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MANAGEMENT OF RASH IN PATIENTS TAKING BOTH EFAVIRENZ AND ABACAVIR

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Aims: To quantify and evaluate current management of patients on antiretroviral therapy with both abacavir and efavirenz that was discontinued due to the shared adverse reaction of a rash. **Method:** A retrospective case note study of all patients on both drugs. **Results:** 89 of the 145 patients taking efavirenz concurrently took abacavir (61.4%). 11 of these 89 patients (12.4%) discontinued their antiretroviral regimen due to a rash. All patients had prior experience of other antiretrovirals, at switch of therapy CD4 counts ranged from 11 to 1100/mm3 with viral loads <400 to >1 million copies/ml. 5 patients were asymptomatic except for a rash while 6 had minor systemic upsets. 9 of the 11 patients were rechallenged with efavirenz and none with abacavir. When rechallenged two patients received steroid cover alone, a further three patients received both antihistamine and steroid cover and four patients received neither. Only two patients were unsuccessfully restarted with efavirenz, neither having received any concurrent steroid cover. Conclusion: Ahcavi and efavirenz are frequently combined **and** a significant proportion of patients develops a rash. Reintroduction of efavirenz appears to be safe and concurrent use of steroids and perhaps an antihistamine seems sensible.

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PREVALENCE OF ANTIRETROVIRAL-DRUG RESISTANCE AMONGST TREATMENT NAÏVE HIV-l INFECTED PATIENTS IN MERSEYSIDE.

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Objective: To measure antiretroviral-drug resistance in treatment naïve HIV-l infected patients by a genotypic method.

Methods: RT-nested PCR amplification of the reverse transcriptase and protease genes of HIV-l, was followed by DNA sequencing. The genotypic resistance profiles of nine patients were studied.

Results: Five out of nine patients had wild type reverse transcriptase and protease sequences. One patient had primary and secondary resistance to zidovudine (M4 1 L, T215Y), which persisted on a treatment regime without zidovudine. Three patients had secondary protease gene mutations (M36I, L63P), in the absence of primary mutations.

Conclusions: Pre-treatment antiretroviral drug resistance existed in this small cohort from Liverpool. This seems to be uncommon at present (1/9). However continuous monitoring of pre-treatment drug resistance is necessary with the more widespread use of antiretroviral combination therapy.

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ETHNIC DIFFERENCENCES IN HIV-1 VIRAL LOAD.

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. Objectives: Plasma HIV-l viral load (VL) thresholds are used for initiation of antiretroviral therapy, however there is evidence that VL may be discordantly low in some patient groups. We wish to formally investigate the clinical observation that Black African patients have discordantly lower VL than Caucasians stratified for CD4.

Methods: A retrospective, cross-sectional, observational study of HIV-l positive patients attending our Clinic was performed. VL and CD4 counts were compared in Black and Caucasian antiretroviral naïve patients and results analysed statistically.

Results: Blacks had significantly lower VL than Caucasians (median VL 32,612 vs 54,491 copies/ml; p=0.0246). Stratification for CD4 count is shown below.

CD4 count (cells/mm^3)	Blacks median VL	Caucasians median VL	p value
0-200	156,500	271,143	0.1189
201-500	32,612	54,568	0.0057
>500	2,709	19,011	0.0003

Conclusions: Our results suggest ethnicity is an important factor in VL estimation. This has important implications for current recommendations for initation of antiretroviral therapy in different ethnic groups. Virological studies investigating the cause of these findings are ongoing.

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The seroprevalence of Human T lymphotropic viruses in intravenous drug users in Tayside.

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Aim of study To establish the prevalence of infection with human T lymphotropic viruses 1 and 2 (HTLV1 and 2) in intravenous drug users (IVDU) in Tayside.

Design All the specimens submitted for HIV testing during 1993, 1995, 1996 and 1997 from IVDUs in Tayside were anonymised (age band and sex of patient were retained) and screened for antibodies to HTLV1/2 using a passive particle agglutination assay.

Results A total of 679 sera were tested. Five of the sera (0.74%) tested repeatedly reactive (to titres of between 32 and 512). The year specific prevalences were: 0.81% in 1993 (1/123); 1.02% in 1995/6 *(41394);* 0% in 1997 (0/162). Three of the five reactive sera were from female patients. Three of the five reactive sera were from patients in the age range 25-29 years, one in the range 30-34 years and one over the age of 3 5 years.

Conclusions The combined prevalence of HTLVl and 2 antibodies in IVDUs is no greater than 0.74% in Tayside. The reactive sera will be confirmed by western blotting which is able to distinguish between HTLVl and HTLV2.