Hyperlipidemia may be relatively prevalent among treated HIV-infected patients, particularly with the use of protease inhibitors. Hyperlipidemia has been reported with boosted ATV were tenofovir (56%), didanosine (44%) and lamivudine

Results:
Baseline, 1, 3 and 6 months. Pre-entry stable lipid-lowering therapies for at least the previous three months were offered to receive antiretroviral therapy (ART) with 

Methods:
Baseline characteristics are shown at Table-1. Most patients came from a previous PI regimen (mainly LPV/RTV) and HDL were 289 (411), 225 (48), 138 (44), and 39 (15) mg/dL. Median total cholesterol (TC) >200 mg/dL, or LDL-cholesterol (LDL) >130 mg/dL

Clinical and fasting laboratory data were collected at baseline, 1, 3, 6, and 12 months as long as the patient remained on therapy. Data management and statistical analysis were performed using SAS software (v9.2). To assess significance in changes observed over time McNemar or binomial test were used. To evaluate changes in proportions

Conclusions: Switching to antiretroviral therapy containing ritonavir-boosted ATV in HIV-infected patients with persistent hyperlipidemia was associated with significant improvements in plasma lipids without an increased risk of virological failure.

The BMS ATV EAP is a multinational prospective trial for HIV treatment-experienced patients who switch to ATV-based therapy due to treatment failure (not only immunological failure but also for toxicity, adherence or hyperlipidemia issues). Spain enrolled 1621 patients from November 2002 to September 2004. Nestled subanalyses were proposed and carried out in Spanish centers being 880 patients evaluated. For this specific analysis, only patients receiving boosted ATV and showing hyperlipidemia at baseline defined by at least one of the following criteria were selected:

- fast triglycerides (TG) <500 mg/dL
- total cholesterol (TC) >200 mg/dL
- LDL-cholesterol (LDL) >130 mg/dL

EFFECTS OF SWITCHING TO RITONAVIR-BOOSTED ATAZANAVIR (ATV) ON HIV-INFECTED PATIENTS RECEIVING ANTIRETROVIRAL THERAPY WITH HYPERLIPIDEMIA

The results of the analysis are shown in Table-1. One-hundred and sixty-two (162) patients were enrolled, 880 patients evaluated. For this specific analysis, only patients receiving boosted ATV and showing hyperlipidemia at baseline defined by at least one of the following criteria were selected:

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Conclusions: Switching to antiretroviral therapy containing ritonavir-boosted ATV in this cohort of HIV-infected patients with persistent hyperlipidemia was associated with significant improvements in plasma lipids without an increased risk of virological failure and generally well tolerated.

These data may constitute the rationale to address the hypolipidemic benefit of switching to ritonavir-boosted ATV in further randomized studies.

The study potencial association beetwen baseline parameters and outcome with the Chi-square test or ANOVA were applied. McNemar or binomial test were used. To evaluate changes in proportions

Safety assessment:
Because of the low incidence of adverse events, the safety analysis was performed on the entire patient population. No treatment discontinuations were reported due to drug toxicity.

Graph-1

Graph-6

Graph-5

Graph-7

Table 1

Total cholesterol (median mg/dL)

HIV RNA (median log10 copies/mL)

CD4 count (median, cells/mm³)

Virological and immunological assessments:

Baseline HIV RNA and CD4 count are shown at Table 1. Half of patients were below 500 copies/mL when switched to ATV/RTV. Median viral load at 6 months was 1.71 log10, (n=141) and to 75% at one year (n=32). Of 135 (53.4%) patients with HIV RNA <500 cp/mL at baseline, 96% at 6 months and 88% at 12 months.

Graph-1

Graph-6

Graph-5

Graph-7

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