Incidence of Symptomatic CSF Viral Escape in HIV Infected Adults Receiving Atazanavir/ritonavir (ATV/r) Containing ART: A Tertiary Care Cohort in Western India


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Materials and Methods

- Study Design & population: Retrospective observational cohort study of HIV-1 patients receiving ATV/r containing ART, diagnosed with Symptomatic CSF-VE from August 2013 to January 2017
- Study site: Infectious Disease Clinic, a tertiary care centre in western India
- Inclusion/exclusion criteria: All symptomatic CSF-VE patients receiving ATV/r containing ART were included in the study
- CSF-VE was defined as either detectable CSF HIV RNA with undetectable plasma HIV RNA or CSF HIV RNA 1 log10 copies/ml > plasma HIV RNA
- Patients with concomitant active CNS infection & other CNS etiologies were excluded from study
- Statistical Methods
- Patient characteristics were reported as proportions (binary data) or means with accompanying 95% confidence intervals (95% CI) and standard error
- The incidence rates (IR) were calculated by dividing the number of patients experiencing CSF-VE by the number of person-months at risk and summarized as per 10000 person-months at risk

Results

- Details of cohort receiving ART containing treatment are shown in figure 1
- There were 933 patients on ATV/r based ART with a total of 36,086 person-months of follow up
- Total 26 patients diagnosed with CSF-VE during study period of which 16 (61.5%) were receiving ATV/r containing regimen
- The incidence rates (IR) were calculated by dividing the number of patients experiencing CSF-VE by the number of person-months at risk and summarized as per 10000 person-months at risk
- Though incidence of symptomatic CSF escape in our cohort is low, but it is important for clinicians to recognize it early as it is associated with disturbed work performance, disturbed day-to-day activities, and high PCE score ART is not associated with improved neurocognitive performance in randomized study but changing ART to higher PCE score in patients with symptomatic CSF-VE escape showed good clinical response in published case reports and also in our study

Discussion

- Clinicians should be more vigilant for symptomatic CSF-VE in patients with nadir CD4 count < 200
- Though incidence of symptomatic CSF escape in our cohort is low, but it is important for clinicians to recognize it early as it is associated with disturbed work performance, disturbed day-to-day activities, and high PCE score ART is not associated with improved neurocognitive performance in randomized study but changing ART to higher PCE score in patients with symptomatic CSF-VE escape showed good clinical response in published case reports and also in our study

References


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