



ABSTRACT

Hepatoprotective adjuncts in management of HIV & Tuberculosis

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Background: NVP based HAART being most economical, is widely acceptable. High incidence of tuberculosis co-infection & coinciding hepatotoxicity of NVP with ATT regimens could be limiting factor. Present study compares outcome of either NVP based regimens or ATT when Detoxina tablets an indigenous hepatoprotective is used as adjuvant.

Methods: Observational study of 6 months duration in HIV +ve patients in Tertiary Referral Clinics with/without TB, CD4 counts between 200- 350. Treatment groups were: 4 drug ATT (n=52), 4 drug ATT+Detoxina (n=53), NVP+d4T+3Tc (n=102) & NVP+d4T+3Tc+Detoxina (n=100). Outcome measures included clinical assessment, X-ray chest, AFB sputum, USG abdomen, hematocrit, ESR, tuberculin test & LFT (& FNAC of lymph node when required) done at baseline; repeated weekly in the first month & at monthly intervals in 2nd & 3rd months and at end of study period. Outcome measures in ARV receiving group also included pVL & serial CD4 counts at baseline & repeated quarterly. Paired T- test used to assess improvements in CD4 enumerations. Risk factors for development of adverse reactions assessed by Mantel-Hanszel chi-square method.

Results: In NVP+d4T+3Tc group 3 patients had to discontinue ARV (2 developed hepatitis and 1 S J syndrome) within first 3 months; mean CD4 counts increased by 47 cells/ml ($p<0.01$) at 3 months and 107 cells/ml ($p<0.01$) at end of 6 months in remaining 9 patients; pVL went below 500 copies/ml only in 4 patients. In NVP+d4T+3Tc +Detoxina group all patients continued treatment; mean CD4 counts increased by 59 cells/ml ($p<0.01$) at 3 months and 128 cells/ml ($p<0.01$) at end of 6 months; pVL went <500 copies/ml in 9 patients. In ATT alone group 11 patients were required to interrupt and change the regimen (7 due to hepatitis, 2 due to gastritis & 2 due to skin rash). In ATT+Detoxina group 3 patients needed change in regimen (2 due to hepatitis & 1 due to gastritis).

Conclusions: Concomitant use of hepatoprotective medication Detoxina significantly reduces the incidence of drug induced toxicity and favorably influences the success rates.

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