

## **ORAL PRESENTATION**

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# SIDE effects associated with use of nevirapine in HIV treatment naïve patients with respect to baseline CD4 count

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### **Background**

This study aims to detect Nevirapine (NVP) side effects among patients started with lead in dose at initiation of Anti Retroviral Therapy (ART) with CD4 count >250 cells/mm<sup>3</sup> in female and CD4 count >400 cells/mm<sup>3</sup> in male.

#### Methods

Close monitoring was conducted for the detection of NVP based side effects among ART - naïve patients

initiated on CD4 count >250 cells/mm³ among women and CD4 count > 400 cells/mm³ are the study target at Centre of Excellence (CoE), ART Centre, B. J. Medical College, Civil Hospital, Ahmedabad, Gujarat, India.

#### Results

Total 5060 patients were initiated ART during the period of may 2005 to may 2009 at the institute. Among this 3647 (72%) were initiated with NVP lead in dose as per the Indian National ART Guidelines, Table 1.

Table 1

| Parameter                   | Outcome  |
|-----------------------------|--|
|                             | 3647 (n)   |
| Male                        | 2408(66.02%)   |
| Female                      | 1239(33.97%)   |
| P lead in dose (n = 2408)   | 47(1.95%)  |
| NVP lead in dose (n = 1239) | 112(9.03%)   |
| Male (n = 47)               | 0  |
| Female (n = $112$ )         | 5(4.46%)   |
| Male (n = 47)               | 1(2.12%)   |
| Female (n = $112$ )         | 0  |
| P lead in dose (n = 2408)   | 1629(67.64%)   |
| NVP lead in dose (n = 1239) | 838(67.63%)  |
| Male (n = 1629)             | 19(1.16%)  |
| Female (n = $838$ )         | 15(1.78%)  |
| Male (n = 1629)             | 5(0.30%)   |
| Female (n = $838$ )         | 2(0.23%)   |
|                             | Male Female  P lead in dose (n = 2408)  NVP lead in dose (n = 1239)  Male (n = 47) Female (n = 112)  Male (n = 47) Female (n = 112)  P lead in dose (n = 2408)  NVP lead in dose (n = 1239)  Male (n = 1629) Female (n = 838)  Male (n = 1629) |

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#### Discussion

Skin Rash was recovered on substituting with another NNRTI- Efavirenz (EFV) and the treatment was well tolerated. Hepatitis was managed with substitution to EFV and close follow-up on ALT and AST. Though western literature has a black box warning for use of NVP, this data shows if closely monitored it could be given at resources limited settings with CD4 counts >250 cells/mm³ in females and >400 cells/mm³ males. Nevirapine is cost effective molecule compared to Efavirenz and when given in such conditions of higher CD4 need close follow up.

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