INITIATION OF HAART FOR THE TREATMENT-NAÏVE PATIENT IN THE SETTING OF AN ACUTE OI

Initiation of HAART in the setting of an acute OI offers the potential for improvement in immune function that could result in faster resolution of the OI. This benefit is most obvious for OIs for which there are limited or no effective therapies. Reports detailing the resolution of cryptosporidiosis, microsporidiosis, PML, and Kaposi's sarcoma (KS) after the initiation of HAART provide evidence that improving immune function can lead to improved outcomes in the setting of an acute OI. Immediate initiation of HAART during an acute OI also reduces the risk of developing a second OI.

Arguments against the immediate initiation of HAART concurrent with the diagnosis of an OI include: potentially complex drug regimens with a heavy pill burden; additive drug toxicities, including difficulty in distinguishing the specific drug responsible for toxicity; the potential for drug interactions between antiretrovirals (ARVs) and antimicrobials that target the OI; and the potential for IRS to complicate the management of the OI. Much simpler HAART regimens are now available for the treatment of HIV, diminishing the argument to delay therapy for reasons of complexity, but overlapping toxicities between OI treatments and HAART regimens persist. Drug interactions pose the biggest problem for the treatment of patients with TB, but HAART regimens compatible with TB treatments are available.

Most published reports regarding IRS involve patients with TB. These patients can develop high fevers, worsening lymphadenopathy or transient to severe worsening of pulmonary infiltrates, and expanding central nervous system (CNS) lesions. Reduction of HIV RNA levels and marked increases in CD4+ T cell counts have been associated with the occurrence of paradoxical reactions in patients with TB or MAC.

Currently, there are no randomised, controlled trials demonstrating that initiation of HAART improves the outcome for patients treated with specific therapies for their acute OIs, nor are there data demonstrating that initiation of HAART in the setting of an acute OI worsens the prognosis or treatment of that OI. Trials are underway to evaluate the most appropriate timing for initiation of HAART in this context.