HIV Therapy Is Often Suboptimal in Women

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LOS ANGELES — Only about half of women in the United States infected with HIV and receiving antiretroviral therapy are started on the proper regimen, according to a study presented at the 14th Conference on Retroviruses and Opportunistic Infections.

A previous, similar study of men reported that only 3% of infected males starting antiretroviral therapy (ART) are started on an inappropriate regimen, said Jennifer Cocohoba, Pharm.D., who, in a poster at the meeting, presented the data she and her colleagues analyzed.

However, "the good news is that the trend appears to be decreasing over time," she said in an interview.

The cohort analyzed was a subset of 217 women in the Women's Interagency HIV Study (WIHS) who had initiated ART since April 1998, and were not pregnant.

The WIHS collects data at six sites across the country from HIV-infected women who are fairly representative of all women being treated with ART, said Dr. Cocohoba, of the National HIV/AIDS Clinicians' Consultation Center at San Francisco General Hospital, in an interview.

In their study, the ART regimen the women received when they began treatment was compared with the Department of Health and Human Services' guidelines at that time. Only 53% were started on the preferred regimen or a recommended alternative, and 30% were started on a regimen that was not recommended but not considered contraindicated.

Of the remaining 17%, 6% were on a contraindicated dual-drug regimen, 6% were on a contraindicated monotherapy regimen, and 5% were on a therapy that was contraindicated because of drug interactions.

When looking at the response to therapy in relation to the regimens, the study found that the women who were started on an appropriate regimen had a mean increase in CD4 T cells of more than 100 cells/mcL, whereas those on an unlisted or inappropriate regimen had a mean CD4 T-cell increase of only 30 cells/mcL.

"This finding is not that surprising," Dr. Cocohoba said in the interview. Being started on an improper regimen also could compromise the women's response to other regimens later on if they develop resistance and need to switch, she noted. ■

Antibiotics Overprescribed For Rhinosinusitis

Antibiotics are prescribed in 83% of physician visits for acute rhinosinusitis and in 70% of visits for chronic rhinosinusitis, far more than is indicated by the expected rates of bacterial infection, reported Hadley J. Sharp and her associates at the University of Nebraska Medical Center, Omaha.

The investigators examined national trends in rhinosinusitis treatment using data from a probability sample of nearly 6,000 visits for ambulatory medical care to physicians' offices, hospital outpatient departments, and emergency departments.

The data were collected prospectively by the National Center for Health Statistics from 1999 through 2002, and represent more than an estimated 3 million annual visits for acute and 14 million visits for chronic rhinosinusitis.

Physicians ordered, supplied, administered, or continued at least one prescription antibiotic in 83% of visits for acute rhinosinusitis, representing an estimated 2.5 million cases, and in 70% of visits for chronic rhinosinusitis, representing an estimated 11.6 million cases.

Appropriately, penicillins—mainly amoxicillin and amoxicillin-clavulanate—were the most commonly prescribed antibiotics for both forms of sinusitis, given in about 30% of visits for each disorder.

Unexpectedly, erythromycins, lincosamides, and macrolides comprised the second most commonly used type of antibiotics, and they were prescribed in 24% of visits for acute and 14% of visits for chronic sinusitis. These agents have a lower clinical and bacteriologic efficacy than cephalosporins, sulfonamides, and trimethoprim (Arch. Otolaryngol. Head Neck Surg. 2007;133:260-5).

—Mary Ann Moon