

PREVALENCE AND PREDICTIVE VALUE OF INTERMITTENT VIREMIA WITH COMBINATION HIV THERAPY

Data from 2 clinical trials involving HIV-infected patients (AIDS Clinical Trials Group [ACTG] 343 and Merck 035) were examined to determine the prevalence and predictive value of intermittent viremia. Intermittent viremia (defined as a plasma HIV RNA level > 50 copies/mL with a subsequent measure of < 50 copies/mL) was studied for possible association with virologic failure (2 consecutive plasma HIV RNA measures > 200 copies/mL). Patients (ACTG 343, $N = 241$; Merck 035, $N = 13$) in both trials had achieved virologic suppression levels of fewer than 200 copies/mL after 6 months of triple-drug therapy with indinavir-zidovudine-lamivudine (or indinavir-stavudine-lamivudine). Intermittent viremia occurred in 40% of the ACTG 343 patients of whom 13% had 2 consecutive HIV RNA values of more than 50 copies/mL during the median 84 weeks of observation. (The median duration of observation after the first intermittent viremia episode was 46 weeks). Intermittent viremia occurred in 6 of the 13 patients from the Merck 035 trial assessed after 76 to 260 weeks of therapy. In the ACTG 343 study, intermittent viremia did not predict virologic failure: 10 (10.4%) of 96 patients with and 20 (13.8%) of 145 patients without intermittent viremia had virologic failure. In the Merck 035 trial, intermittent viremia was associated with a higher steady state of viral replication, but not virologic failure, over 4.5 years of observation. The researchers concluded that in patients treated with indinavir-zidovudine-lamivudine who achieved virologic suppression, intermittent viremia was a frequent event that did not predict subsequent virologic failure.

Havlin DV, Basset R, Levitan D, et al. Prevalence and predictive value of intermittent viremia with combination HIV therapy. JAMA 2001; 286:171-9.

HIGHLY ACTIVE ANTIRETROVIRAL THERAPY DECREASES MORTALITY AND MORBIDITY RATES AMONG PATIENTS WITH ADVANCED HIV DISEASE

Data from the Viral Activation Transfusion Study, with enrollment from August 1995 through July 1998 and follow-up through June 1999, were examined to assess the benefit of highly active antiretroviral therapy (HAART) in patients with advanced AIDS and anemia. A total of 528 patients with HIV infection and cytomegalovirus (CMV) seropositivity or disease who were receiving a first erythrocyte transfusion for anemia were followed. At baseline, the median CD4⁺ lymphocyte count was 0.015×10^9 cells/L, and 69% of patients had a CD4⁺ lymphocyte count less than 0.050×10^9 cells/L. The median plasma HIV RNA level was 4.8 log₁₀ copies/mL, and the median hemoglo-

bin concentration was 73 g/L. Use of HAART increased from 1% of active patients in January 1996 to 79% of active patients in January of 1999. There were 110 deaths during 466.2 post-HAART person-years (mortality rate, 0.24 case/person-year) and 179 deaths during 202.4 pre-HAART person-years (mortality rate, 0.88 case/person-year). Rates of non-CMV disease were 0.15 event/person-year after HAART and 0.45 event/person-year before HAART. Rates of CMV disease were 0.10 event/person-year after HAART and 0.25 before HAART. Results were similar in patients with baseline CD4⁺ lymphocyte counts less than 0.010×10^9 cells/L. The researchers concluded that these data support an independent reduction in mortality and opportunistic events attributable to HAART. However, patients with CMV infection or disease may not have a reduction in new CMV events due to HAART.

Murphy EL, Collier AC, Kalish LA, et al. Highly active antiretroviral therapy decreases mortality and morbidity in patients with advanced HIV disease. Ann Intern Med 2001;135:17-26.

PATIENT-INITIATED THERAPY OF RECURRENT URINARY TRACT INFECTIONS

An uncontrolled, prospective clinical trial was conducted to determine the safety and feasibility of patient-initiated treatment of recurrent urinary tract infections (UTIs). Included in the study were women ($N = 172$) at least 18 years of age with a history of recurrent UTIs and no recent pregnancy, hypertension, diabetes, or renal disease. After self-diagnosing a UTI on the basis of symptoms, participants were to initiate therapy with ofloxacin or levofloxacin. They were followed for 2 to 12 months. Eighty-eight of the women (51%) self-diagnosed a total of 172 UTIs. Pretherapy urinalysis and culturing procedures, which were performed to confirm these presumed UTI episodes, showed a uropathogen in 144 cases (84%), sterile pyuria in 19 cases (11%), and no pyuria or bacteriuria in 9 cases (5%). Clinical cures occurred in 92% of culture-confirmed episodes, and microbiologic cures occurred in 96% of such episodes. No serious adverse events occurred. The researchers concluded that adherent women can accurately self-diagnose and self-treat recurrent UTIs.

Gupta K, Hooton TM, Roberts PL, Stamm WE. Patient-initiated treatment of uncomplicated recurrent urinary tract infections in young women. Ann Intern Med 2001;135:9-16.

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