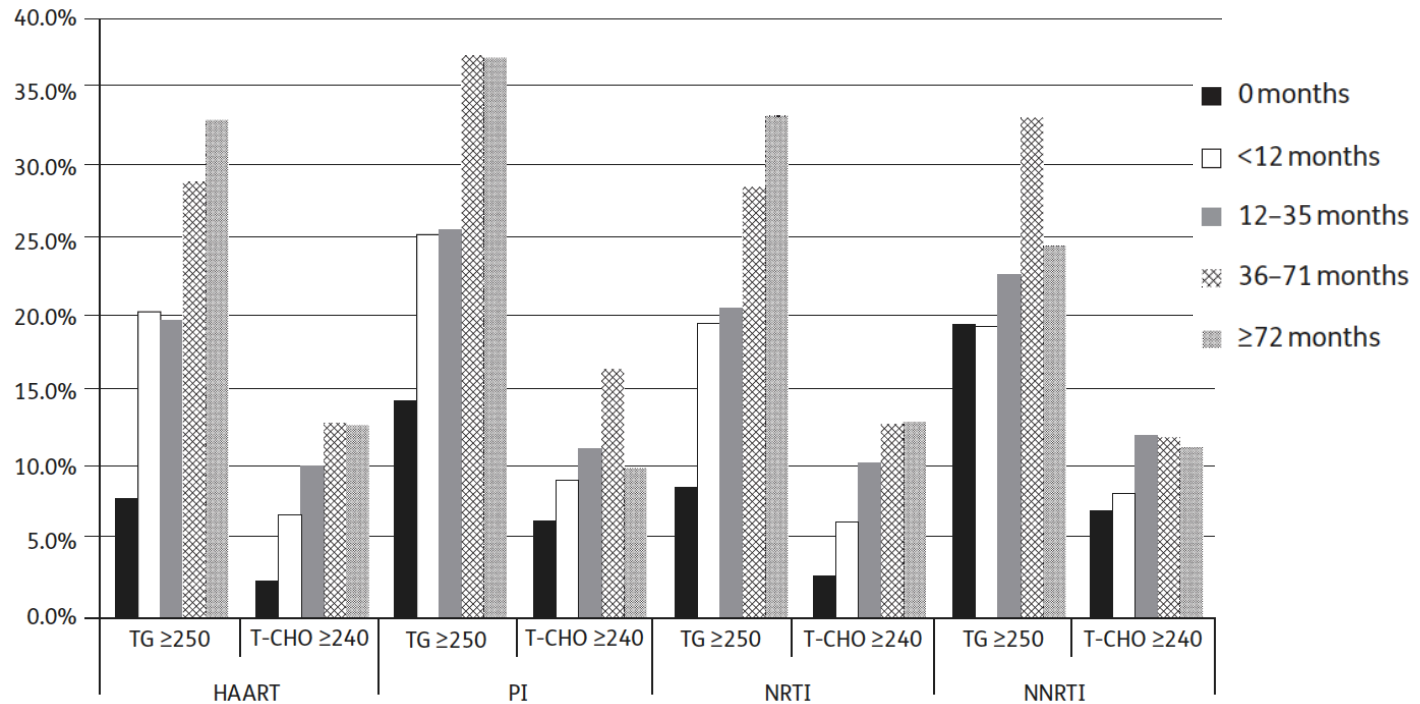
	Risk	OR	p
<b>Prior CVD</b>	Yes	6.2	0.01
<b>Total cholesterol</b>	Higher	1.1	0.06
<b>AIDS</b>	No	0.41	0.08
<b>Race</b>	Black	2.2	0.08

- **130 HIV+ adults in the CHARTER study**
- **Diabetes and waist circumference were associated with NCI**

*McCutchan et al. Neurology 2012. 78: 485*

	Risk	OR	p
<b>AIDS</b>	Yes	49.6	0.01
<b>Diabetes</b>	Yes	17.6	0.07
<b>Waist circumference</b>	Larger	1.3	0.001
<b>Triglycerides</b>	Lower	0.32	0.09
<b>BMI</b>	Smaller	0.69	0.04

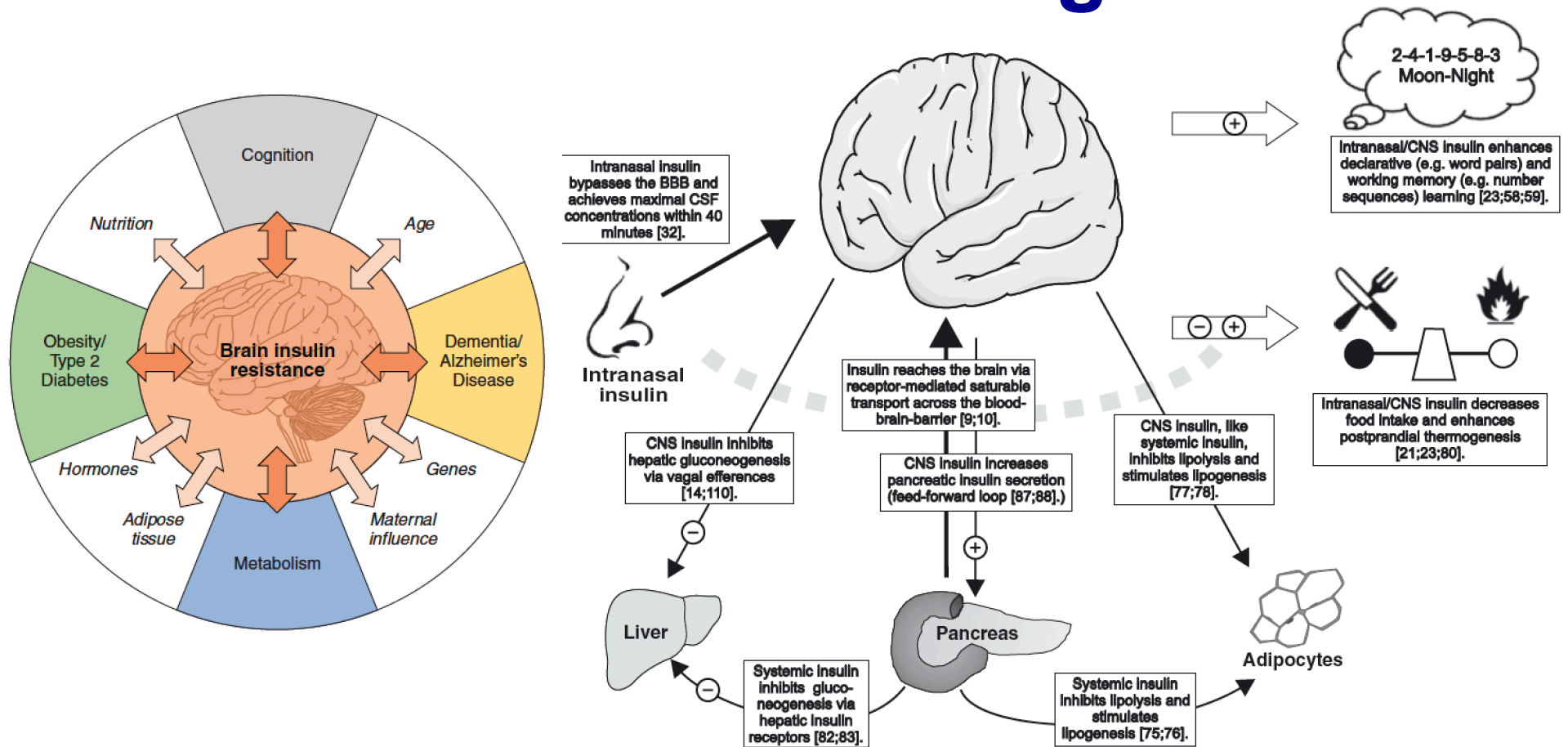
# Metabolic Syndrome Linked to Longer Durations of ART



	0 months, reference	<12 months OR (95% CI)	12-35 months OR (95% CI)	36-71 months OR (95% CI)	≥72 months OR (95% CI)	P for trend
HAART duration	1	0.79 (0.42, 1.51)	1.20 (0.67, 2.15)	1.59 (0.91, 2.79)	1.96 (1.13, 3.42)	0.0006
PI duration	1	1.25 (0.78, 2.00)	1.47 (0.89, 2.31)	1.78 (1.03, 3.07)	1.98 (0.96, 4.06)	0.02
NRTI duration	1	0.76 (0.40, 1.43)	1.18 (0.67, 2.09)	1.43 (0.82, 2.49)	1.91 (1.11, 3.30)	0.0008
NNRTI duration	1	0.77 (0.43, 1.39)	1.37 (0.80, 2.34)	1.17 (0.70, 1.98)	1.52 (0.92, 2.50)	0.06

\*Associations were present after adjustment for age, gender, smoking, family history, baseline plasma viral load, and CD4

# Brain Insulin Resistance Worsens with Age

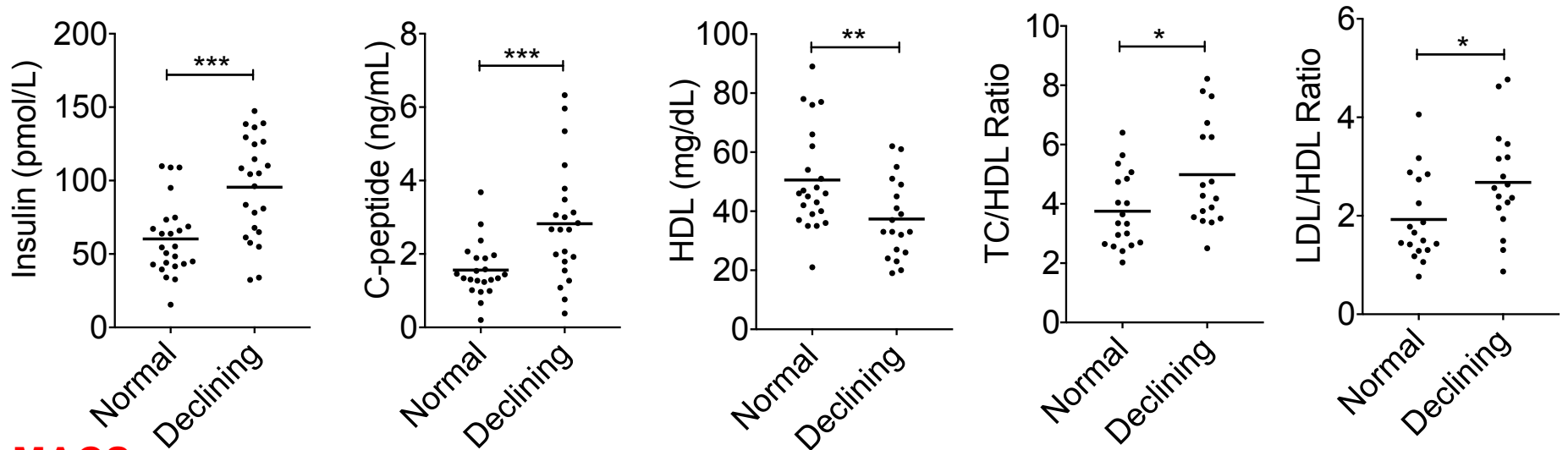


Kullmann et al, *Physiol Rev*  
2016, 96: 1169–1209

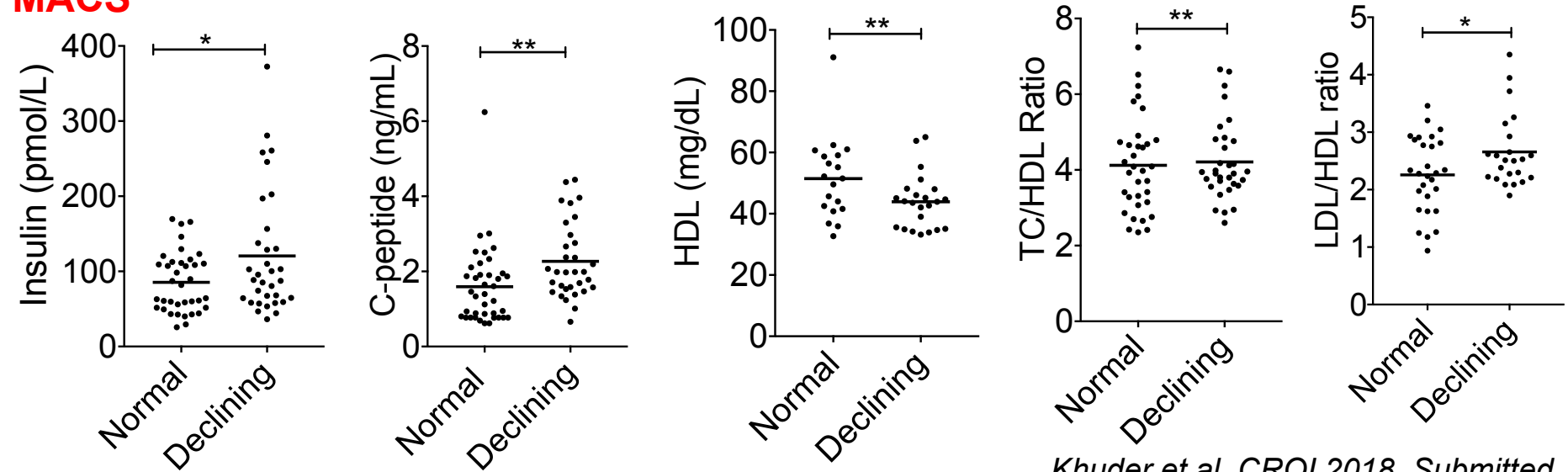
Ott et al, *Diabetes, Obesity and Metabolism*  
2012, 14: 214–221

# Neurocognitive Decline Associated with Reduced Insulin Sensitivity

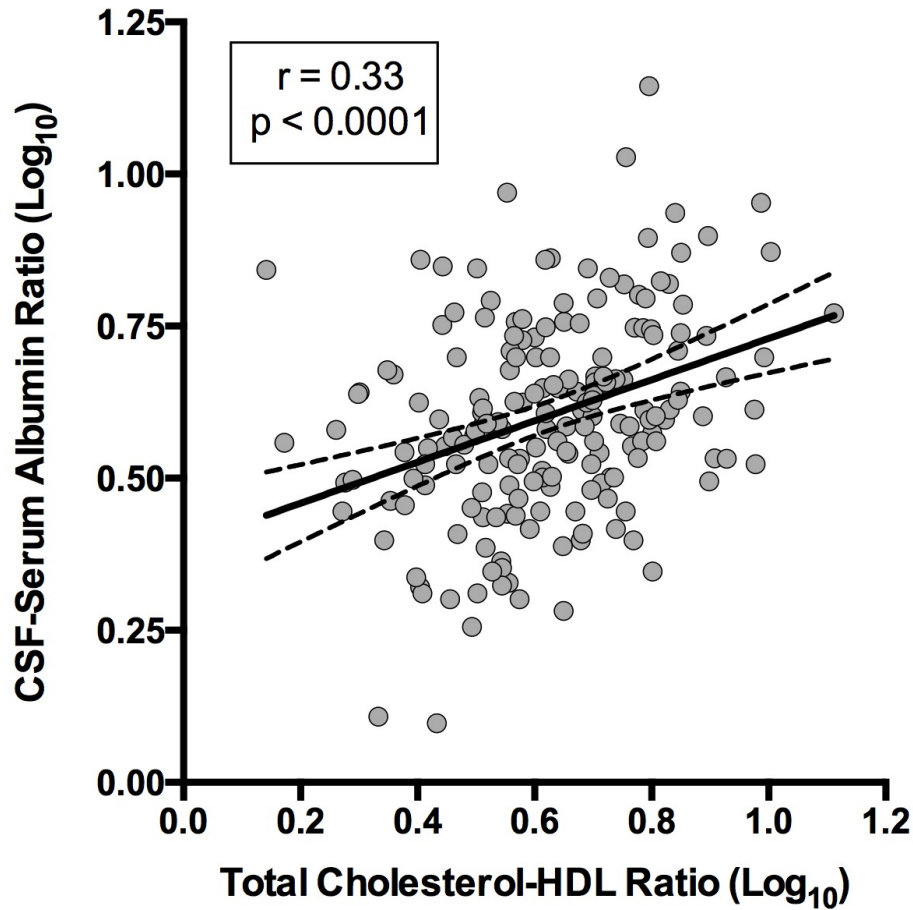
## CHARTER



## MACS

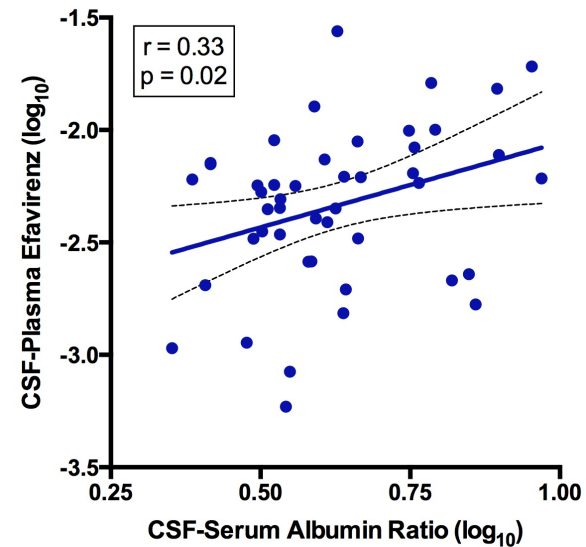
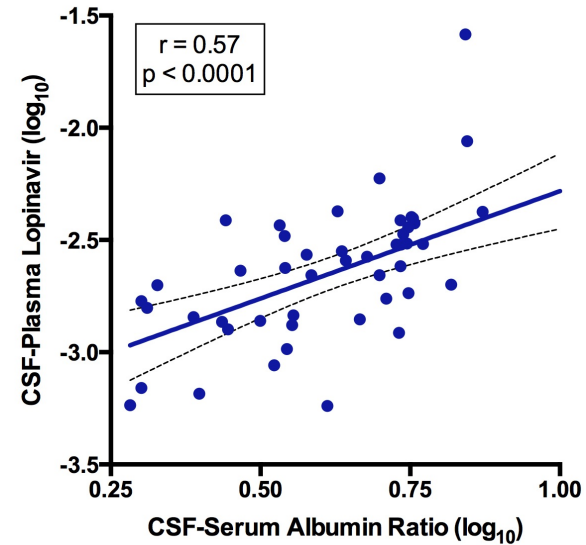


# Lipids May Influence BBB Permeability, Which May Alter CNS Drug Distribution

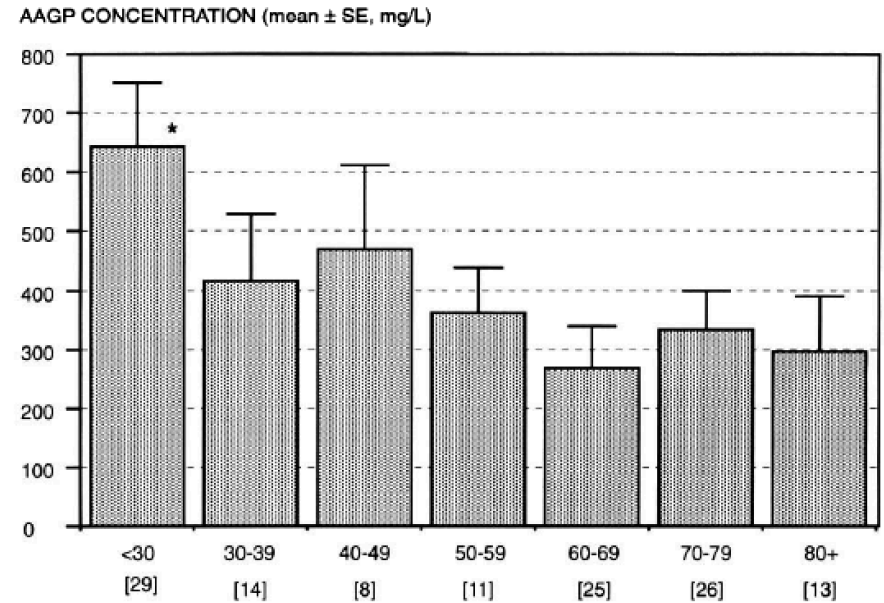
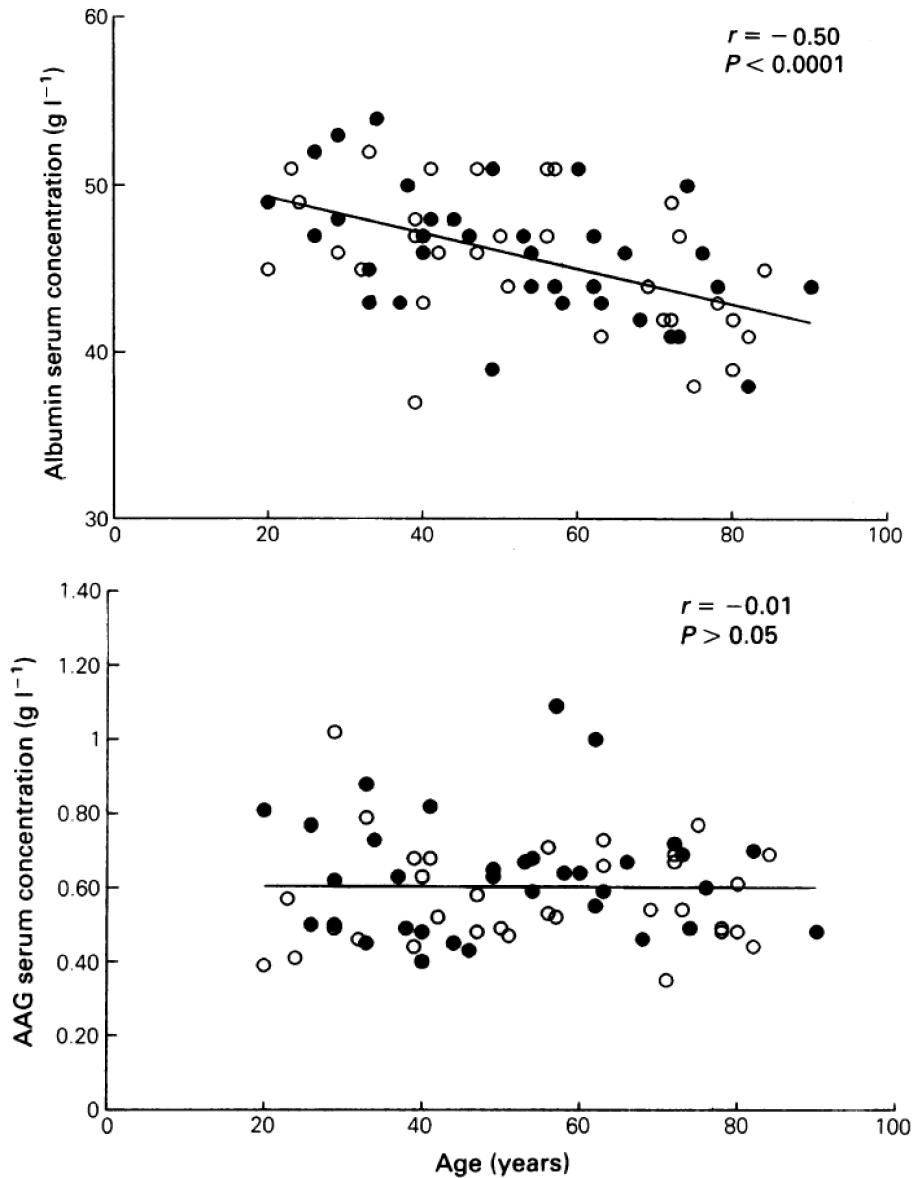


Letendre et al, 18<sup>th</sup> CROI, 2011, Abstract 408

Unpublished CHARTER Data



# Aging and Drug Binding Proteins



*Veering et al, Br. J. Clin. Pharma,*  
1990, 29, 201-206  
*Woo et al, Clinical Biochemistry,*  
1994, 27(4): 289-292

# ART Drug Concentrations in Brain Tissue: Regional Variation, CSF Comparability

	n	Overall Mean	WM mean (ng/mL)	GP mean (ng/mL)	CGM mean (ng/mL)	CSF (ng/mL)
<b>Concentrations Similar to Historical CSF Concentration</b>						
Atazanavir (ATV)	2	< 25	< 25	< 25	< 25	10.3 <sup>1</sup>
Efavirenz (EFV)	2	38.6	45.2	34.8	35.9	15.6 <sup>2</sup>
Emtricitabine (FTC)	4	181.3	230.4	173.2	140.3	109.0 <sup>3</sup>
Lamivudine (3TC)	3	196.9	205.5	209.8	175.4	107.8 <sup>4</sup>
<b>Concentrations in White Matter Higher than Historical CSF Concentration</b>						
Lopinavir (LPV)	4	153.3	410.6	< 25	< 25	16.8 <sup>5</sup>
<b>Concentrations Higher than Historical CSF Concentration</b>						
Tenofovir (TDF)	6	206.0	220.0	212.1	185.8	5.5 <sup>6</sup>

WM = White Matter; GP = Globus Pallidus (Deep Gray Matter); CGM = Cortical Gray Matter

**Across all drugs, concentrations were lower in CGM than in the other two regions (p=0.01, paired signed rank test)**

*Bumpus et al, CROI 2015, Abstract 436*

<sup>1</sup>Best et al, AIDS 2009; 23:83; <sup>2</sup>Best et al, JAC. 2011; 66:354; <sup>3</sup>Calcagno et al, AIDS. 2011; 25:1437; <sup>4</sup>Haas et al, ARHR. 2000; 16:1491; <sup>5</sup>Capparelli et al, AIDS. 2005; 19: 949; <sup>6</sup>Best et al, JAIDS. 2012; 59: 376



# Greater Than Expected Dolutegravir Intolerance in Holland

	Total (N=387)	ART Naive (n=65)	ART Experienced (n=322)
Sleep Disturbance	19 (4.9%)	5 (7.7%)	14 (4.3%)
Gastrointestinal	18 (4.6%)	4 (6.2%)	19 (5.9%)
Neuropsychiatric	12 (3.1%)	3 (4.6%)	9 (2.8%)
Fatigue	9 (2.3%)	1 (1.5%)	8 (2.5%)
Headache	8 (2.1%)	0 (0%)	8 (2.5%)
Paresthesias	6 (1.6%)	0 (0%)	6 (1.9%)
Other	6 (1.6%)	2 (3.1%)	4 (1.2%)

- Overall 62 of 387 (16%) discontinued dolutegravir
- 56 of 62 these (90.3%) discontinued due to adverse events
- These 56 had 78 adverse events:

**54 (69.2%) were nervous system-related**

# CNS Safety Data from Dolutegravir Clinical Trials

	SPRING-1 <sup>1</sup>		SPRING-2 <sup>2</sup>		FLAMINGO <sup>3</sup>		SINGLE <sup>4</sup>	
	DTG n=51	EFV n=50	DTG n=411	RTG n=411	DTG n=242	DRV/r n=242	DTG n=357	EFV n=362
<b>Headache</b>	10%	4%	14%	13%	17%	11%	6%	7%
<b>Dizziness</b>	6%	18%	6%	6%	6%	5%	7%	33%
<b>Insomnia</b>	6%	10%	6%	5%	8%	7%	10%	6%
<b>Depression</b>	*	*	6%	5%	6%	4%	**	**
<b>Anxiety</b>	*	*	4%	5%	5%	4%	**	**
<b>Abnormal Dreams</b>	*	*	**	**	**	**	7%	16%

\* < 3%

\*\* < 5%

All data are from 96 weeks

<sup>1</sup>Stellbrink et al, AIDS 2013, 27:1771–1778

<sup>2</sup>Raffi et al, Lancet 2013, 13: 927–35

<sup>3</sup>Molina et al, Lancet HIV 2015; 2: e127–36

<sup>4</sup>Walmsley et al, JAIDS 2015, 70:515–519

# CNS Safety Data from Elvitegravir Clinical Trials

	Study 102 <sup>1</sup>		Study 103 <sup>2</sup>		STRATEGY- NNRTI <sup>3</sup>		STRATEGY- PI <sup>4</sup>	
	EVG/c n=348	EFV n=352	EVG/c n=353	ATV/r n=355	EVG/c n=291	NNRTI n=143	EVG/c n=293	PI/r n=140
<b>Headache</b>	16%	11%	17%	15%	10%	3%	6%	6%
<b>Dizziness</b>	7%	26%	*	*	**	**	**	**
<b>Insomnia</b>	11%	16%	*	*	6%	5%	3%	5%
<b>Depression</b>	12%	14%	10%	12%	**	**	4%	6%
<b>Anxiety</b>	*	*	*	*	**	**	6%	4%
<b>Abnormal Dreams</b>	15%	28%	*	*	**	**	**	**
<b>Back Pain</b>	*	*	12%	5%	**	**	**	**

\* < 10%

\*\* < 5%

<sup>1</sup>Zolopa et al, JAIDS 2013, 63: 96–100

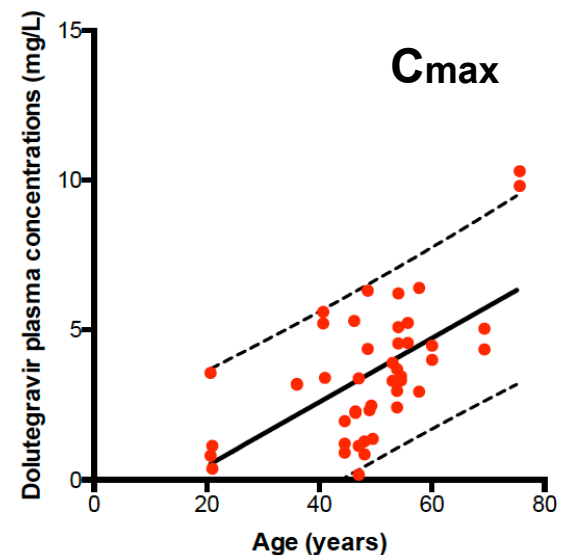
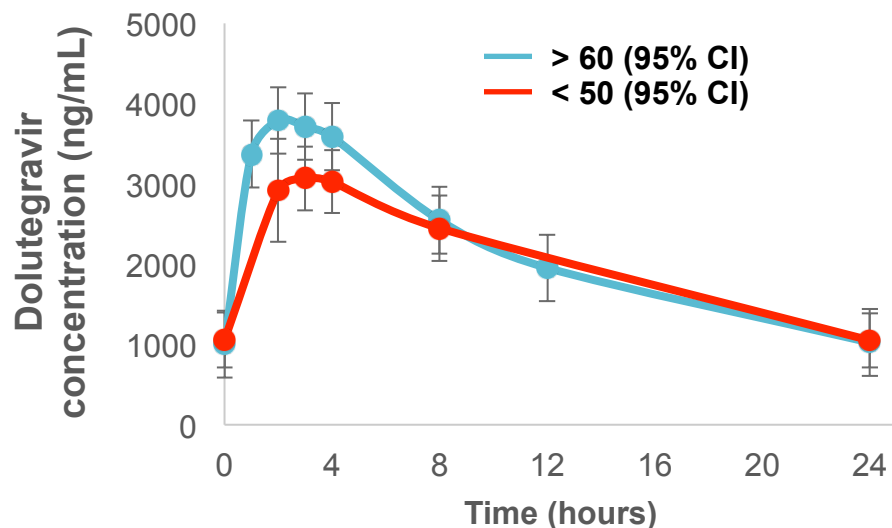
<sup>2</sup>Rockstroh et al, JAIDS 2013, 62: 483–486

<sup>3</sup>Pozniak et al, Lancet Inf Dis 2014; 14: 590–99

<sup>4</sup>Arribas et al, Lancet Inf Dis 2014, 14: 581–89

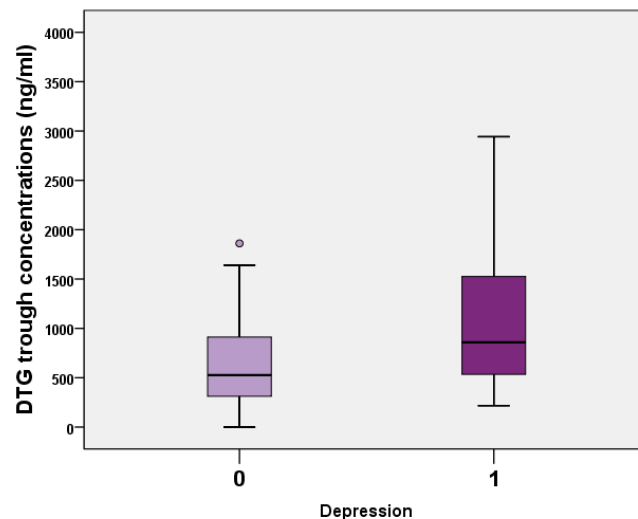
# Dolutegravir, Age, Sleep, & Mood

Courtesy Andrea Calcagno and Marta Boffito



	C <sub>max</sub>	AUC <sub>0-24</sub>
<b>Pittsburgh Sleep Quality Index</b>		
Duration of sleep (n=36)	<b>0.330 (0.05)</b>	<b>0.353 (0.03)</b>
Sleep disturbance (n=38)	-0.100 (0.55)	-0.121 (0.47)
Sleep latency (n=37)	-0.247 (0.14)	-0.053 (0.75)
Day dysfunction (n=37)	-0.181 (0.28)	-0.206 (0.22)
Sleep efficiency (n=35)	0.120 (0.49)	0.032 (0.86)
Sleep quality (n=38)	-0.212 (0.20)	0.207 (0.21)
Medication (n=37)	0.016 (0.92)	0.021 (0.90)
PSQI total (n=32)	0.074 (0.69)	-0.042 (0.82)

Elliot et al, 18th International Workshop on Clinical Pharmacology of Antiviral Therapy, 2017



Borghetti et al, Italian Conference on AIDS and Antiviral Research, 2017

# Women Have Different Exposure of Some Antiretrovirals Than Men

- **Reviews of ART pharmacokinetics indicate that women may have higher exposure of some drugs**
- **Difference exists for:**
  - **Zidovudine**
  - **Lamivudine**
  - **Ritonavir-Boosted PIs**
- **Mixed data for non-nucleoside RTIs**

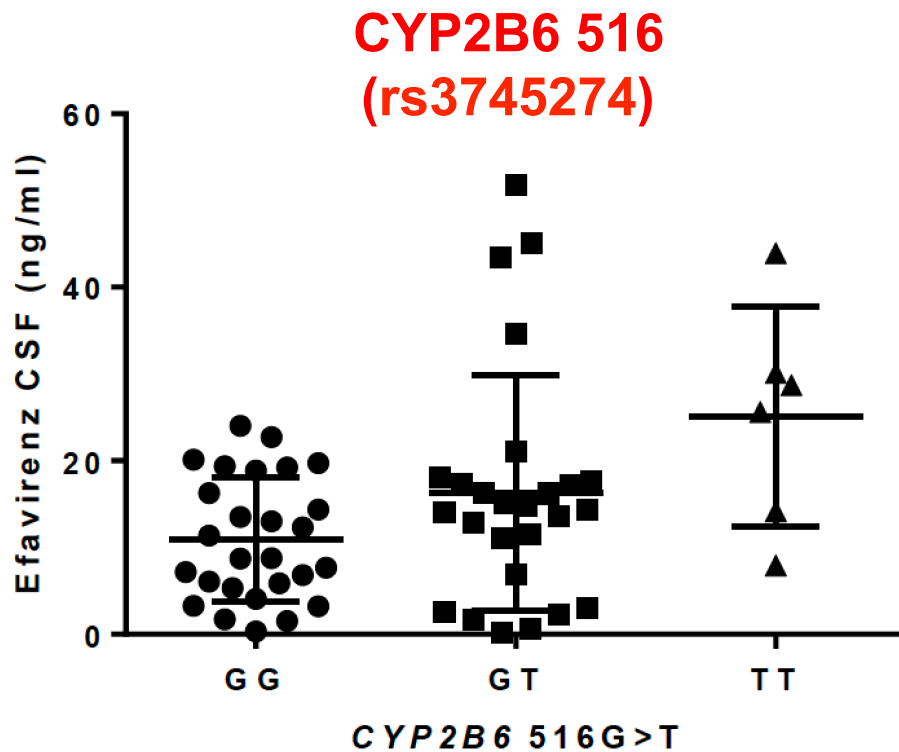
- Body weight and composition, blood and organ volumes (e.g. bone mass)
- Absorption, intestinal motility and secretions
- Transport and distribution
- Protein binding and tissue affinity
- Metabolism: phase I (hydrolysis, reduction, oxidation, cyclization, decyclization)
- Metabolism: phase II (conjugation)
- Excretion (glomerular filtration rate, renal clearance)
- Intracellular metabolism
- Activity of drug transporters
- Differential (hormone-mediated) gene expression

#### Effect modifiers:

- Adherence
- Diet and nutritional factors
- Nutritional status
- Concomitant treatments
- Hormonal environment
- Reproductive status
- Smoking

*Floridia et al, Pharmacological Research 2008, 58:173–182*  
*Ofotokun et al, Gender Medicine, 2007, 4(2):106-19*

# Pharmacogenomics May Also Influence Drug Distribution into the CNS

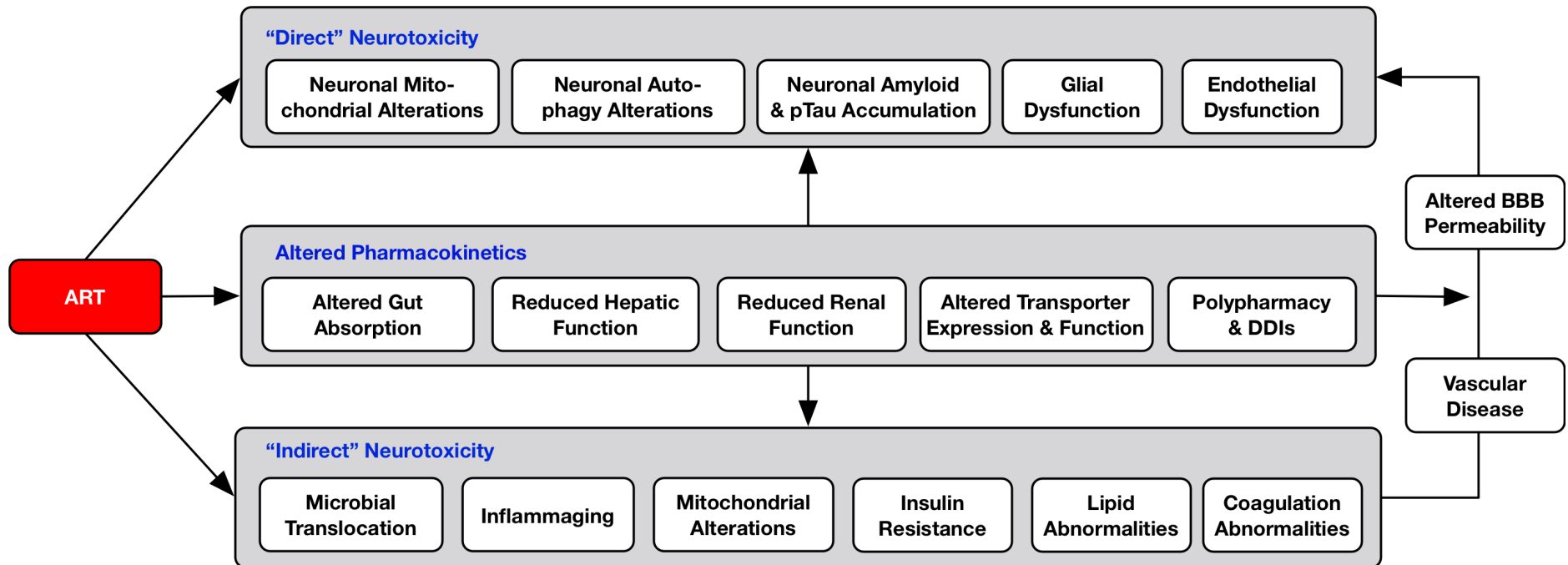


**ABCB1 3435 (rs1045642)**

	Plasma	CSF
CC	2798 (2029-5383)	15.4 (3.27-21.5)
CT	2440 (1814-3810)	11.5 (5.90-17.7)
TT	1710 (1183-2430)	12.3 (12.6-24.0)
<i>p</i>	0.090	0.335
<i>ABCB1</i> 3435C>T, Kruskal-Wallis Test		



# Conceptual Construct for Worsened Neurotoxicity with Aging





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- ...Mental Health
- ...Drug Abuse
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