

Table 5-1: Management of Constitutional Symptoms in HIV/AIDS

Symptom	Therapeutic Intervention	Comments
HIV Wasting	Appetite Stimulants	
	Megestrol acetate 400-800 mg po qd	Can increase both appetite and body weight (primarily fat). Potential side effects include diabetes, Cushing's Syndrome, hypogonadism, adrenal insufficiency (upon withdrawal).
	Prednisone 20-80 mg po qd	Use lowest effective dose. Best reserved for patients with short prognosis and severe symptoms.
	Dexamethasone 4-16 mg po/iv per day in 1 dose or 2 divided doses	
	Dronabinol 2.5-5 mg po bid-tid	
	Testosterone	
	Testoderm TTS patch 5 mg/day	Can increase weight, lean body mass, and quality-of-life score in men with concomitant hypogonadism. Investigational in women.
	Androderm patch 2.5 - 5 mg/day	
	AndroGel topical 5 g/day	
	Testosterone enanthate or testosterone cypionate 200 mg IM q2weeks	
Other Anabolic Agents		
Oxandrolone 10-20 mg/day in 2-4 divided doses	Can promote weight gain in eugonadal men. May cause severe liver toxicity. Additional risk of virilization in women.	
Growth hormone 0.1 mg/kg/day sc	Long-term effects unknown. Should not be considered first-line. Extremely expensive.	
Fatigue	Psychostimulants	
	Methylphenidate 2.5-5 mg po qAM or bid in AM and at noon; maximum 60 mg/day in 2 divided doses	Do not give after noon. Also good for depression and for sedation due to opioids. Avoid if anxiety, agitation.

Table 5-1: Management of Constitutional Symptoms in HIV/AIDS (continued)

Fatigue continued	Psychostimulants continued	
	Dextroamphetamine Same doses as methylphenidate	As for methylphenidate.
	Pemoline 18.75 mg po qAM or bid at AM and noon	Severe hepatotoxicity possible. Not first-line.
	Corticosteroids	
Dexamethasone 4-16 mg po/iv qd in 1 dose or 2 divided doses	Studied only in patients with progressive, disseminated MAC.	
Fevers and Sweats	Antipyretics	
	Acetaminophen 650-1000 mg po/pr q6hr	NSAIDs may be particularly useful in patients with underlying malignancies. Less GI toxicity with choline magnesium trisalicylate or rofecoxib than with ibuprofen. Consider concomitant use of cytoprotective agent with NSAIDs.
	Choline magnesium trisalicylate 500-1000 mg po bid-tid	
	Ibuprofen 200-600mg po q6 - 8h	
	Indomethacin 25-50 mg po/pr tid	
	Rofecoxib 12.5-50 mg po qd	
	Corticosteroids	
	Dexamethasone 4-16 mg po/iv qd in 1 dose or 2 divided doses	Studied only in patients with progressive, disseminated MAC.
	Anticholinergics (for sweats)	
	Hyoscyamine 0.125-0.25 mg po qhs-q4h	May cause dry mouth, constipa- tion, tachycardia. Hyoscyamine may cause confusion.
	Glycopyrrolate 1-2 mg po qhs-tid or 0.1-0.2 mg sc/iv qhs-qid	
H2-antagonists (for sweats)		
Cimetidine 400-800 mg po bid		