

Hepatitis C Coinfection Complicates HIV Care

BY DIANA MAHONEY

MONTREAL — HIV patients who are coinfecting with the hepatitis C virus have significantly higher rates of health care utilization and disability days than do those with HIV alone.

The findings, according to lead investigator Benjamin Linas of Boston's Massachusetts General Hospital, "suggest that hepatitis C coinfection generates sub-

stantial additional burdens on the system of care for HIV-infected patients."

With an estimated prevalence of up to 30%, hepatitis C virus (HCV) coinfection is a growing cause of morbidity and mortality in HIV-infected patients, Dr. Linas said at the Conference on Retroviruses and Opportunistic Infections.

To assess the public health burden of coinfection in this population, he and his colleagues analyzed data from the Na-

tional Institutes of Health-sponsored AIDS Clinical Trials Group (ACTG) Longitudinal Linked Randomized Trials cohort. The cohort of 3,087 patients was predominantly male (83%) and had a median age of 39 years. The median CD4 cell count at enrollment was 244 cells/mm³.

Of the full cohort, 359 (12%) were coinfecting with HCV. When coinfecting patients were compared with mono-infected patients, "the adjusted rate ratios for

nights spent in the hospital, emergency department visits, and disability days were 1.9, 1.7, and 1.4, respectively," he said.

"HIV/HCV coinfecting patients can expect 1.5- to 2-times higher rates of hospitalizations, emergency department visits, and disability days than would be expected from a similar population of HIV mono-infected patients," he said.

Dr. Linas reported having no relevant financial disclosures. ■

For the treatment of adults
with major depressive disorder

The start

is just the beginning

It's not just about starting your adult patients with MDD on therapy; it's about helping them toward their treatment goals. Patients should be periodically reassessed to determine the need for continued treatment.¹

PRISTIQ 50 mg:

- SNRI therapy with efficacy proven in 8-week clinical studies
- One recommended therapeutic dose from the start
- Discontinuation rate due to adverse events comparable to placebo in 8-week clinical studies¹



- SSRIs and SNRIs, including PRISTIQ, may increase the risk of bleeding events. Concomitant use of aspirin, NSAIDs, warfarin, and other anticoagulants may add to this risk.
- Mydriasis has been reported in association with PRISTIQ; therefore, patients with raised intraocular pressure or those at risk of acute narrow-angle glaucoma (angle-closure glaucoma) should be monitored.
- PRISTIQ is not approved for use in bipolar depression. Prior to initiating treatment with an antidepressant, patients should be adequately screened to determine the risk of bipolar disorder.
- As with all antidepressants, PRISTIQ should be used cautiously in patients with a history or family history of mania or hypomania, or with a history of seizure disorder.
- Caution is advised in administering PRISTIQ to patients with cardiovascular, cerebrovascular, or lipid metabolism disorders. Increases in blood pressure and small increases in heart rate were observed in clinical studies with PRISTIQ. PRISTIQ has not been evaluated systematically in patients with a recent history of myocardial infarction, unstable heart disease, uncontrolled hypertension, or cerebrovascular disease.
- Dose-related elevations in fasting serum total cholesterol, LDL (low density lipoprotein) cholesterol, and triglycerides were observed in clinical studies. Measurement of serum lipids should be considered during PRISTIQ treatment.
- On discontinuation, adverse events, some of which may be serious, have been reported with PRISTIQ and other SSRIs and SNRIs. Abrupt discontinuation of PRISTIQ has been associated with the appearance of new symptoms. Patients should be monitored for symptoms when discontinuing treatment. A gradual reduction in dose (by giving 50 mg of PRISTIQ less frequently) rather than abrupt cessation is recommended whenever possible.

- Dosage adjustment (50 mg every other day) is necessary in patients with severe renal impairment or end-stage renal disease (ESRD). The dose should not be escalated in patients with moderate or severe renal impairment or ESRD.
- Products containing desvenlafaxine and products containing venlafaxine should not be used concomitantly with PRISTIQ.
- Hyponatremia may occur as a result of treatment with SSRIs and SNRIs, including PRISTIQ. Discontinuation of PRISTIQ should be considered in patients with symptomatic hyponatremia.
- Interstitial lung disease and eosinophilic pneumonia associated with venlafaxine (the parent drug of PRISTIQ) therapy have been rarely reported.

Adverse Reactions

- The most commonly observed adverse reactions in patients taking PRISTIQ vs placebo for MDD in short-term fixed-dose premarketing studies (incidence ≥5% and twice the rate of placebo in the 50-mg dose group) were nausea (22% vs 10%), dizziness (13% vs 5%), hyperhidrosis (10% vs 4%), constipation (9% vs 4%), and decreased appetite (5% vs 2%).

Reference: 1. Pristiq® (desvenlafaxine) Prescribing Information, Wyeth Pharmaceuticals Inc.

Please see brief summary of Prescribing Information on adjacent page.

Pristiq
desvenlafaxine
EXTENDED-RELEASE TABLETS

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