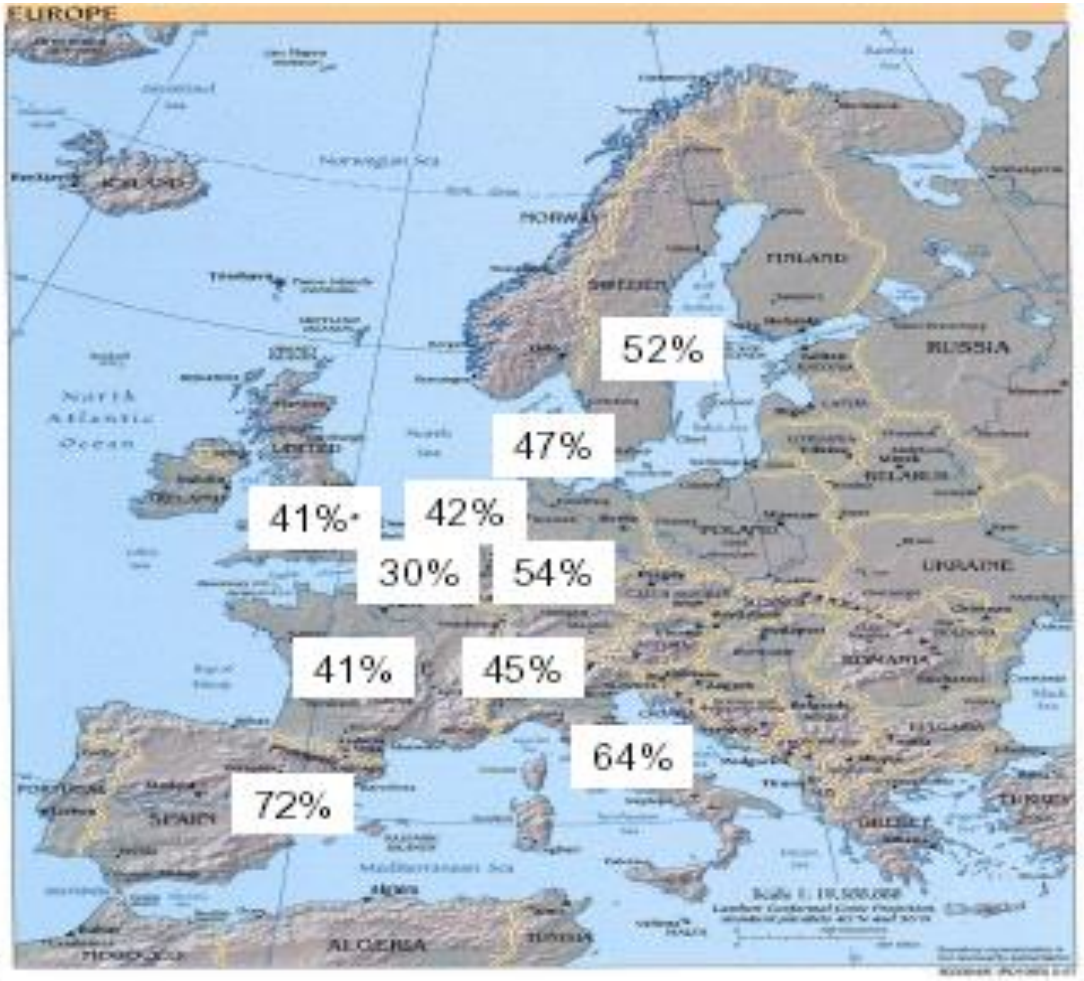
Κατευθυντήριες γραμμές αντιμετώπισης HIV λοίμωξης

Σαμπατάκου Ελένη
Αν. Καθηγήτρια Παθ/γίας Λοιμώξεων
ΕΚΠΑ

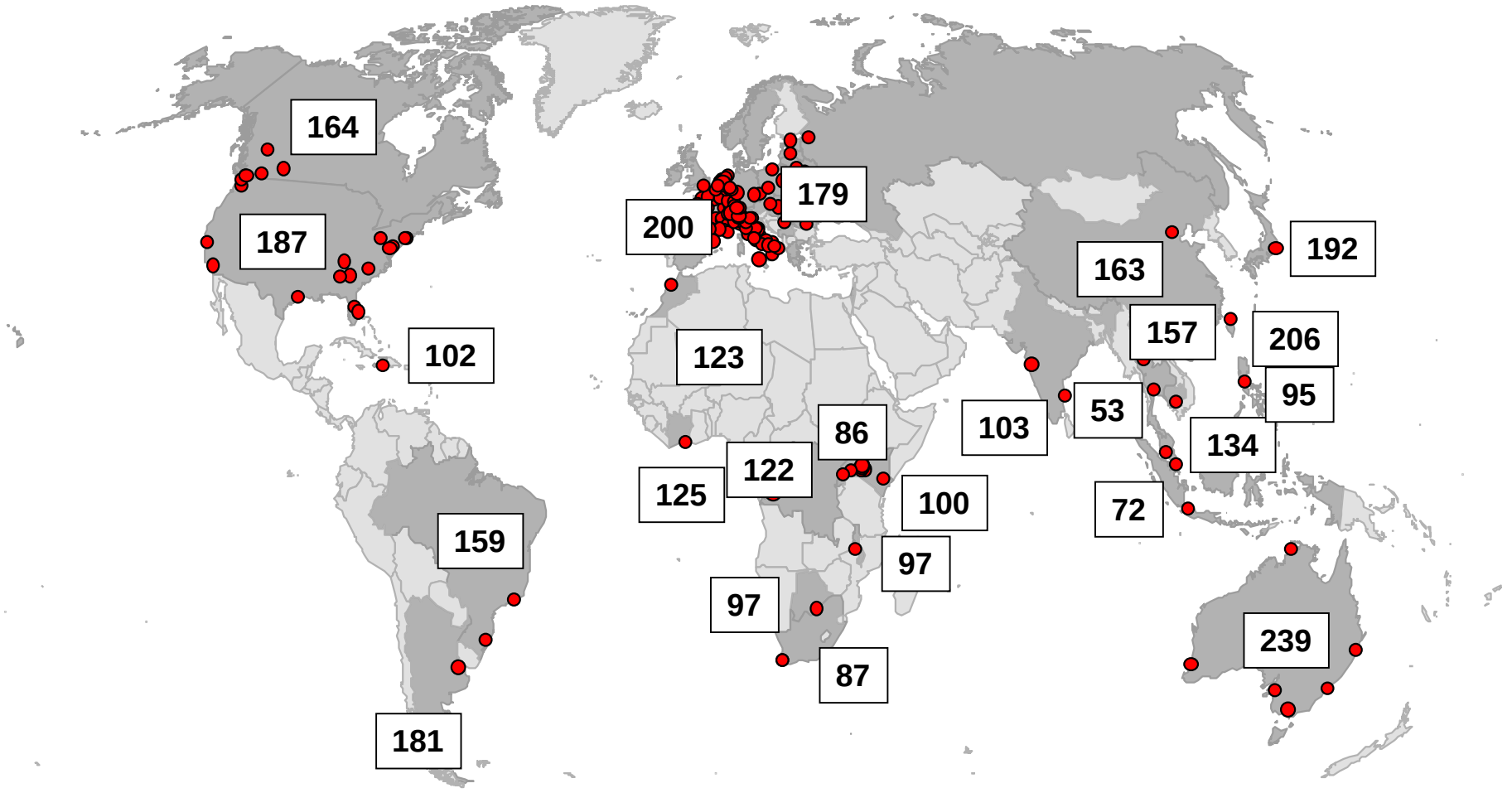
Πσσοστά "late presenters" προσερχόμενοι σε Κέντρα το 2008



*: 2007

Thanks to:
ATHENA (**F de Wolf**)
Brussels St Pierre Cohort (**S deWit**)
Barcelona cohort (**J Gatell**)
CHIC (**C Sabin**)
ClinSurv HIV (**O Hamouda**)
DHCS (**F Engsig**)
EuroSIDA (**J Reekie**)
FHDH ANRS CO4 (**D Costagliola**)
ICONA (**A d'Arminio Monforte**)
Swedish Cohort (**J Brännström**)
SHCS (**B Ledergerber**)

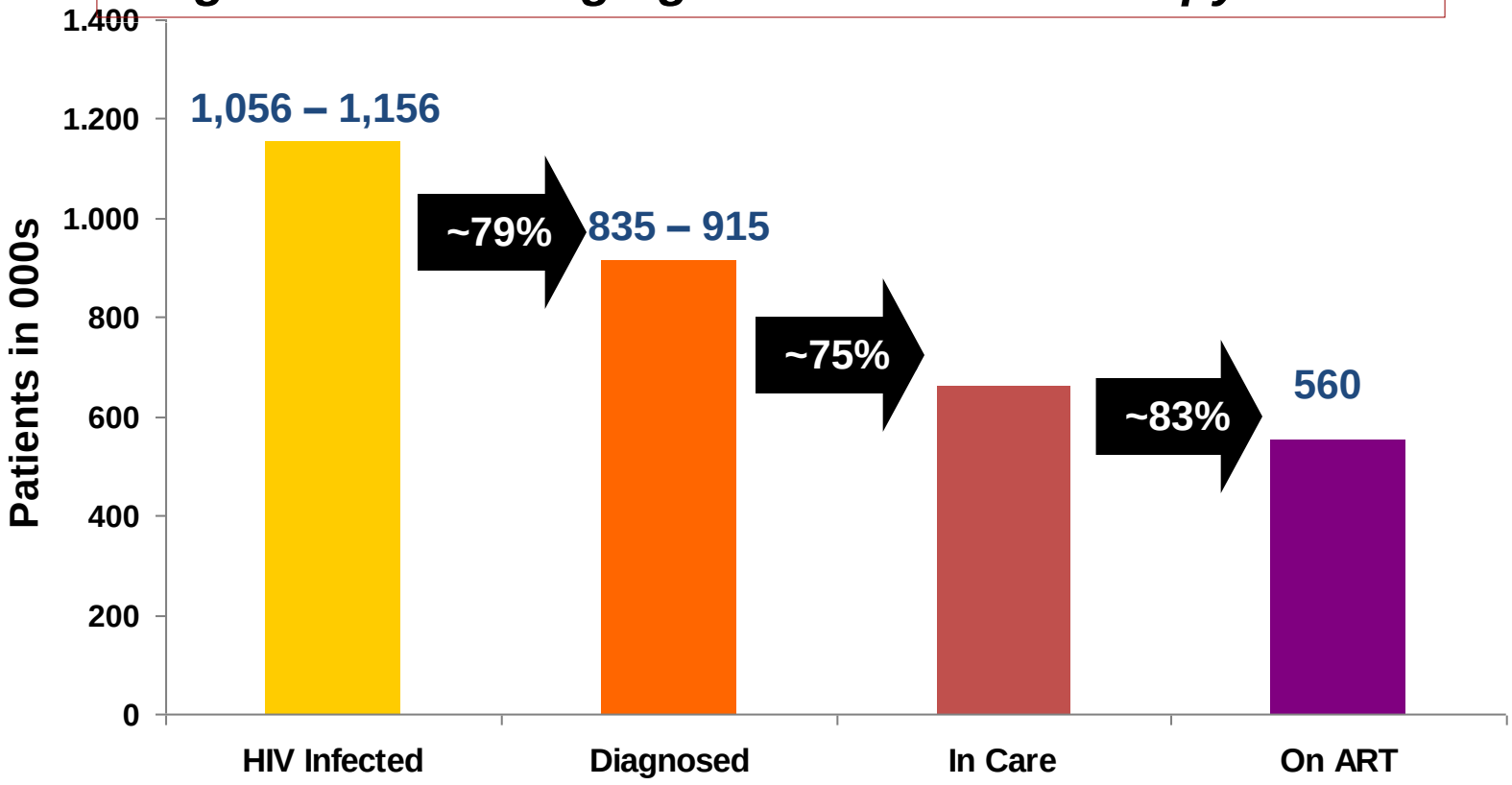
CD4 count at start of ART, 2003-2005
42 countries, 176 sites, 33,008 patients



Numbers are median CD4 counts

U.S. HIV Market Dynamics

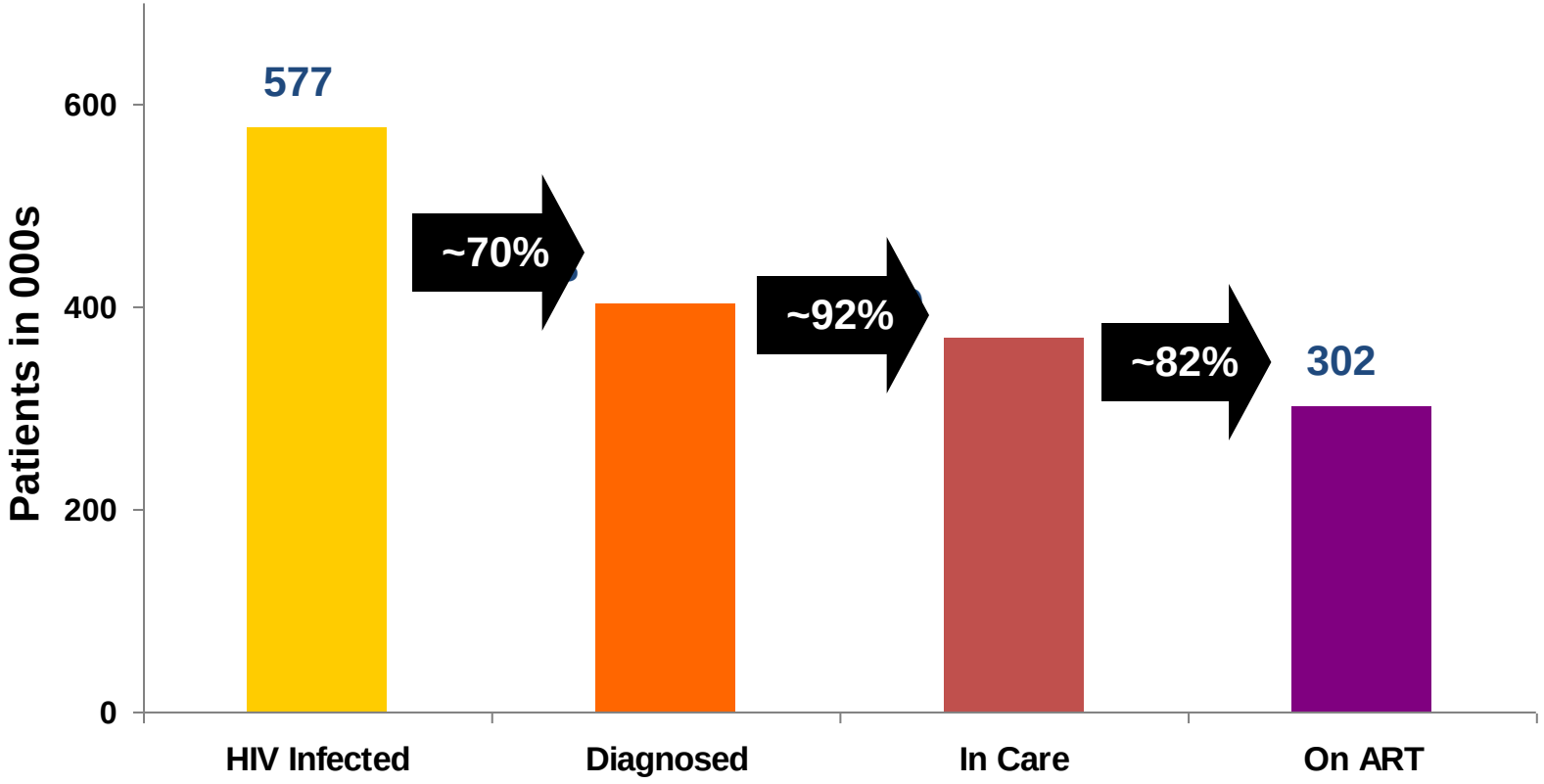
Significant Opportunity Remains in Increasing Diagnosis and Bringing Patients onto Therapy



Sources:
* February, 2009 CDC estimates as of the end of 2006
** Synovate Healthcare U.S. HIV Monitor Q3 2008

EU Big 5 HIV Market Dynamics

Similar Dynamics as Seen in the U.S. with Strong Support in the EU for Increased Testing Initiatives and Early Treatment



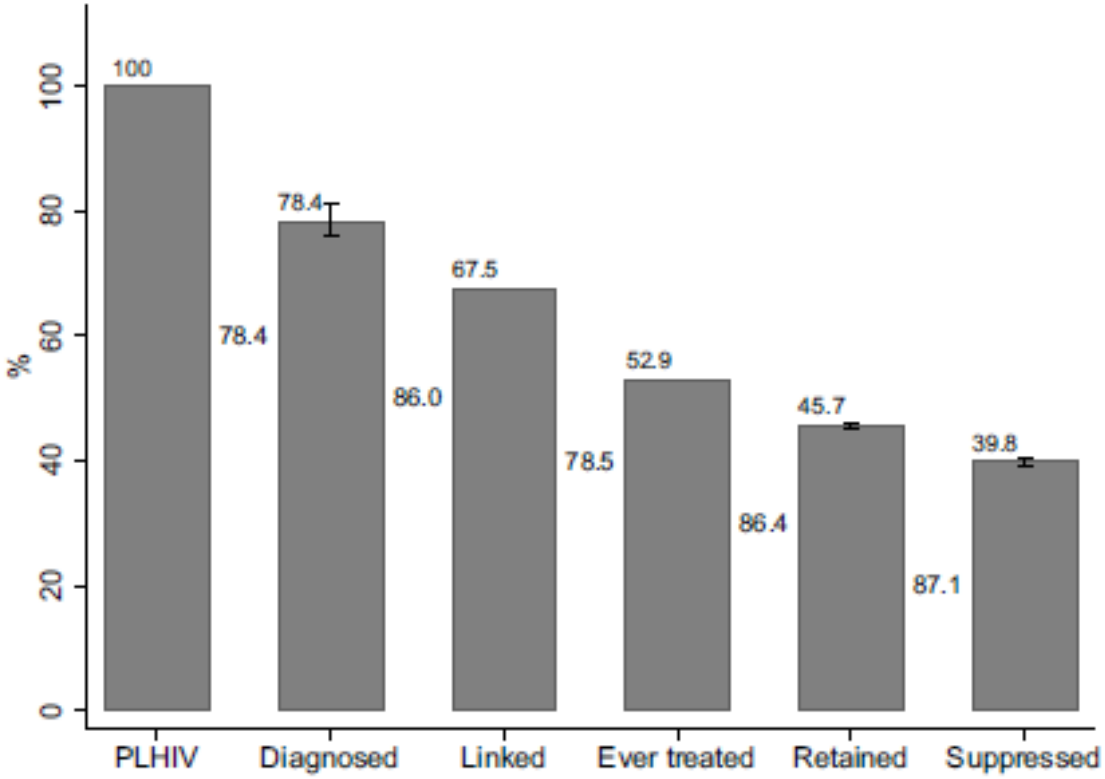
Sources:
* National Surveillance Units per country & ECDC
** IMS/GERS & Synovate Q3 2008

PLOS ONE | https://doi.org/10.1371/journal.pone.0207355 November 15, 2018

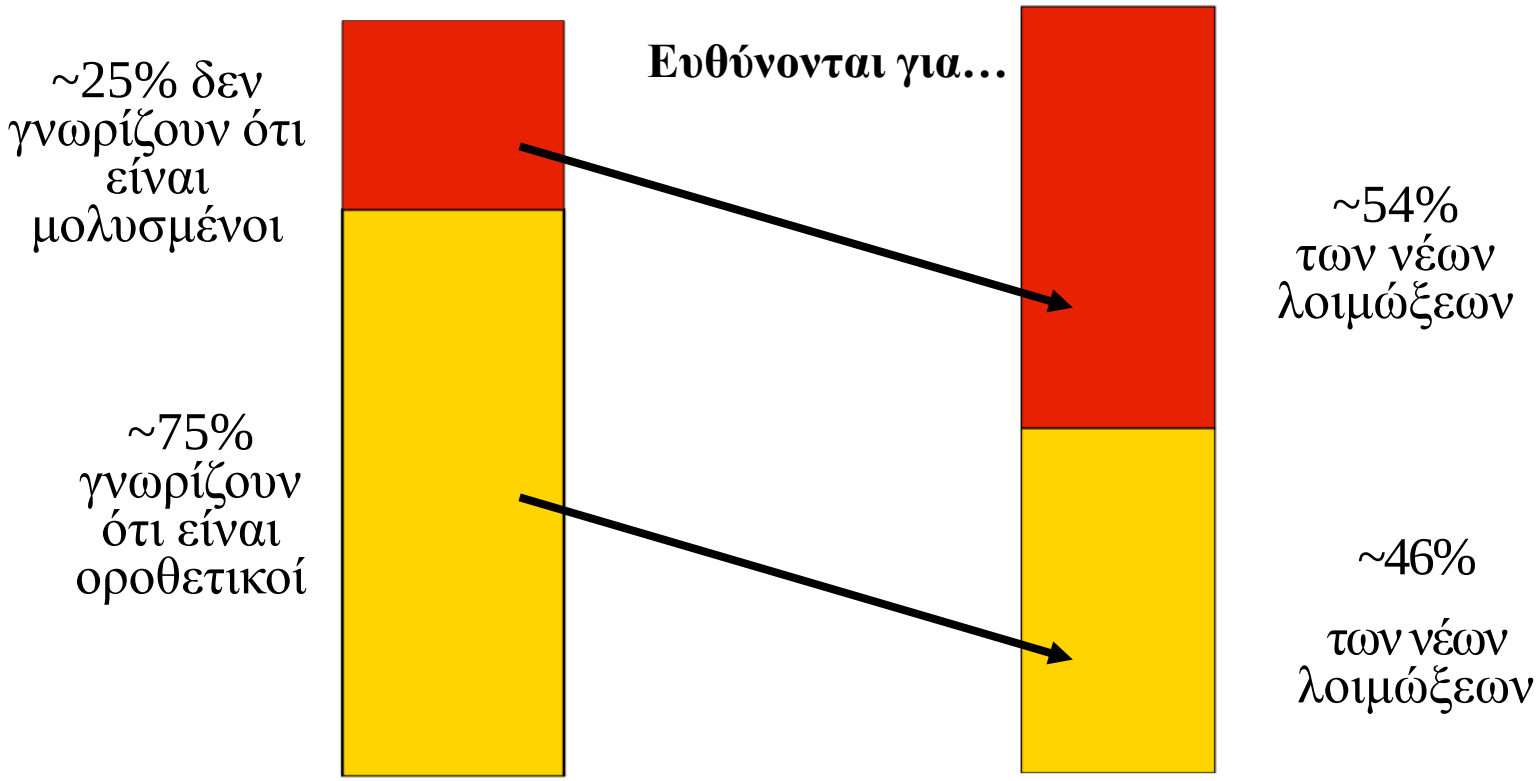
RESEARCH ARTICLE

HIV cascade of care in Greece: Useful insights from additional stages

Georgia Vourli[1+], Georgios Nikolopoulos[2], Vasilios Paparizos[3], Athanasios Skoutelis[4], [5], [6], Antonios Papadopoulos[7], Maria Chini[8], [10], Georgios Chrysos[11], Helen Sambatakou[12], [14], Dimitra Paraskeva[15], Nikos Dedes[16], HIV Prevention Group[¶]



Οι περισσότερες νέες λοιμώξεις μεταδίδονται από άτομα που δεν γνωρίζουν την οροθετικότητά τους



G. Marks et al. AIDS 2006

CDC Recommendations for HIV Testing in Healthcare Settings

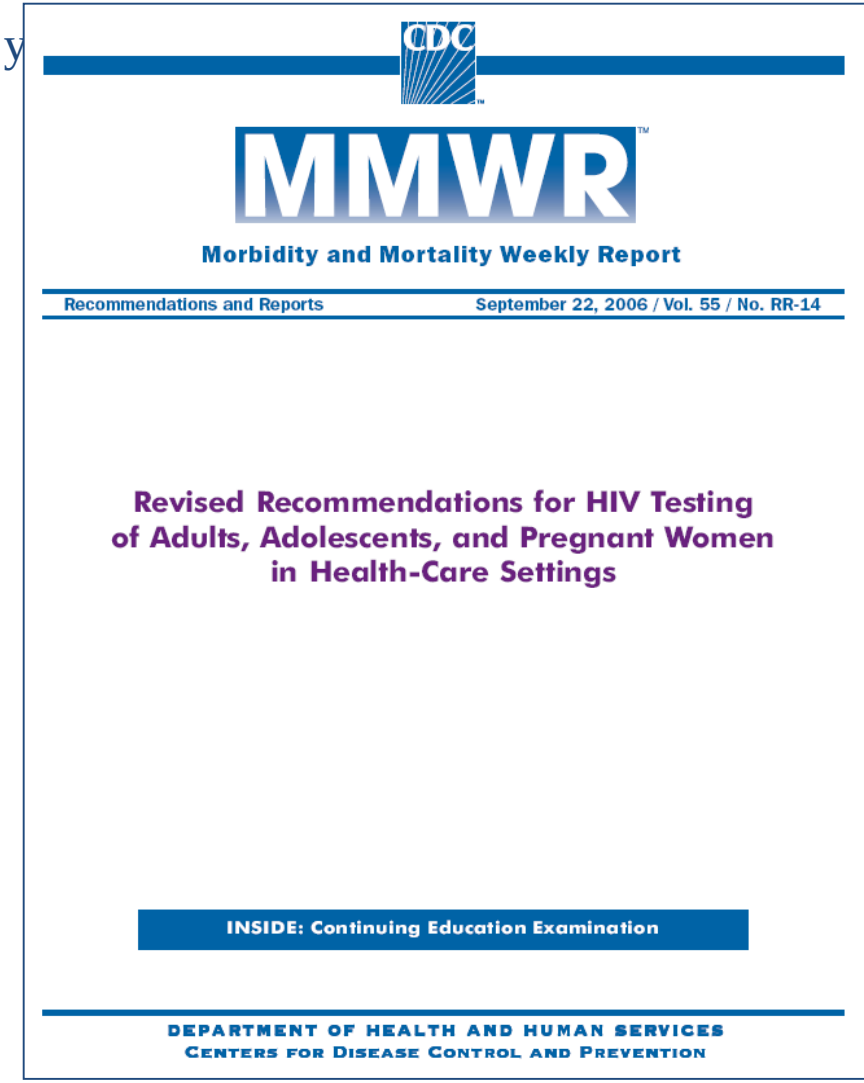
Routine voluntary testing for patients ages 13 to 64 y
Not based on patient risk

Opt-out testing
No separate consent for HIV
Resulting in increases in HIV testing rates

Pretest counseling not required

Repeat HIV testing left to discretion of provider, based on risk

Within the US, 34 states are neutral to supportive of the CDC guidelines while 11 states have taken steps to reduce regulatory barriers
6 states passed legislation (2007)



Branson BM, et al. MMWR Recomm Rep. 2006;55(RR-14):1-17.

HIV in Europe
Working Together for Optimal Testing and Earlier Care

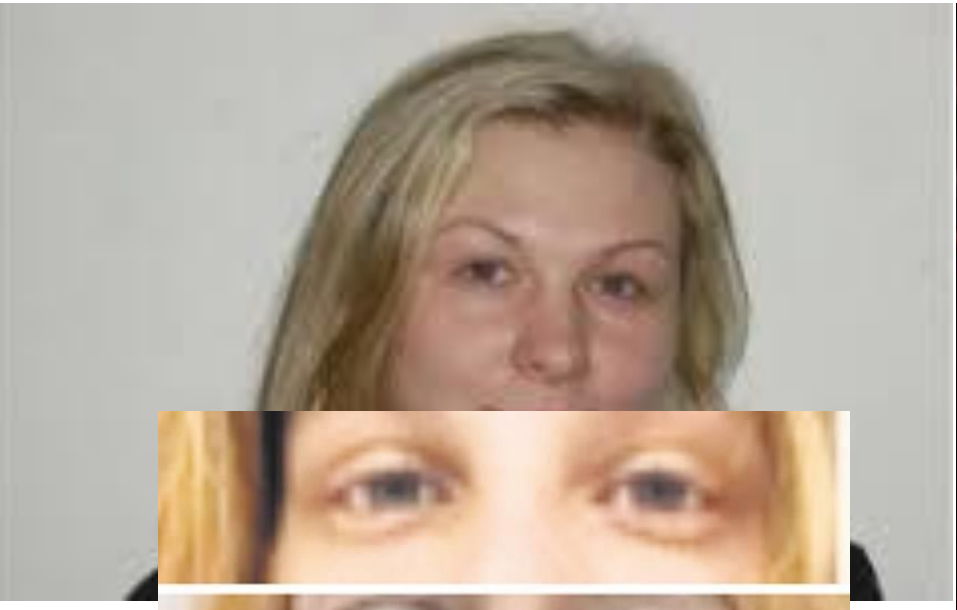
HepHIV 2014
5-7 OCTOBER BARCELONA
HIV and Viral Hepatitis: Challenges of Timely Testing and Care

Which Conditions are Indicators for HIV testing across Europe?:Results from the HIDES II Study

Dr. Galyna Kutsyna on behalf of the HIDES Study Group

HIDES (HIV Indicator Diseases Across Europe Study)
A project under the HIV in Europe initiative


I'm GAY,
NIGERIAN
& REAL!




ACT UP
HIV
η ζωή είναι θάνατος

Age is Not a Condom

EACS
European
AIDS
Clinical
Society

10

GUIDELINES

Version 10.1
October 2020

English

Αρχική εκτίμηση πρωτοδιαγνωσθέντος HIV(+) ασθενούς

Πλήρες ιατρικό ιστορικό

Οικογενειακό ιστορικό (πρώιμη CVD, ΣΔ, υπέρταση, ΧΝΝ)

Χρόνια φαρμακευτική αγωγή

Συννοσηρότητες

Ιστορικό εμβολιασμών

Ψυχοκοινωνική εκτίμηση

Τρέχον " lifestyle" (χρήση αλκοόλ, κάπνισμα, διατροφή, άσκηση, χρήση φαρμάκων)

Εργασία, κοινωνικό status

Υπαρξη νευρογνωσιακών διαταραχών, κατάθλιψη

οικογενειακό status: σύντροφος, παιδιά

Σεξουαλική και αναπαραγωγική υγεία

Στυτική δυσλειτουργία, σεξουαλική συμπεριφορά υψηλού κινδύνου

Status συντρόφου και ενημέρωση , μέτρα αντισύλληψης

Assessment of HIV-positive Persons at Initial & Subsequent Visits

	Assessment	At HIV diagnosis	Prior to starting ART	Follow-up frequency	Comment	See page
HISTORY						
Medical	Complete medical history including:	+	+	First visit	On transfer of care repeat assessment	
	• Family history (e.g. premature CVD, diabetes, hypertension, CKD)	+		First visit	Premature CVD: cardiovascular events in a first degree relative (male < 55, female < 65 years)	54, 55-56
	• Concomitant medicines[(1)]	+	+	Every visit		
	• Past and current co-morbidities	+	+	Every visit		
	• Vaccination history	+		Annual	Measure antibody titres and offer vaccinations where indicated, see Vaccination	
Psychosocial	Current lifestyle (alcohol use, smoking, diet, exercise, drug use)	+	+	6-12 months	Adverse lifestyle habits should be addressed more frequently	53
	Employment	+	+	Every visit	Provide advice and support if needed Provide counselling if needed	
	Social and welfare	+	+			
	Psychological morbidity	+	+			
	Partner and children	+			Test partner and children if at risk	
Sexual and Reproductive Health	Sexual history	+		6-12 months	Address issues concerning sexual dysfunction Risk of sexual transmission should be addressed	80-83
	Safe sex	+				
	Partner status and disclosure	+			Recommend starting ART in serodifferent couples	
	Conception issues	+	+			
	Hypogonadism (including menopause)	+	+	As indicated	Persons with complaints of sexual dysfunction	80, 82
POST-REPRODUCTIVE HEALTH						
Menopause		+	+	Annual/as indicated	Screen for perimenopause symptoms in women ≥ 40 years.	80

Εργαστηριακός έλεγχος σχετικός με την HIV λοίμωξη

HIV-VL
Γονοτυπική αντοχή και υπότυπος
R5 τροπισμός
Απόλυτος αριθμός CD4 (%), CD4/CD8
HLA-B*5701 (Screening πριν την έναρξη ABC)
Έλεγχος για συλλοιμώξεις (HBV, HCV, HAV, STDs)
Screening για TB
Εκτίμηση κινδύνου για CVD (Framingham score)
Ηπατική, νεφρική λειτουργία, οστική πυκνότητα
Εμβολιασμοί…

Vaccination

Vaccinate according to national guidelines for healthy population, preferably after having achieved suppressed viraemia and immune reconstitution (**CD4 count > 200 cells/µL**)

• Consider repeating vaccinations performed at CD4 count < 200 cells/µL (< 14%) or unsuppressed viraemia once adequate immune reconstitution is achieved (HIV-VL undetectable and CD4 count > 200 cells/µL)

• As vaccine responses may be significantly lower in HIV-positive persons (i.e. lower seroconversion rates, faster titer decline), consider antibody titers to assess their effectiveness

• **Avoid polysaccharide vaccination**

For attenuated live vaccines:

***Varicella, measles, mumps, rubella, yellow fever**

Contraindicated if CD4 count < 200 cells/µL (14%) and/or AIDS.
Impaired protection after vaccination with unsuppressed viraemia.

• **Oral live typhoid**

Contraindicated if CD4 count < 200 cells/µL (14%): give inactivated parenteral polysaccharide vaccine. Preferred if CD4 count > 200 cells/

Vaccination

Infection	
Influenza Virus	Yearly
Human Papilloma Virus (HPV)	Vaccinate with 3 doses for all HIV-positive persons up to age 26 / age 40 if MSM. Use 9-valent vaccine if available.
Hepatitis B Virus (HBV)	Vaccinate if seronegative. Repeat doses until anti-HBs antibodies ≥ 10 IU/L / ≥ 100 IU/L
Hepatitis A Virus (HAV)	Vaccinate if seronegative.. Weaker immune response expected with HAV/HBV co-vaccine.
Neisseria meningitidis	Use conjugated vaccine (2 doses 1-2 months apart) if available. Booster every five years if exposure continues. Polysaccharide vaccine not recommended anymore

Ανταπόκριση σε εμβολιασμό έναντι HBV σε συλλοίμωξη

87% σε CD4 > 500

33% σε CD4 200-500

Σε ασθενείς με χαμηλό αριθμό CD4 (< 200/μL) και HIV ιαιμία, θα πρέπει προ του εμβολιασμού να γίνεται έναρξη ART

Σε CD4 200-500, συστήνονται 4 δόσεις εμβολίου:

Μήνας 0, 1, 2, and 6-12

Σε μη ανταπόκριση, επανάληψη με 40 μg (διπλή δόση)

Απώλεια προστατευτικών αντισωμάτων έως 30% /έτος

Soriano et al, AIDS 2005, 19:221-240

Tenaldi et al, Clin Inf Dis 2004'38:1478-1484.

Vaccination

Streptococcus pneumoniae	One dose of conjugated(iii) 13-valent vaccine (CPV-13) for all individuals, also if pre-vaccinated with PPV-23 polysaccharide vaccine. No general recommendation for any booster dose.
Varicella Zoster Virus (VZV)	Vaccinate if seronegative
Yellow Fever Virus	Contraindicated if past or current haematological neoplasia or thymus affection (thymoma, resection/radiation). Booster q 10 years.

DOI: 10.1111/j.1468-1293.2011.00835.x
HIV Medicine (2011), 12, 594–601

ORIGINAL RESEARCH

Acute systemic inflammation induced by influenza A (H1N1) vaccination causes a deterioration in endothelial function in HIV-infected patients

C Vlachopoulos,[1] P Xaplanteris,[1] H Sambatakou,[2] E Mariolis,[2] A Bratsas,[1] E Christoforatou,[1] A Miliou,[1] K Aznaouridis[1] and C Stefanadis[1]

Conclusions

Acute systemic inflammation induced by vaccination against the influenza A/H1N1 virus resulted in a deterioration in endothelial function in HIV-infected patients, and this effect was sustained for at least 48 h. Our findings may have important implications in view of the high cardiovascular risk that HIV infection carries. The effect of the novel vaccine on endothelial function should be weighed against the immunological protection that it confers.

Drug-drug Interactions between Antimalarial Drugs and ARVs

EACS European AIDS Clinical Society

	Antimalarial drugs	ATV/c	ATV/r	DRV/c	DRV/r	LPV/r	EFV	ETV	NVP	RPV	MVC	BIC	DTG	EVG/c	RAL	ABC	FTC	3TC	TAF	TDF
First line and second line drugs	amodiaquine	↔	↑	↔	↑	↑	↑[c]	↓?	↓29%[c]	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
	artemisinin	↑	↑	↑	↑	↑	↓ =50%	↓D	↓D	D	D	D	↔	↑	↔	↔	↔	↔	↔	↔
	atovaquone	↔	↓46%[a]	↔	↓[a]	↓74%[a]	↓75%[a]	↓E55%[a]	↓[a]	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
	chloroquine	↔[b]	↔[b]	↔	↔	↔[b]	↔	↔	↔	↔[e]	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
	clindamycin	↑	↑	↑	↑	↑	↓	↓	↓	↔	↔	↔	↔	↑	↔	↔	↔	↔	↔	↔
	doxycycline	↔	↔	↔	↔	↔	↓?	↓?	↓?	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
	lumefantrine	↑[b]	↑[b]	↑	↑	↑[b]	↓ =40%	↓	↓D46%	↔[e]	↔	↔	↔	↑	↔	↔	↔	↔	↔	↔
	mefloquine	↑[b]	↑[b]	↑	↑	↑[b]	↓	↓	↓	↔[e]	↔	↔	↔	↑	↔	↔	↔	↔	↔	↔
	primaquine	↔	↔	↔	↔	↔	↔[d]	↔[d]	↔[d]	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
	proguanil	↔	↓41%[a]	↔	↓[a]	↓38%[a]	↓44%[a]	↓E55%[a]	↓[a]	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
	pyrimethamine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	E	E	↔	↔
	quinine	↑[b]	↑[b]	↑	↑	↑[b]	↓	↓	↓	↔[e]	E	↔	↔	↑	↔	↔	↔	↔	↔	↔
	sulfadoxine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	E	E	↔	↔

HIV λοίμωξη, σεξουαλικώς μεταδιδόμενα νοσήματα

HIV DISEASE						
Virology	Confirmation of HIV Ab pos	+		3-6 months	More frequent monitoring of HIV-VL at start of ART Perform genotypic resistance test before starting ART if not previously tested or if at risk of super-infection	11-13
	Plasma HIV-VL	+	+			
	Genotypic resistance test and sub-type	+	+/-	At virological failure		
	R5 tropism (if available)		+/-		Screen if considering R5 antagonist in regimen	
Immunology	CD4 absolute count and %, CD4/CD8 ratio (optional: CD8 and %)	+	+	3-6 months	Annual CD4 count if stable on ART and CD4 count > 350 cells/μL [II] CD4/CD8 ratio is a stronger predictor of serious outcomes	11-13
	HLA-B*57:01 (if available)	+	+/-		Screen before starting ABC containing ART, if not previously tested, pages 11-12, 24	
CO-INFECTIONS						
STIs	Syphilis serology	+		Annual/ as indicated	Consider more frequent screening if at risk	14, 80
	STI screen	+		Annual/ as indicated	Screen if at risk and during pregnancy	

ΕΘΝΙΚΟ ΚΑΙ ΚΑΠΟΔΙΣΤΡΙΑΚΟ ΠΑΝΕΠΙΣΤΗΜΙΟ ΑΘΗΝΩΝ
ΙΑΤΡΙΚΗ ΣΧΟΛΗ
ΕΡΓΑΣΤΗΡΙΟ ΥΓΙΕΙΝΗΣ, ΕΠΙΔΗΜΙΟΛΟΓΙΑΣ ΚΑΙ ΙΑΤΡΙΚΗΣ ΣΤΑΤΙΣΤΙΚΗΣ
ΕΘΝΙΚΟ ΚΕΝΤΡΟ ΑΝΑΦΟΡΑΣ ΡΕΤΡΟΪΩΝ

ΕΛΕΓΧΟΣ ΓΟΝΟΤΥΠΙΚΗΣ ΑΝΤΟΧΗΣ ΣΕ ΑΝΤΙΡΕΤΡΟΪΚΗ ΘΕΡΑΠΕΙΑ

ΑΡΧΙΚΑ (Επίθετο - Ονομα) : ΜΠ. ΚΩ. **ΗΜ/ΝΙΑ ΓΕΝ:** 8/1/1965 **ΦΥΛΟ:** APPEN

ΑΡΙΘΜΟΣ ΑΤΟΜΟΥ: HIVRES -000014

ΑΡ.ΚΕΕΛΠΝΟ:

ΗΜ/ΝΙΑ ΛΗΨΗΣ ΔΕΙΓΜΑΤΟΣ: 14/11/2011 ΩΡΑ: **ΠΑΡΑΛΑΒΗ :** 14/11/2011 ΩΡΑ:

ΙΑΤΡΟΣ: ΣΑΜΠΑΤΑΚΟΥ Ε.

ΝΟΣΟΚΟΜΕΙΟ/ΜΟΝ. ΥΓΕΙΑΣ: ΙΠΠΟΚΡΑΤΕΙΟ-ΜΕΛ

Εγινε RT-PCR στην περιοχή της πρωτεάσης (PR) και στο τμήμα (κωδικόνια 35 - 244) της αντίστροφης μεταγραφάσης (RT).
Στη συνέχεια ταυτοποιήθηκε η νουκλεοτιδική αλληλουχία των παραπάνω περιοχών και ανιχνεύθηκαν οι ακόλουθες μεταλλαγές που συνδέονται με ανθεκτικότητα σε αντιρετροϊκή θεραπεία :

Περιοχή Αντίστροφης Μεταγραφάσης (RT)

E138A,K70G,M184V

Περιοχή Πρωτεάσης (PR)

H69K,I13V,I62V,K20R,L89M,M36I,V77I

Εκτιμώμενη ανθεκτικότητα σε σχέση με τις παρατηρούμενες μεταλλαγές.

Φάρμακο	Χαρακτηρισμός	Φάρμακο	Χαρακτηρισμός	Φάρμακο	Χαρακτηρισμός	Φάρμακο	Χαρακτηρισμός
NELFINAVIR	S	KALETRA	S	ZIDOVUDINE	S	EFAVIRENZ	S
ATAZANAVIR	S	SAQUINAVIR/R	S	DIDANOSINE	I	NEVIRAPINE	S
FOSAMPRENAVIR	S	INDINAVIR/R	S	LAMIVUDINE	R	ETRAVIRINE	S
		TIPRANAVIR/R	S	STAVUDINE	S		
		DARUNAVIR/R	S	ABACAVIR	I		
		ATAZANAVIR/R	S	TENOFOVIR	I		
		FOSAMPRENAVIR/R	S	EMTRICITABINE	R		

Επεξήγηση

R Ισχυρή αντοχή ή στη διαδικασία ανάπτυξης ισχυρής αντοχής.

ΕΘΝΙΚΟ ΚΑΙ ΚΑΠΟΔΙΣΤΡΙΑΚΟ ΠΑΝΕΠΙΣΤΗΜΙΟ ΑΘΗΝΩΝ
ΙΑΤΡΙΚΗ ΣΧΟΛΗ
ΕΡΓΑΣΤΗΡΙΟ ΥΓΙΕΙΝΗΣ, ΕΠΙΔΗΜΙΟΛΟΓΙΑΣ ΚΑΙ ΙΑΤΡΙΚΗΣ ΣΤΑΤΙΣΤΙΚΗΣ

ΕΛΕΓΧΟΣ ΤΡΟΠΙΣΜΟΥ ΤΟΥ HIV-1

ΑΡΧΙΚΑ (Επίθετο - Ονομα) : ΜΠ. ΚΩ. **ΗΜ/ΝΙΑ ΓΕΝ:** 8/1/1965 **ΦΥΛΟ:** ΑΡΡΕΝ

ΑΡΙΘΜΟΣ ΑΤΟΜΟΥ: HIVTROP -000079

ΑΡ.ΚΕΕΛΠΝΟ:

ΗΜ/ΝΙΑ ΛΗΨΗΣ ΔΕΙΓΜΑΤΟΣ: 24/1/2012 **ΩΡΑ:** **ΠΑΡΑΛΑΒΗ :** 24/1/2012 **ΩΡΑ:**

ΙΑΤΡΟΣ: ΣΑΜΠΑΤΑΚΟΥ Ε.

ΝΟΣΟΚΟΜΕΙΟ/ΜΟΝ. ΥΓΕΙΑΣ: ΙΠΠΟΚΡΑΤΕΙΟ-ΜΕΛ

ΣΥΜΠΕΡΑΣΜΑ : Κατόπιν ταυτοποίησης της νουκλεοτιδικής αλληλουχίας της περιοχής V3 της πρωτεΐνης gp120 από δείγμα HIV-RNA βρέθηκε ότι ο ιός έχει τροπισμό για τον συνυποδοχέα CXCR4.

Συλλοιμώξεις – ιογενείς ηπατίτιδες

Viral Hepatitis	HAV screen	+		As indicated	Screen if ongoing risk (e.g. MSM); vaccinate if non-immune	79, 95-97
	HBV screen	+	+		Annual screen if ongoing risk; vaccinate if non-immune. Use ART containing TDF or TAF in vaccine non-responders	
	HCV screen	+			Further screen based on risk behaviour and local epidemiology. Measure HCV-RNA if HCV Ab pos or if recently acquired infection suspected	
	HDV screen			As indicated	All Persons with positive HBs-Ag should also be screened for HDV co-infection	95, 103
	HEV screen			As indicated	Screen persons with symptoms consistent with acute hepatitis, unexplained flares of aminotransferases or elevated liver function tests, neuralgic amyotrophy, Guillain-Barré, encephalitis or proteinuria. Include anti-HEV IgG and IgM and NAT for HEV-RNA in blood and if possible in stool	103

Συλλοιμώξεις- TB, άλλες

Tuberculosis	CXR	+		Re-screen if exposure	Consider routine CXR in persons from high TB prevalence populations. Some national guidelines consider the ethnicity, CD4 count and ART usage to define indication for latent tuberculosis infection screening. Use of PPD/IGRA depending on availability and local standard of care. IGRA should, however, be tested before PPD if both are to be used, given the potential for a false positive IGRA after PPD. See Diagnosis and Treatment of TB in PLWH	20, 114
	PPD	+				
	IGRA in selected high-risk populations (if available)	+				
Others	Varicella zoster virus serology	+			Offer vaccination where indicated	79
	Measles/Rubella serology	+			Offer vaccination where indicated	
	Toxoplasmosis serology	+				
	CMV serology	+				79
	Cryptococcus antigen	+/-			Consider screening for cryptococcus antigen in serum in persons with CD4 count < 100 cells/µL	
	Leishmania serology	+/-			Screen according to travel history/origin	
	Tropical screen (e.g. Schistosoma serology)	+/-			Screen according to travel history/origin	
	Influenza virus	+		Annual	In all PLWH, see Vaccination	79
	Streptococcus pneumoniae	+			No recommendations available regarding the need for a booster dose, see Vaccination	79
	Human papilloma virus	+		As indicated	Vaccinate all PLWH with 3 doses between ages 9 and 40. If HPV infection is established, efficacy of vaccine is questionable, see Vaccination	79

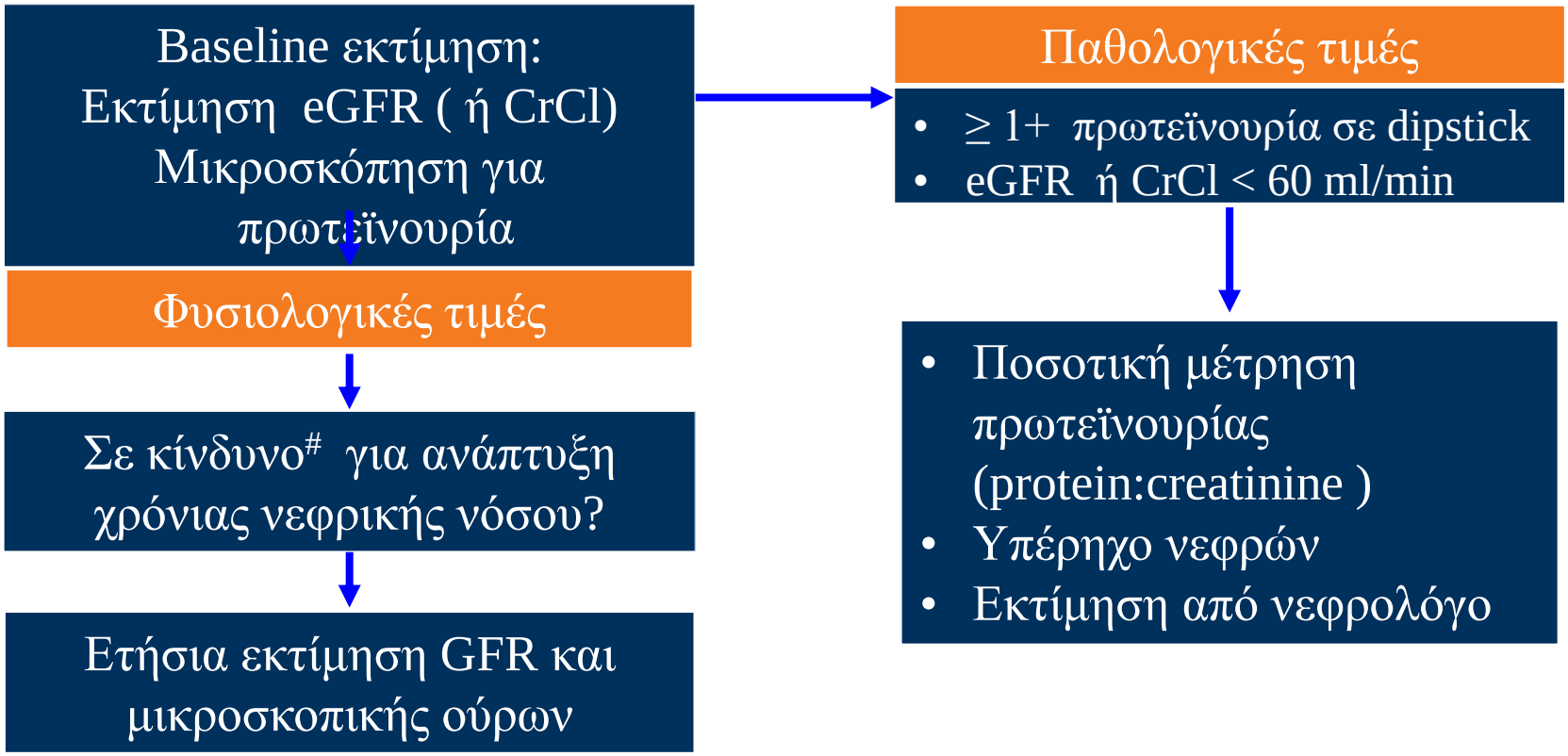
Συννοσηρότητες

CO-MORBIDITIES						
Haematology	FBC	+	+	3-12 months		
	Haemoglobinopathies	+			Screen at risk persons	
	G6PD	+			Screen at risk persons	
Body Composition	Body-mass index	+	+	Annual		53
Cardiovascular Disease	Risk assessment (Framingham score[iii])	+	+	2 years	Should be performed in all men > 40 years and women > 50 years without CVD	54
	ECG	+	+/-	As indicated	Consider baseline ECG prior to starting ARVs associated with potential conduction problems	
Hypertension	Blood pressure	+	+	Annual		55-56
Lipids	TC, HDL-c, LDL-c, TG[iv]	+	+	Annual	Repeat in fasting state if used for medical intervention (i.e. ≥ 8h without caloric intake)	60
Glucose	Serum glucose	+	+	Annual	Consider oral glucose tolerance test / HbA1c if fasting glucose levels of 5.7-6.9 mmol/L (100-125 mg/dL)	58-59
Pulmonary Disease	Respiratory symptoms and risk factors[xii]	+	+	Annual	If severe shortness of breath is reported with preserved spirometry, echocardiography may be performed to rule out heart failure and/or pulmonary hypertension	89
	Spirometry			As indicated	Spirometry should be performed in all symptomatic persons[xiii]	
Liver Disease	Risk assessment[v]	+	+	Annual		69-72
	ALT/AST, ALP, Bilirubin	+	+	3-12 months	More frequent monitoring prior to starting and on treatment with hepatotoxic drugs	
	Staging of liver fibrosis			12 months	In HCV and/or HBV co-infected persons (e.g. FibroScan, serum fibrosis markers)	69-72
	Hepatic ultrasound			6 months	Persons with liver cirrhosis[xiii]	69-72

Συννοσηρότητες

Renal Disease	Risk assessment[vi]	+	+	Annual	More frequent monitoring if eGFR < 90mL/min, CKD risk factors present[vi] and/or prior to starting and on treatment with nephrotoxic drugs[ix]	64-65
	eGFR (CKD-EPI)[vii]	+	+	3-12 months		
	Urine dipstick analysis[viii]	+	+	Annual	Every 6 months if eGFR < 60 mL/min or rapid decline in eGFR, if proteinuria ≥ 1+ and/or eGFR < 60 mL/min perform UA/C or UP/C[viii]	
Bone Disease	Bone profile: calcium, PO_4, ALP	+	+	6-12 months		61-63
	Risk assessment[x] (FRAX®[xi] in persons > 40 years)	+	+	2 years	Consider DXA in specific persons (see page 61 for details)	
Vitamin D	25(OH) vitamin D	+		As indicated	Screen at risk persons	62
Cognitive impairment	Screening questionnaire	+	+	As indicated	Screen all persons without highly confounding conditions. If abnormal or symptomatic, see algorithm page 88 for further assessment.	88
Depression	Questionnaire	+	+	As indicated	Screen at risk persons	84-85
Cancer	Mammography			1-3 years	Women 50-70 years	52
	Cervical PAP or liquid based cytology			1-3 years	HIV-positive women > 21 years	
	Rectal exam and anoscopy			1-3 years	MSM and persons with HPV-associated dysplasia. Evidence of benefit not known	
	Ultrasound and alpha-foetoprotein			6 months	Controversial; persons with cirrhosis and persons with HBV co-infection at high risk of HCC[xii]	
	Others				Controversial	

Screening για νεφρική νόσο σε HIV (+) ασθενείς



 # παράγοντες κινδύνου για ΧΝΝ: έγχρωμος, Σ.Δ., υπέρταση, HCV, CD4 counts < 200 cells/mm³, HIV RNA > 4000 copies/ml

Gupta SK, et al. Clin Infect Dis 2005; 40:1559–158

***Infectious Diseases Society of America**

Περίπτωση ασθενούς

Ασθενής 47 ετών με HIV λοίμωξη σταδίου C3 (PJP).
Ιικό φορτίο 120.000 cop/ml, 120 CD4
υπερλιπιδαιμία
tot cholest: 2400mg/dl, HDL: 39mg/dl,
ΑΠ: 136/90mmHg (όχι αντιυπερτασική αγωγή)
καπνιστής
Τι είδος HAART θα χορηγήσουμε? Άλλη αγωγή?

KA -AT

Information about your risk score:

Age:	47
Gender:	male
Total Cholesterol:	240 mg/dL
HDL Cholesterol:	39 mg/dL
Smoker:	Yes
Systolic Blood Pressure:	136 mm/Hg
On medication for HBP:	No
Risk Score*	19% Means 19 of 100 people with this level of risk will have a heart attack in the next 10 years.

* Your risk score was calculated using an equation. Other NCEP products, such as printed ATP III materials, use a point system to determine a risk score that is close to the equation score.

Wednesday, June 29, 2016

Αφαίρεση του καπνίσματος….

Systolic Blood Pressure:	136 mm/Hg
On medication for HBP:	No
Risk Score*	6% Means 6 of 100 people with this level of risk will hav

Κλινικές εκδηλώσεις κατά την αρχική διάγνωση

- Πρωτολοίμωξη
- Νοσήματα-κλινικές εκδηλώσεις κατηγορίας Β (κατά CDC)
- Νόσοι που καθορίζουν το AIDS (στάδιο C κατά CDC)

Επιλογή αρχικής HAART. Σε ποιόν ασθενή?

- Έναρξη σε πρόσφατη λοίμωξη
- Έναρξη σε ασθενή με συννοσηρότητες
- Έναρξη σε ασθενή με προχωρημένη HIV λοίμωξη

Νεοδιαγνωσθείς HIV ασθενής

Συγχορηγούμενα φάρμακα?
Συννοσηρότητες
Συλλοιμώξεις (HCV, HBV, TB)?
Κληρονομικό ιστορικό?
Έξεις, συνήθειες?
Ψυχιατρική κατάσταση?
Ετοιμότητα για έναρξη, συμμόρφωση στην HAART?

Ετοιμότητα για έναρξη, συμμόρφωση στην HAART
(adherence vs compliance)

i. Χαρακτηριστικά νόσου
ii. Κοινωνική στήριξη
iii. Σχέση ασθενούς-γιατρού
iv. Πηγές πληροφόρησης
v. Περιβάλλον παροχής υγείας

Ποια αντιρετροϊκή αγωγή επιλέγουμε?

Στατίνες, αντιυπερτασικά: Αλληλεπιδράσεις με HAART

Non-ARV drugs		ATV/c	ATV/r	DRV/c	DRV/r	LPV/r	EFV	ETV	NVP	RPV	MVC	DTG	EVG/c	RAL	ABC	FTC	3TC	TAF	TDF	ZDV
Cardiovascular drugs	atorvastatin	↑822%	↑	↑290%	↑	↑490%	↓43%	↓37%	↓	↔	↔	↔	↑	↔	↔	↔	↔	↔	↔	↔
	fluvastatin	↑	↑	↑	↔	↔	↑	↑	↔	↔	↔	↔	↑	↔	↔	↔	↔	↔	↔	↔
	pravastatin	↑	↑	↑	↑81%	↔	↓44%	↓	↔	↔	↔	↔	↑	↔	↔	↔	↔	↔	↔	↔
	rosuvastatin	↑242%	↑213%	↑93%	↑48%	↑107%	↔	↔	↔	↔	↔	↔	↑38%	↔	↔	↔	↔	↔	↔	↔
	simvastatin	↑	↑	↑	↑	↑	↓68%	↓	↓	↔	↔	↔	↑	↔	↔	↔	↔	↔	↔	↔
	amlodipine	↑	↑	↑	↑	↑	↓	↓	↓	↔	↔	↔	↑	↔	↔	↔	↔	↔	↔	↔
	diltiazem	↑	↑	↑	↑	↑	↓69%	↓E	↓	E	E	↔	↑	↔	↔	↔	↔	↔	↔	↔
	metoprolol	↑	↑	↑	↑	↑	↔	↔	↔	↔	↔	↔	↑	↔	↔	↔	↔	↔	↔	↔
	verapamil	↑	↑	↑	↑	↑	↓	↓E	↓	E	E	↔	↑	↔	↔	↔	↔	E	E	↔
	warfarin	↑	↑ or ↓	↑	↓	↓	↑ or ↓	↑	↑ or ↓	↔	↔	↔	↓	↔	↔	↔	↔	↔	↔	↔

Επιλογή αρχικής θεραπείας

Παράγοντες του φαρμάκου

Αριθμός χαπιών, μέγεθος, συχνότητα και διατροφικές ανάγκες

αποτελεσματικότητα

Προφίλ ανοχής/τοξικότητας

Παράγοντες ασθενούς

Προ θεραπείας αριθμός CD4+ κυττάρων

Συννοσηρότητες (καρδιαγγειακός κίνδυνος, ψυχιατρική νόσος)

Συγχορηγούμενα φάρμακα (αντιφυματικά, PPI,….), συλλοίμωξη

Προτίμηση ασθενούς, συμμόρφωση

Προοπτική εγκυμοσύνης

Παράγοντες του ιού

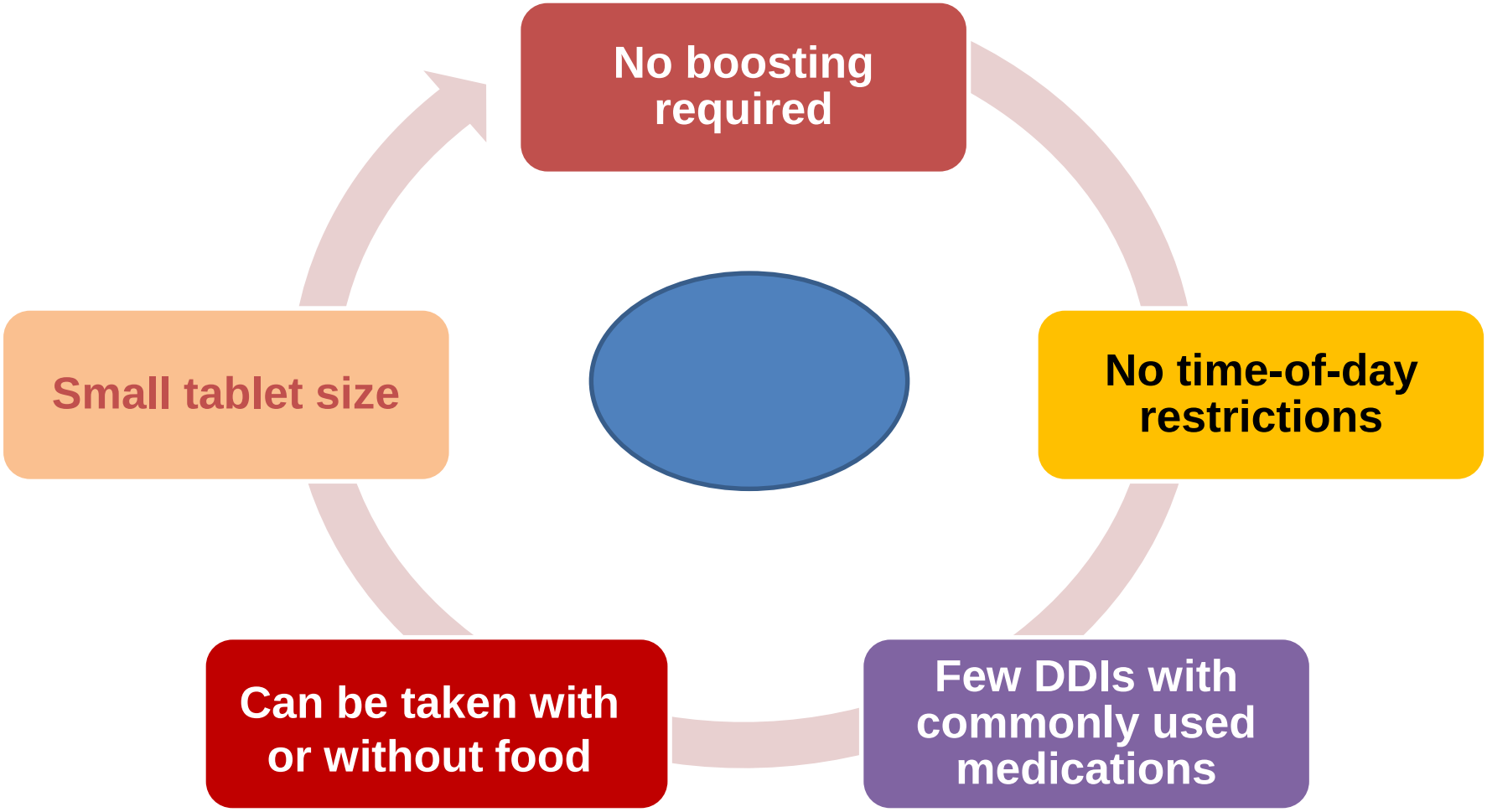
Ύπαρξη πρωτογενούς αντοχής

HIV-1 RNA προ της έναρξης

Πώς επιλέγω HAART?

- **Ανεπιθύμητες ενέργειες ή επιθυμία για απλούστευση**
- **Γνωστή ή αναμενόμενη μη συμμόρφωση**
- **Προοπτική εγκυμοσύνης**
- **Συλλοίμωξη (HCV, TB)**
- **Συννοσηρότητες**

CONVENIENCE BEYOND ONCE-DAILY DOSING



Αλληλεπιδράσεις ART με στατίνες

Antiretroviral	Contraindicated	Titrate Dose	No Dose Adjustment
RPV[1]			**Atorvastatin** **Pitavastatin**
EVG/COBI/FTC/ TDF[1]	**Lovastatin** **Simvastatin**	**Atorvastatin** **Rosuvastatin**	
DTG[1,2]		**Metformin**	
ATV/RTV[1]	**Lovastatin** **Simvastatin**	**Atorvastatin** **Rosuvastatin**	**Pitavastatin**
DRV/RTV[1]	**Lovastatin** **Simvastatin**	**Atorvastatin** **Pravastatin** **Rosuvastatin**	**Pitavastatin**
EFV[1]		**Atorvastatin** **Simvastatin** **Pravastatin** **Rosuvastatin**	**Pitavastatin**
RAL[1]			
ATV/COBI or DRV/COBI	**Lovastatin** **Simvastatin**		

1. DHHS Guidelines. April 2015. 2. Dolutegravir [package insert].

HAART και αντιϋπερτασικά

Antihypertensives		ATV/r	DRV/c	DRV/r	LPV/r	EFV	ETV	NVP	RPV	MVC	DTG	EVG/c	RAL	ABC	FTC	3TC	TDF	ZDV
ACE inhibitors	cilazapril	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
	enalapril	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
	lisinopril	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
	perindopril	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
	quinapril	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
	ramipril	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
	trandolapril	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Angiotensin antagonists	candesartan	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
	irbesartan	↓	↔	↓	↓	↑	↑	↔	↔	↔	↔	↓	↔	↔	↔	↔	↔	↔
	losartan	↓[a]	↔	↓[a]	↓[a]	↑[b]	↑[b]	↔	↔	↔	↔	↓[a]	↔	↔	↔	↔	↔	↔
	olmesartan	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
	telmisartan	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
	valsartan	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
β blockers	atenolol	↔[d]	↔	↔	↔[d]	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
	bisoprolol	↑[d]	↑	↑	↑[d]	↓	↓	↓	↔	↔	↔	↑	↔	↔	↔	↔	↔	↔
	carvedilol	↑↓[d]	↑	↑↓	↑↓[d]	↑↓	↑↓	↔	↔	↔	↔	↑	↔	↔	↔	↔	↔	↔
	metoprolol	↑[d]	↑	↑	↑[d]	↔	↔	↔	↔	↔	↔	↑	↔	↔	↔	↔	↔	↔
	propranolol	↑[d]	↑	↑	↑[d]	↔	↔	↔	↔	↔	↔	↑	↔	↔	↔	↔	↔	↔
Calcium channel blockers	amlodipine	↑[c]	↑	↑	↑[e]	↓	↓	↓	↔	↔	↔	↑	↔	↔	↔	↔	↔	↔
	diltiazem	↑[c]	↑	↑	↑[e]	↓69%	↓E	↓	E	E	↔	↑	↔	↔	↔	↔	↔	↔
	felodipine	↑[c]	↑	↑	↑[e]	↓	↓	↓	↔	↔	↔	↑	↔	↔	↔	↔	↔	↔
	lacidipine	↑[c]	↑	↑	↑[e]	↓	↓	↓	↔	↔	↔	↑	↔	↔	↔	↔	↔	↔
	lercanidipine	↑	↑	↑	↑	↓	↓	↓	↔	↔	↔	↑	↔	↔	↔	↔	↔	↔
	nicardipine	↑[c]	↑	↑	↑[e]	↓	↓E	↓	E	E	↔	↑	↔	↔	↔	↔	↔	↔
	nifedipine	↑[c]	↑	↑	↑[e]	↓	↓	↓	↔	↔	↔	↑	↔	↔	↔	↔	↔	↔
	nisoldipine	↑[c]	↑	↑	↑[e]	↓	↓	↓	↔	↔	↔	↑	↔	↔	↔	↔	↔	↔
	verapamil	↑[c]	↑	↑	↑[e]	↓	↓E	↓	E	E	↔	↑	↔	↔	↔	↔	↔	↔
Diuretics	amiloride	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
	bendroflumethiazide	?	?	?	?	?	?	?	↔	↔	↔	?	↔	↔	↔	↔	↔	↔
	chlortalidone	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
	furosemide	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	E	↔
	indapamide	↑	↑	↑	↑	↓	↓	↓	↔	↔	↔	↑	↔	↔	↔	↔	↔	↔
	torasemide	↓	↔	↓	↓	↑	↑	↔	↔	↔	↔	↓	↔	↔	↔	↔	↔	↔
Others	doxazosin	↑	↑	↑	↑	↓	↓	↓	↔	↔	↔	↑	↔	↔	↔	↔	↔	↔
	spironolactone	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔

HAART και αντικαταθλιπτικά

Antidepressants		ATV/r	DRV/c	DRV/r	LPV/r	EFV	ETV	NVP	RPV	MVC	DTG	EVG/c	RAL
SSRI	citalopram	↑ [a]	↑	↑	↑ [a]	↓	↓	↓	↔	↔	↔	↑	↔
	escitalopram	↑ [a]	↑	↑	↑ [a]	↓	↓	↓	↔	↔	↔	↑	↔
	fluvoxamine	↑	↑	↑	↑	↔	↔	E	↔	↔	↔	↑	↔
	fluoxetine	↑	↑	↑	↑	↔	↔	↔	↔	↔	↔	↑	↔
	paroxetine	↑↓?	↑↓?	↓39%	↑↓?	↔	↔	↔	↔	↔	↔	↑↓?	↔
	sertraline	↓	↑	↓49%	↓	↓39%	↓	↓	↔	↔	↔	↑	↔
SNRI	duloxetine	↑↓	↑	↑↓	↑↓	↔	↔	↔	↔	↔	↔	↑	↔
	venlafaxine	↑	↑	↑	↑	↓	↓	↓	↔	D	↔	↑	↔
TCA	amitriptyline	↑ [a]	↑	↑	↑ [a]	↔	↔	↔	↔	↔	↔	↑	↔
	clomipramine	↑ [a]	↑	↑	↑ [a]	↓	↓	↓	↔	↔	↔	↑	↔
	desipramine	↑ [a]	↑	↑	↑5% [a]	↔	↔	↔	↔	↔	↔	↑	↔
	doxepin	↑	↑	↑	↑	↔	↔	↔	↔	↔	↔	↑	↔
	imipramine	↑ [a]	↑	↑	↑ [a]	↓	↓	↓	↔	↔	↔	↑	↔
	nortriptyline	↑ [a]	↑	↑	↑ [a]	↔	↔	↔	↔	↔	↔	↑	↔
	trimipramine	↑	↑	↑	↑	↔	↔	↔	↔	↔	↔	↑	↔
TeCA	maprotiline	↑	↑	↑	↑	↔	↔	↔	↔	↔	↔	↑	↔
	mianserine	↑	↑	↑	↑	↓	↓	↓	↔	↔	↔	↑	↔
	mirtazapine	↑	↑	↑	↑	↓	↓	↓	↔	↔	↔	↑	↔
Others	bupropion	↓	↔	↓	↓57%	↓55%	↔	↓	↔	↔	↔	↑?	↔
	lamotrigine	↓32%	↔	↓	↓50%	↓	↔	↔	↔	↔	↔	↔	↔
	nefazodone	↑	↑	↑	↑	↓E	↓ E	↓E	E	E	↔	↑	↔
	St John's wort	D	D	D	D	D	D	D	D	D	D [b]	D	↔
	trazodone	↑	↑	↑	↑	↓	↓	↓	↔	↔	↔	↑	↔

ΑΕ' [illegible] .Βα.

Λαμβανόμενα φάρμακα την 8.6.2018

ΓΙΑ ΤΟΝ ΔΙΑΒΗΤΗ

Ινσουλίνες

- Tresiba, 98 μον. ημερησίως
- Novorapid, 8-20 μονάδες x3
- Janumet x2

ΓΙΑ ΤΗΝ ΥΠΕΡΤΑΣΗ

- Coversyl, 10 mg x1
- Fisiotens x2
- Tildiem, 300 mg x1

ΓΙΑ ΤΗΝ ΧΟΛΗΣΤΕΡΙΝΗ

- Crestor, 10 mg x1
- Omacor, 1000 mg x1

ΓΙΑ ΤΟΝ ΘΥΡΕΟΕΙΔΗ

- T4, 150 mg

ΓΙΑ ΤΗΝ ΗΠΑΤΟΠΑΘΕΙΑ

- Ursofalk x4

- Plavix x1

Επί αϋπνίας (περιστασιακά)

- melatonine, 2 mg
- trittico

ΓΙΑ ΤΗΝ ΔΙΑΒΗΤΙΚΗ ΓΑΣΤΡΟΠΑΡΕΣΗ

(περιστασιακά)

- X-Prep ή
- Laxilax ή
- Importal (σκόνη) ή
- Dulcolax

www.hiv-druginteractions.org

UNIVERSITY OF LIVERPOOL

Interaction Report

Report ID: DE EY
Date Produced: 09 June 2016

Antiretroviral Treatment	Co-medications
Cobicistat (with ATV or DRV)	Clopidogrel
Darunavir	Diltiazem
	Fish oils
	Perindopril
	Rosuvastatin
	Trazodone

. Ποιο STR είναι καταλληλότερο? Triumeq, Stribild?

EACS
European AIDS Clinical Society

ART is recommended in all adults with chronic HIV infection, irrespective of CD4 counts[1]

If ART needs to be initiated before genotypic testing results are available, it is recommended to include a drug with high genetic barrier to resistance in the first-line regimen (e.g. a PI/r, PI/c or DTG). Ideally, before starting treatment, the HIV-VL level and CD4 count should be repeated to obtain a baseline to assess subsequent response.

Use of ART should also be recommended with any CD4 count in order to reduce sexual transmission, risk of AIDS event and mother-to-child transmission of HIV (before third trimester of pregnancy).

Πως επιλέγω αρχική HAART σε συννοσηρότητες?

- Σε αυξημένο καρδιαγγειακό κίνδυνο, αποφυγή ABC, LPV/RTV, or FPV + RTV
- Σε έκπτωση νεφρικής λειτουργίας, το TDF θα πρέπει να αποφεύγεται, ιδιαίτερα με boosted PI
- Σε αυξημένο κίνδυνο καταγμάτων, είναι καλό να αποφεύγεται το TDF, ιδιαίτερα με boosted PI

Προτεινόμενη α΄ γραμμής για έναρξη

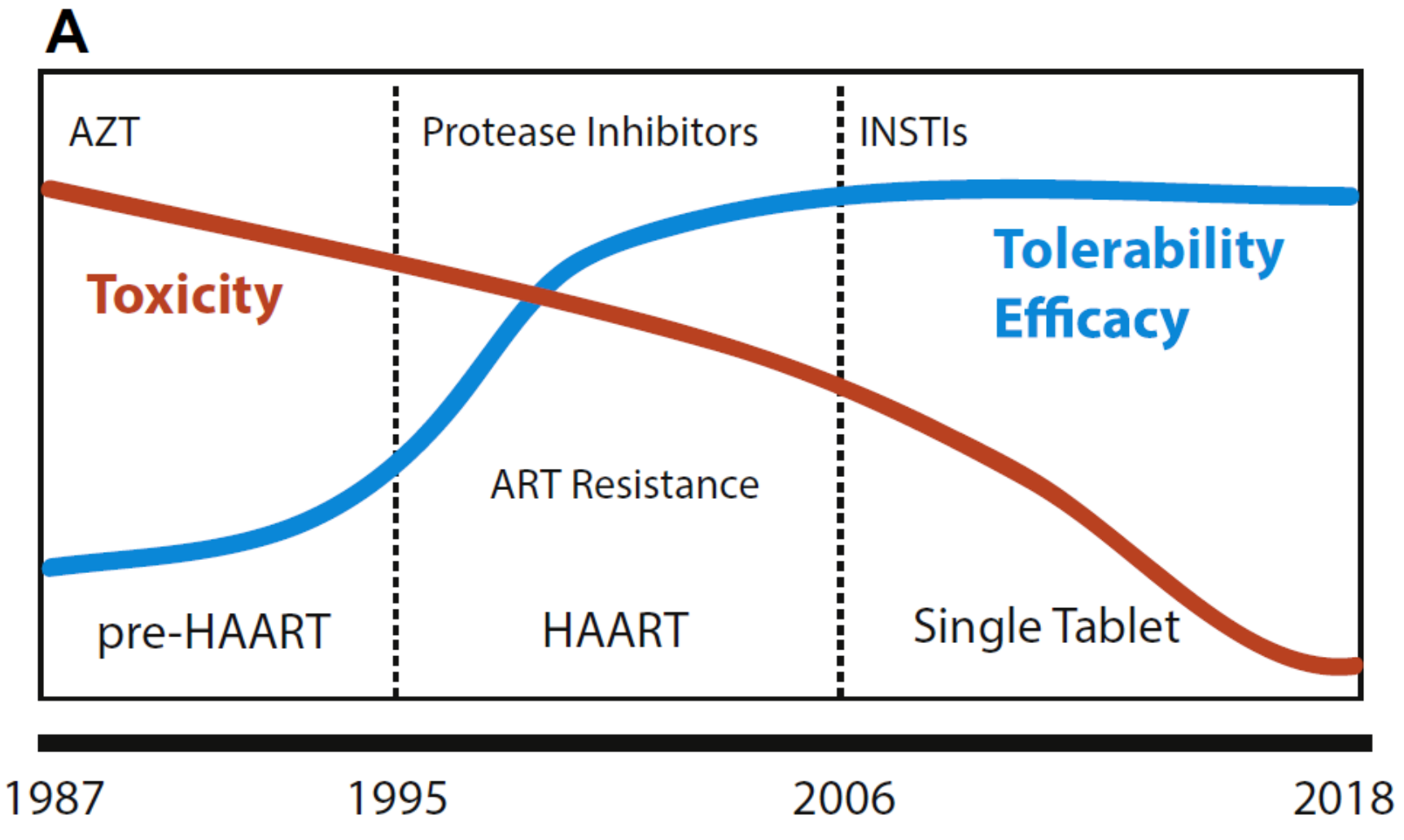
Regimen	Main requirements	Additional guidance (footnotes)
Recommended regimens		
2 NRTIs + INSTI		
ABC/3TC + DTG ABC/3TC/DTG	HLA-B*57:01 negative HBsAg negative	I (ABC: HLA-B*57:01, cardiovascular risk) II (Weight increase (DTG))
TAF/FTC or TDF/FTC or TDF/3TC + DTG		III (Weight increase (DTG, TAF)) IV (TDF: prodrug types. Renal and bone toxicity. TAF dosing)
TAF/FTC/BIC		II (Weight increase (BIC))
TAF/FTC or TDF/FTC or TDF/3TC + RAL qd or bid		IV (TDF: prodrug types. Renal and bone toxicity. TAF dosing) V (RAL: dosing)
1 NRTI + INSTI		
3TC + DTG or 3TC/DTG	HBsAg negative HIV-VL < 500,000 copies/mL	

Εναλλακτική αγωγή για έναρξη

Alternative regimens		
2 NRTIs + NNRTI		
TAF/FTC or TDF/FTC or TDF/3TC + DOR or TDF/3TC/DOR		IV (TDF: prodrug types. Renal and bone toxicity. TAF dosing) VI (DOR: HIV-2)
TAF/FTC or TDF/FTC or TDF/3TC + RPV or TAF/FTC/RPV or TDF/FTC/RPV	CD4 count > 200 cells/μL HIV-VL < 100,000 copies/mL Not on proton pump inhibitor With food	IV (TDF: prodrug types. Renal and bone toxicity. TAF dosing) VII (RPV: HIV-2)
2 NRTIs + PI/r or PI/c		
TAF/FTC or TDF/FTC or TDF/3TC + DRV/c or DRV/r or TAF/FTC/DRV/c	With food	IV (TDF: prodrug types. Renal and bone toxicity. TAF dosing) VIII (DRV/r: cardiovascular risk)

Πότε αρχίζουμε αγωγή?

From 1998 until 2000, the US DHHS guidelines recommended that all PWH be
This threshold was then increased **to 350** cells/mm3 **from 2006 to 2009**, then to



Recommendations for initiation of ART in HIV-positive persons (before 2013)

EACS
European AIDS Clinical Society

Condition	Current CD4+ lymphocyte count [ii,iii]	
	350-500	> 500
Asymptomatic HIV infection	C	D
Symptomatic HIV disease (CDC B or C conditions) incl. tuberculosis	R	R
Primary HIV infection	C	C
Pregnancy (before third trimester)	R	R
Conditions (likely or possibly) associated with HIV, other than CDC stage B or C disease:		
HIV-associated kidney disease	R	R
HIV-associated neurocognitive impairment	R	R
Hodgkin's lymphoma	R	R
HPV-associated cancers	R	R
Other non-AIDS-defining cancers requiring chemo- and/or radiotherapy	C	C
Autoimmune disease – otherwise unexplained	C	C
High risk for CVD (> 20 % estimated 10-yr risk) or history of CVD	C	C
Chronic viral hepatitis		
HBV requiring anti-HBV treatment	R	R
HBV not requiring anti-HBV treatment	C/R [iv]	D
HCV for which anti-HCV treatment is being considered or given	R [v]	D [vi]
HCV for which anti-HCV treatment not feasible	R	C

ΠΡΩΙΜΗ VS ΟΨΙΜΗ ΕΝΑΡΞΗ ΑΝΤΙΡΕΤΡΟΙΚΗΣ ΑΓΩΓΗΣ

The NEW ENGLAND JOURNAL of MEDICINE

ESTABLISHED IN 1812 AUGUST 27, 2015 VOL. 373 NO. 9

Initiation of Antiretroviral Therapy in Early Asymptomatic HIV Infection

The INSIGHT START Study Group*

ation group be offered antiretroviral therapy. The primary end point occurred in 42 patients in the immediate-initiation group (1.8%; 0.60 events per 100 person-years), as compared with 96 patients in the deferred-initiation group (4.1%; 1.38 events per 100 person-years), for a hazard ratio of 0.43 (95% confidence interval [CI], 0.30 to 0.62; P<0.001). Hazard ratios for serious AIDS-related and serious non–AIDS-related events were 0.28 (95% CI, 0.15 to 0.50; P<0.001) and 0.61 (95%

CONCLUSIONS

The initiation of antiretroviral therapy in HIV-positive adults with a CD4+ count of more than 500 cells per cubic millimeter provided net benefits over starting such therapy in patients after the CD4+ count had declined to 350 cells per cubic millimeter. (Funded by the National Institute of Allergy and Infectious Diseases and others; START ClinicalTrials.gov number, NCT00867048.)

Έναρξη αντιρετροϊκής αγωγής ΤΩΡΑ

Με την διάγνωση, ανεξάρτητα από τον αριθμό των CD4 λεμφοκυττάρων

Guidelines for Treatment of HIV-Infected Pts

Guideline	AIDS or HIV-Related Symptoms	CD4+ Cell Count, cells/mm^3		
		< 350	350-500	> 500
EACS[1]	Yes	Yes	Yes	Yes
DHHS[2]	Yes	Yes	Yes	Yes
IAS-USA[3]	Yes	Yes	Yes	Yes
WHO[4]	Yes	Yes	Yes	Yes

ART initiation now recommended for all pts, regardless of CD4+ cell count

1. EACS HIV Guidelines. V 8.0. October 2015. 2. DHHS Guidelines. April 2015. 3. Günthard H, et al. JAMA. 2014;312:410-425. 4. WHO When to Start Guidelines. September 2015

...and how soon is soon?

HOW SOON 'NOT NOW' BECOMES 'NEVER'.

Martin Luther
German Monk
1483 - 1546

QUOTEHD.COM

Rapid ART by the Guidelines

DHHS[1] and IAS-USA[2]

Encourage rapid initiation of ART, including same-day start if feasible

Avoid ABC, DTG/3TC, and NNRTI-based regimens during rapid start

Recommended regimens

BIC/FTC/TAF

DTG + (3TC or FTC) + (TAF or TDF)

DRV/(RTV or COBI) + (3TC or FTC) + (TAF or TDF)

Rationale for Recommendations

- Rapid HLA-B*5701 testing may be unavailable
- Transmitted NNRTI or NRTI resistance more likely than PI or INSTI resistance
- Second-generation INSTIs are potent and have high barriers to resistance
- Resistance to DRV emerges slowly
- Empiric HBV coverage
- Treatment suitable for patients with CrCl $\geq$ 30 mL/min

1. DHHS Guidelines. December 2019. 2. Saag. JAMA. 2018;320:379.

Recommendations for Initiation of ART in PLWH with Chronic Infection without prior ART Exposure

ART is recommended in all adult PLWH, irrespective of CD4 counts[i]

i ART is recommended irrespective of the CD4 count. In certain situations (i.e lower CD4 count or pregnancy), there is a greater urgency to start ART immediately

- In persons with OIs, ART initiation may have to be deferred, see page 104, for ART initiation in the presence of specific OIs. For ART initiation in persons with TB, see page 20
- A possible exception to immediate start of ART might be HIV controllers, persons with high CD4 counts and HIV-VL < 1000 copies/mL, although even in such persons ART initiation has been shown to increase CD4 count, decrease inflammation, lower the risk of clinical events and prevent HIV transmission
- Genotypic resistance testing is recommended prior to initiation of ART, ideally at the time of HIV diagnosis; otherwise before initiation of ART
- If ART needs to be initiated before genotypic testing results are available, it is recommended to select a first-line regimen with a high barrier to resistance (e.g. a PI/b, DTG or BIC combined with TDF/FTC, TAF/FTC, TDF/3TC or ABC/3TC)
- Whether rapid, possibly same-day ART start is proposed to newly diagnosed persons or postponed until complementary assessments depends on the setting and medical circumstances, medical indications to start ART more urgently and risk of loss from care. To reduce loss to follow-up between diagnosis and ART initiation, structural barriers delaying the process should be addressed

Αντιρετροϊκή αγωγή συστήνεται για όλους τους HIV (+) ασθενείς, ανεξαρτήτως αριθμού CD4

- ✓ Σε ασθενείς με **OIs**, συστήνεται έναρξη ART εντός 2 εβδομάδων από τη διάγνωση

  Εξαιρείται η κρυπτοκοκκική μηνιγγίτιδα, με σύσταση για καθυστέρηση έναρξης ART ≥ 4 εβδομάδες από την έναρξη αντιμυκητιακής αγωγής (κίνδυνος για απειλητικό για τη ζωή IRIS.
- ✓ Για έναρξη ART σε συλλοίμωξη με **TB:**

  συστήνεται ως 1ης γραμμής ARV

  TDF/FTC + RAL or TDF/FTC/EFV

  < 50 cells/μL: Έναρξη ART το συντομότερο και εντός 2 εβδομ. από την έναρξη αντι-TB αγωγής.

  ≥ 50 cells/μL: Η ART μπορεί να καθυστερήσει έως 8 με 12 εβδ από την έναρξη αντι-TB αγωγής

Real-world practices in HICs

In the UK, Chelsea and Westminster Hospital HIV Department actively recommends ART initiation at diagnosis, to help reduce the risk of onward HIV transmission [1] and foster immediate patient engagement (the first dose is not administered in an observed setting).

Spanish guidelines recommend that ART initiation is personalized, to suit lifestyle, comorbidities, possible interactions, and risk of poor adherence [2].

Italian guidelines recommend ART in all PLWH, independent of CD4 count . Immediate-start ART (without waiting for HLA-B*5701 and GART results) is recommended for people with acute HIV infection, with the aim of reducing the latent viral reservoir [3].

1 Nwokolo N, et al Not just PrEP: other reasons for London's HIV decline. Lancet HIV 2017; 4: e153

2. AIDS Study Group GeSIDA of the Spanish Society of Infectious Diseases and Clinical Microbiology and the National AIDS PlanEnferm Infecc Microbiol Clin 2018 May 11.

3. Ministry of Health. Italian guidelines on the use of antiretroviral drugs and on the diagnostic-clinical management of people infected with HIV-1 - year 2017.
Available at: http://www.salute.gov.it/portale/documentazione/p6_2_2_1.jsp?lingua=italiano&id=2696.

Μεγαλώνοντας με τον HIV…..

Ανακατανομή λίπους

Δυσλιπιδαιμία

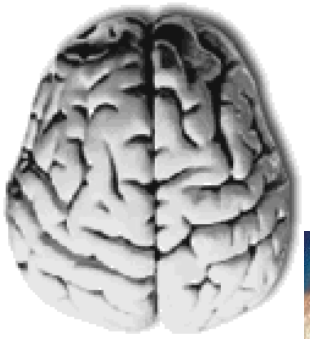
Σακχαρώδης διαβήτης

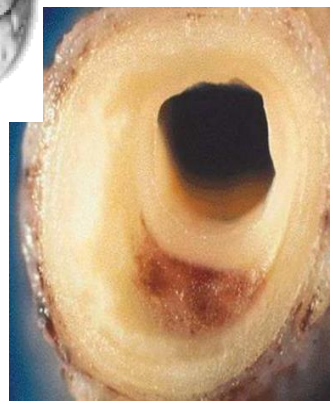
> Κίνδυνος ΣΝ

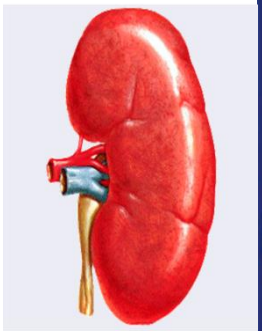
Νεφρική νόσος

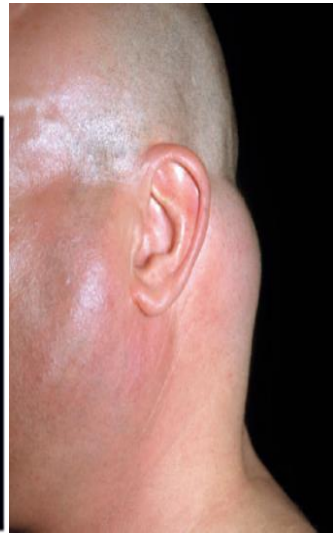
Οστεοπενία, οστεοπόρωση

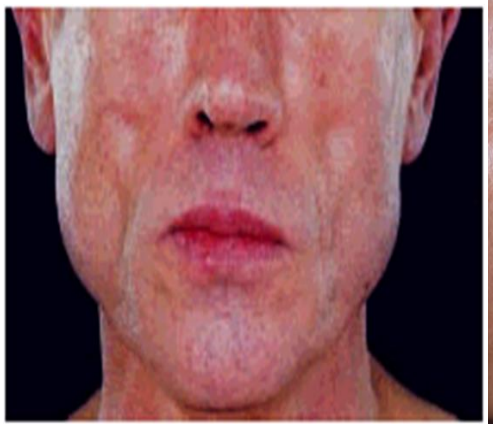
Ηπατοτοξικότητα

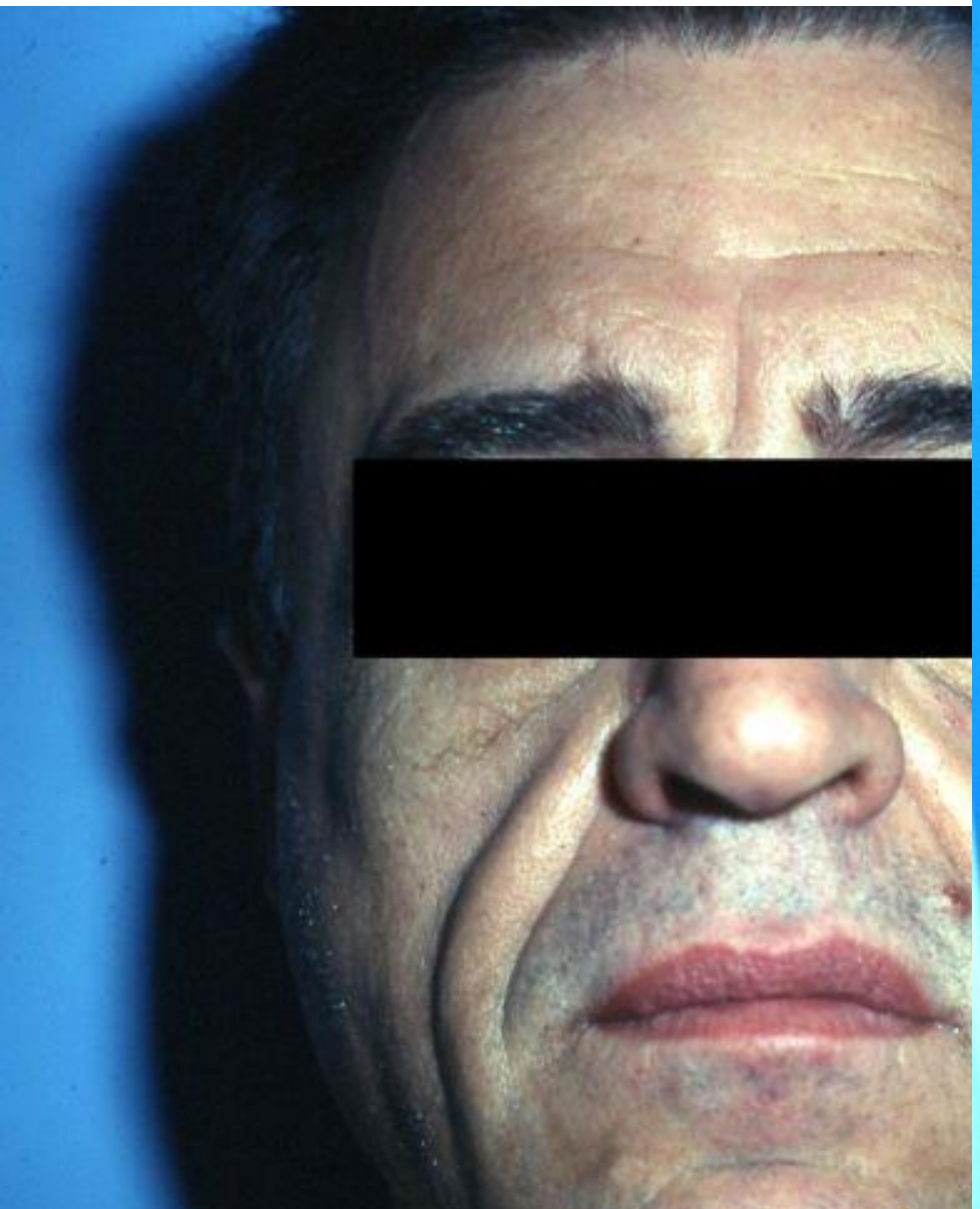


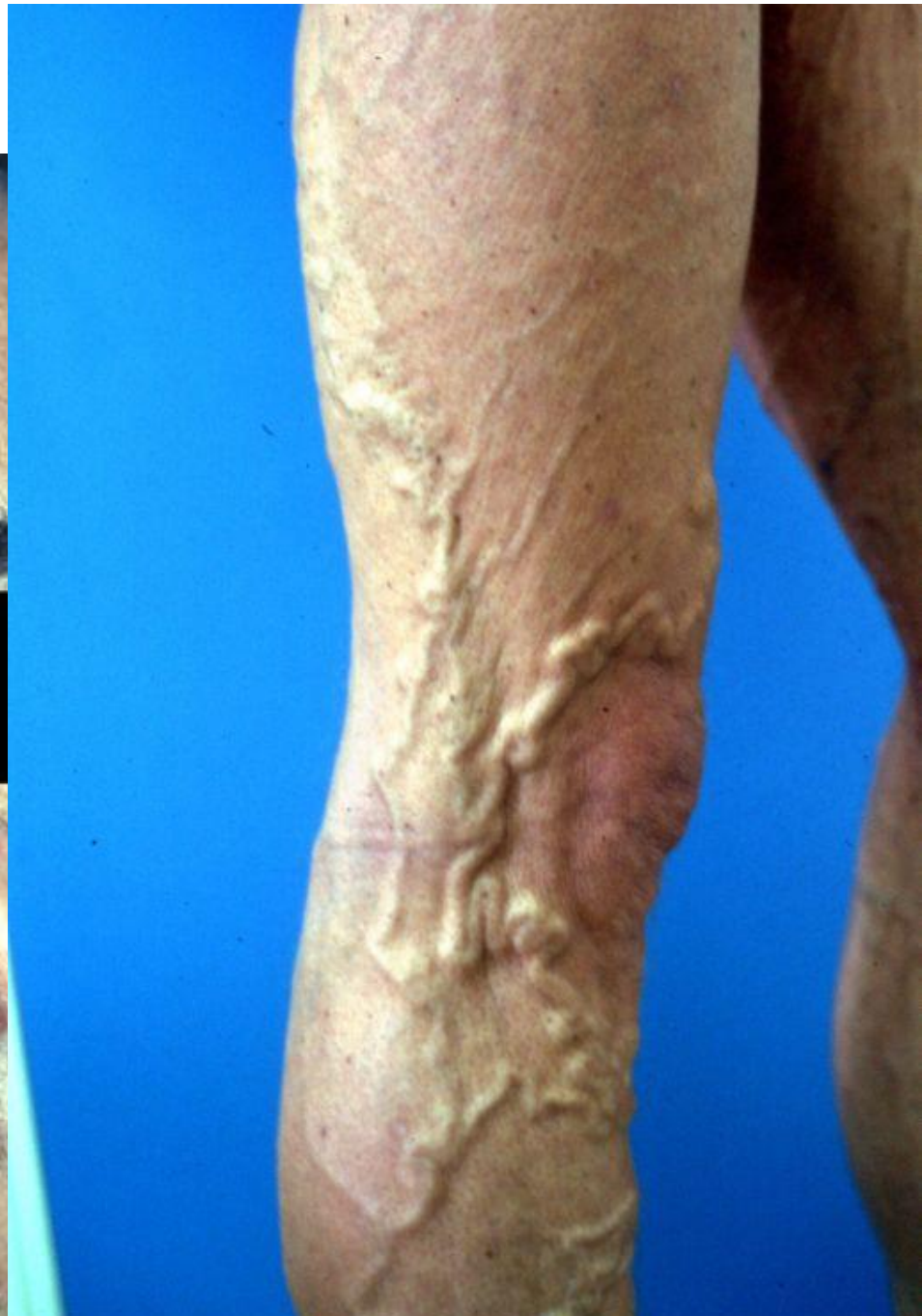












Παράγοντες κινδύνου για καρδιαγγειακή νόσο

Μη μεταβλητοί

ηλικία
οικογενειακό ιστορικό
Εθνικότητα
φύλο

Μεταβλητοί

Κάπνισμα
υπέρταση
αυξημένα επίπεδα ολικής και LDL-C
χαμηλά επίπεδα HDL-C
σακχαρώδης διαβήτης
παχυσαρκία
Έλλειψη σωματικής άσκησης

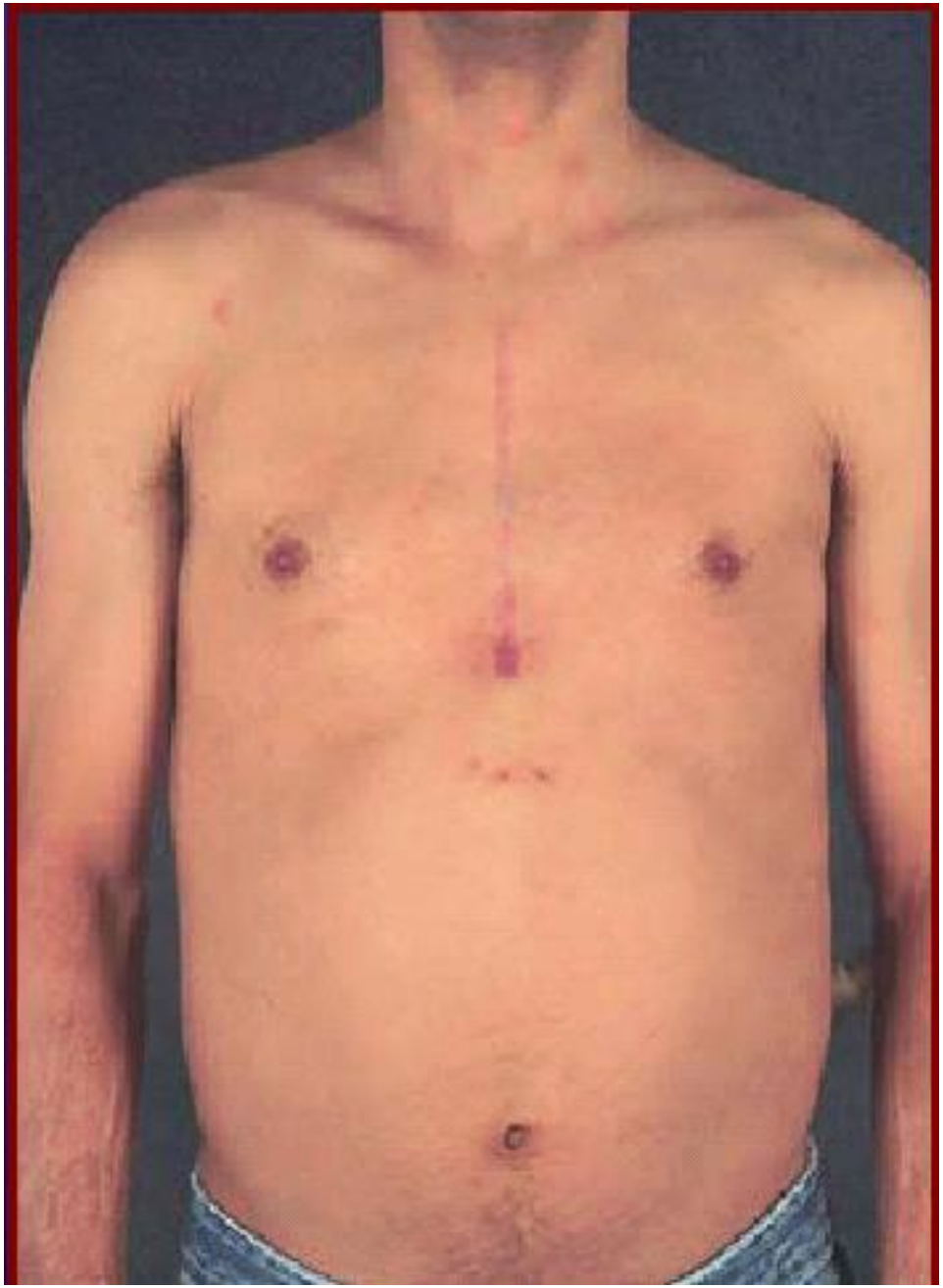
Άλλοι παράγοντες δυνητικά σχετιζόμενοι με την HIV

- Αυξημένα επίπεδα τριγλυκεριδίων
- Φλεγμονώδεις δείκτες
- Δυσλειτουργία ενδοθηλίου
- Αντοχή στην ινσουλινη

Με κόκκινα γράμματα, οι σημαντικοί παράγοντες

☐ δυνητικά συσχετιζόμενοι με την HIV και την HAART

Hackam *et al. JAMA* 2003; 290: 932–940



Artery Research (2009) xx, 1–7

available at www.sciencedirect.com

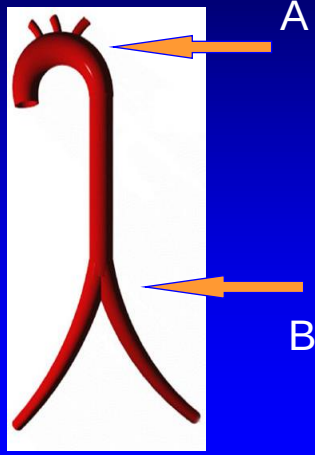
ScienceDirect

journal homepage: www.elsevier.com/locate/artres

Impact of human immunodeficiency virus infection on arterial stiffness and wave reflections in the early disease stages

Charalambos Vlachopoulos [a,*], Helen Sambatakou [b], DimitrisTsiachris [a], Ilias Mariolis [b], Konstantinos Aznaouridis [a], Nikolaos Ioakeimidis [a], Athanasios J. Archimandritis [b], Christodoulos Stefanadis [a]

Pulse Wave Velocity (PWV)



$$PWV = \frac{distance}{time}$$

Non-invasive evaluation

New York Magazine 11-9-09
The New HIV Scare

EDITORIAL COMMENT

HIV-associated neurocognitive disorders: is there a hidden epidemic?

Justin C. McArthur[a] and Bruce J. Brew[b]

AIDS 2010, **24**:1367–1370

Torti *et al. BMC Medicine* 2011, **9**:138
http://www.biomedcentral.com/1741-7015/9/138

BMC Medicine

COMMENTARY Open Access

Asymptomatic neurocognitive disorders in patients infected by HIV: fact or fiction?

Carlo Torti[1*], Emanuele Focà[1], Bruno M Cesana[2] and Francois X Lescure[3]

Prevalence and predictors of liver steatosis and fibrosis in unselected patients with HIV mono-infection

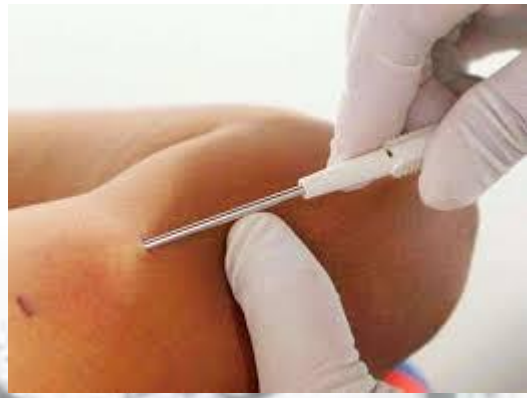
Rosa Lombardi, H. Sambatakou, I. Mariolis, D. Cokkinos , G. Papatheodoridis,E. Tsochatzis

Dig Liver Dis 2016

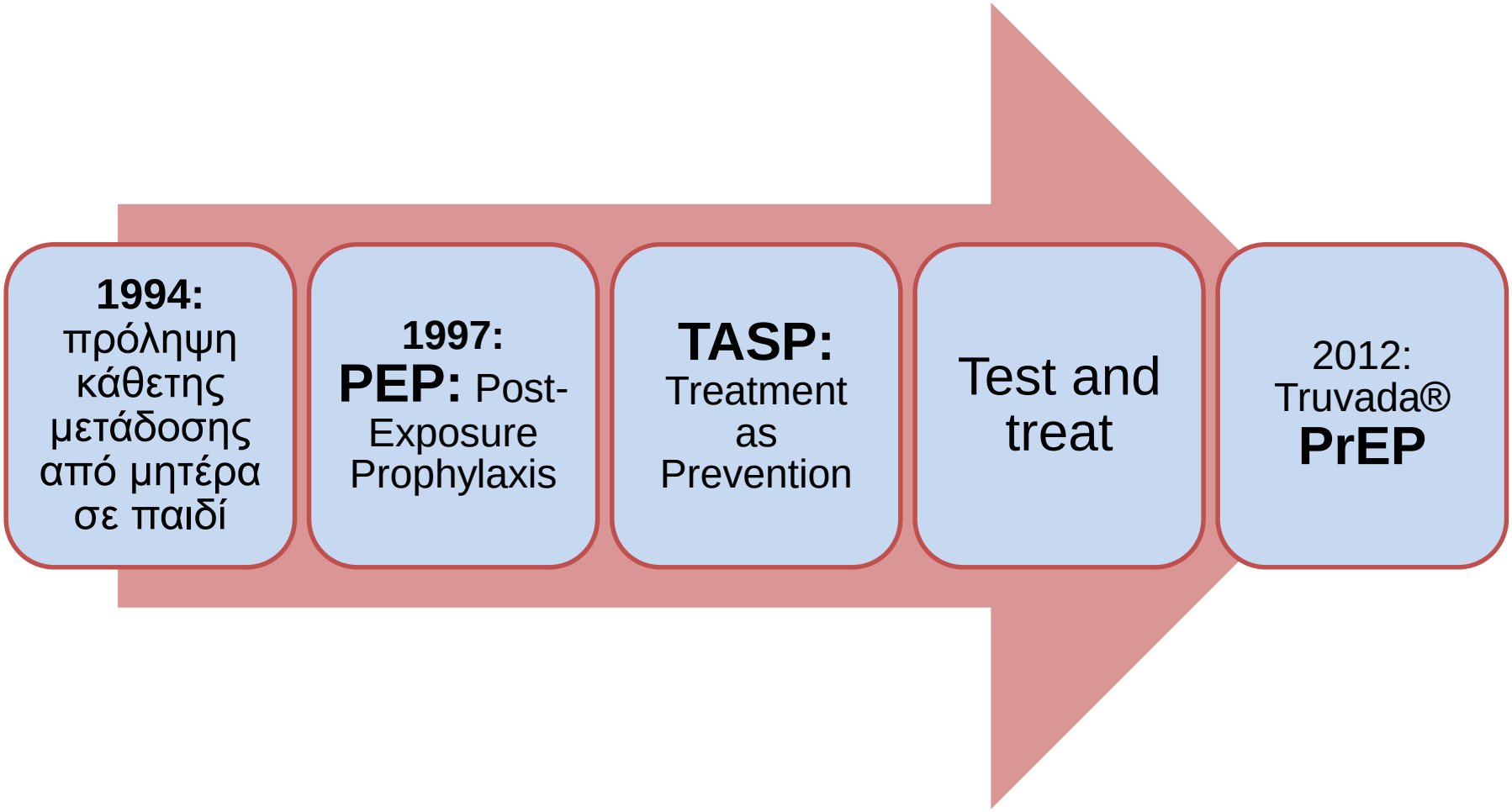
CrCl Cutoffs for Single-Tablet Regimens

Single-Tablet Regimen	FDA Approved for Pts With CrCl, mL/min
EVG/COBI/TDF/FTC[1]	≥ 70
EFV/TDF/FTC[2]	≥ 50
RPV/TDF/FTC[3]	≥ 50
DTG/ABC/3TC[4]	≥ 50
EVG/COBI/TAF/FTC[5]	≥ 30

Μακράς δράσεως ενέσιμη αγωγή?? Το μέλλον?
Cabotegravir, Rilpivirine



Μέθοδοι πρόληψης μετάδοσης HIV?



Essay

The Abandoned Trials of Pre-Exposure Prophylaxis for HIV: What Went Wrong?

Jerome A. Singh, Edward J. Mills*

PLoS Medicine September 2005


GILEAD
CLOSED
TO
DEATH
GILEAD

EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

22 July 2016
EMA/CHMP/496941/2016
Press Office

Press release

First medicine for HIV pre-exposure prophylaxis recommended for approval in the EU

Truvada to enhance existing HIV prevention strategies

The main interventions currently used to prevent HIV-1 transmission in the EU are voluntary testing to allow people to learn about their HIV status, risk counselling and the promotion of condom use. However, in view of the increasing number of new HIV infections worldwide, the current range of prevention with screening, counselling and condom use needs further intensification.

Προφυλακτική αγωγή (PrEP) σε υγιή άτομα με υψηλού κινδύνου συμπεριφορά?


LOVE yourself. LOVE
LOVE
Condoms
getfreecondoms.or


The Royal Courts of Justice


NHS


PrEP


PrEP:
The Revolution That
Didn't Happen


STOP HIV
PrEP NOW
Terrence Higgins Trust
✓ US
✓ France
✓ Canada
✓ Kenya
✗ UK – still waiting
#PrEPnow


STOP HIV
PrEP NOW
Terrence Higgins Trust
tht.org.uk/prepnow
#prepnow
BURBERRY

PrEP bought online: no fakes and good blood levels

Nneka Nwokolo of the 56 Dean Street clinic in Soho

www.iwantprepnow.co.uk

The new 90-90-90: $90-$90-$90

The new 90-90-90: $90-$90-$90

- In 2016 the US a year's prescription of *Truvada* was $21,120.
- UK list price for *Truvada* was $5553.
- A generic tenofovir/emtricitabine pill is currently available for $67 .
- **Efavirenz** and **lamivudine** are already available as generic products
- **abacavir/lamivudine** and **lopinavir/ritonavir**: as generic products in the end of 2016
- In 2017 generic versions of **emtricitabine** and **tenofovir**
- **tenofovir/lamivudine** already widely used in low- and middle-
- income countries
- In 2018 **atazanavir/ritonavir** available as a generic
- In 2019 **darunavir** went off patent, allowing it to be **co-formulated with generic ritonavir** as a boosting agent.

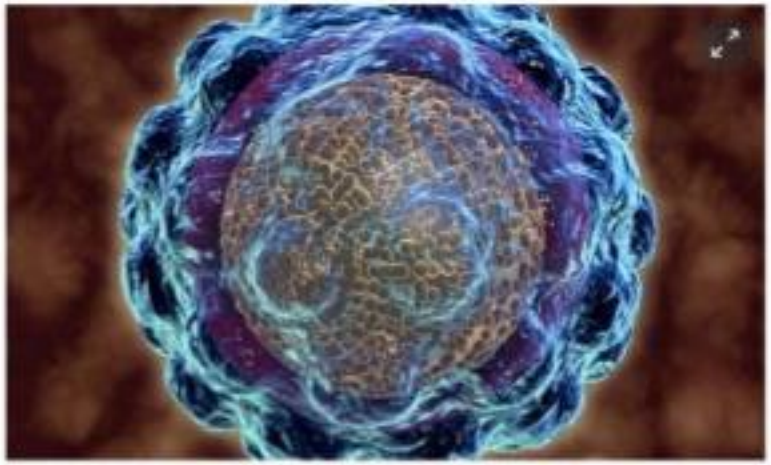
- Generic HIV drugs are becoming more available and can lead to large cost savings. They can be used as long as they replace the same drug and do not break recommended fixed dose combinations

How Accessible are Generics?

theguardian

Hepatitis C treatment for under $300 coming soon

Drugs for Neglected Diseases initiative says drug successfully tested in Egypt could be available within 18-24 months



Conceptual image of hepatitis C. In Egypt 10%-12% of the population has the virus. Photograph: Alamy

fixHepC

You know that question that goes through your mind when you take your generic drug?

Here's the answer.

FDA ensures that all generic drugs are put through a rigorous, multi-step review process. From manufacturing to labeling, everything must meet FDA's high standards. We make it tough to become a generic drug in America so you can feel confident.

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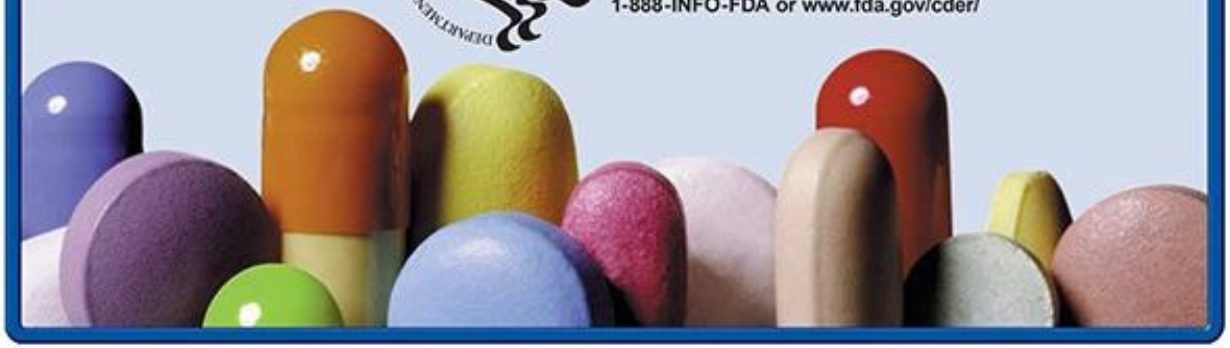
DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

FDA
U.S. Food and Drug Administration

1-888-INFO-FDA or www.fda.gov/cder/



Εσύ γνωρίζεις τι είναι τα γενόσημα φάρμακα;

Θετική Φωνή
άνθρωποι+HIV
www.positivevoice.gr
info@positivevoice.gr

Την εποχή της COVID-19, η ταχεία έναρξη ART αποτελεί σημαντικό μέσο να μεγιστοποιηθεί η πρόσβαση και να ελαχιστοποιηθούν οι μη απαραίτητες επισκέψεις