



4th International Workshop on Adverse Drug Reactions and Lipodystrophy in HIV

22-25 September 2002, San Diego, CA, USA

HIGHLY ACTIVE ANTIRETROVIRAL THERAPY WITH EFAVIRENZ: LONG-TERM METABOLIC EFFECTS

Antiviral Therapy 2002; 7:L32 (abstract 46)

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BACKGROUND: Metabolic side effects, such as hyperglycaemia and hyperlipidemia, are probably less common with efavirenz than with other antiretrovirals. However, information about these toxicities is limited, and more data are needed.

METHODS: In a cohort study, we assessed changes in serum levels of glucose, uric acid, cholesterol and triglyceride. We evaluated patients just before commencing modalities of highly active antiretroviral therapy (HAART) that include efavirenz, and every 3 months during the next 2 years. All treatments are among those recommended by current guidelines.

RESULTS: We included 84 patients. Mean \pm SD of age is 34.3 ± 10.3 years; 60 (71%) were male; 55 (65%) were drug users; 58 (69%) were hepatitis C virus co-infected; 58 (69%) have taken protease inhibitors until the beginning of the study. Baseline CD4 cell count was $323 \pm 252/\text{mm}^3$, and HIV RNA is $3.9 \pm 1.5 \log_{10}$ copies/ml. Serum levels, mean \pm SD, at

	baseline	3 months	6 months	9 months	12 months	15 months	18 months	21 months	24 months	
Cholesterol:	186 \pm 56	202 \pm 61	194 \pm 54	193 \pm 56	192 \pm 55	192 \pm 57	195 \pm 48	197 \pm 57	205 \pm 48	(<i>P</i> =0.011);
uric acid:	5.4 \pm 1.8	4.9 \pm 1.6	4.9 \pm 1.5	5.0 \pm 1.6	5.0 \pm 1.5	4.9 \pm 1.5	4.7 \pm 1.5	4.9 \pm 1.5	4.9 \pm 1.7	(<i>P</i> =0.014);
glucose:	104 \pm 27	105 \pm 22	109 \pm 18	106 \pm 20	107 \pm 22	105 \pm 19	106 \pm 20	108 \pm 21	112 \pm 26	(<i>P</i> =0.496);
triglyceride:	229 \pm 202	243 \pm 282	211 \pm 152	236 \pm 208	213 \pm 153	219 \pm 96	246 \pm 221	264 \pm 252	257 \pm 162	(<i>P</i> =0.521)

CONCLUSIONS: HAART with efavirenz causes a mild increase in serum cholesterol, and a mild descent in uric acid, while it has no relevant effect on glucose or triglyceride. Metabolic toxicity of efavirenz seems unimportant.

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2002-09-22
46

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