



6th International Workshop on Adverse Drug Reactions and Lipodystrophy in HIV

25–28 October 2004 - Washington, DC, USA

ASSESSMENT OF THE LIVER FUNCTION IN HIV-INFECTED PATIENTS TREATED WITH ANTIRETROVIRAL DRUGS IN CAMEROON

Antiviral Therapy 2004; 9(6):L26 (abstract no. 39)

O Lowe and G Lando

University of Yaounde I, Yaounde, Cameroon

OBJECTIVE: This work is aimed at assessing the effects of antiretroviral drugs used in the management of the liver function of HIV-infected Cameroonian patients.

METHODS: An HIV-infected and non-infected cohort was retrospectively examined. After consent was given, clinical data were recorded and blood samples were obtained for HIV antibody testing; HIV infection was confirmed by Western blotting. CD4⁺ counts were performed in all HIV seropositive patients by flow cytometry. Treated patients were stratified into groups according to their antiretroviral therapy. Four hepatic markers [liver enzymes (GOT, GPT and ALP) and bilirubin] were assessed for all the patients.

RESULTS: Of 110 subjects, 45 were HIV positive and treated, 40 were HIV positive and not treated and 25 were HIV negative (blood donors). We observed a significant increase ($P<0.05$) of these liver markers in all HIV-infected patients compared with the healthy control; all the parameters except ALP were significantly higher ($P<0.05$) in ARV-treated than in untreated patients. Regression analysis identified CD4 T cell counts <200 , CDC stage C and antiretroviral treatment as independent factors of liver deterioration (GOT activity and bilirubin level were significantly higher ($P<0.05$) in ARV-treated than in untreated patients). Age and sex can also be considered as risk factors. Severe drug-related hepatotoxicity was seen in five (31.5%) patients treated with two nucleoside and one non-nucleoside analogues and two (10.53%) patients treated with two nucleoside analogues and one protease inhibitor.

CONCLUSION: HIV infection significantly increase liver markers; this appear to be higher in treated patients. One of the parameters (GOT) appear to be a marker of survival. The combinations used, in particular tritherapy, are hepatotoxic. Close monitoring of

HIV-infected Cameroonian patients treated with antiretroviral drugs is required to improve their survival.

2004-10-25
39

Copyright © 2004 - [International Medical Press Ltd.](#) Reproduction of this abstract (other than one copy for personal reference) must be cleared through the International Medical Press Ltd. 2-4 Idol Lane, London EC3R 5DD UK.