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Causes of death in patients with HIV/AIDS and the problems of antiviral therapy

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In Russia 780,000 HIV-infected people registered and 130,000 people died. In St. Petersburg, recorded 50,000 cases from 1987 to 2011 and 8,500 people died. The main causes of death are generalized tuberculosis, rarely other opportunistic diseases and chronic viral hepatitis (CVH) - cirrhosis. Every year in Russia revealed 60-65,000 "new cases" of HIV-infection and in St. Petersburg 2500 - 3000 per year. In St. Petersburg based on cumulative data from 2006, CVH with cirrhosis diagnosed in 200,000 patients, including patients with HIV infection. CVH patients with HIV infection have a rapidly progressive course disease development with a greater risk of liver failure, cirrhosis and hepatocellular carcinoma (HCC).

Materials and Methods: In infectious hospital department, within the last 5 years the causes of death in patients with HIV were studied. Annually about 4500-5000 hospitalized patients with HIV were irregularly receiving ART or have been discontinued it. At the hospital, annually 180 to 250 patients mostly aged 30-40 years were died. Outcomes of antiviral therapy in patients with CVH (genotype 1b) without HIV infection were studied; the SVR rate was 60% on early treatment with Ribavirin and Pegintroferonami with 1-2 fibrosis and at any degree of viral load and the fourth level of fibrosis - 40%. For such patientsa standard therapy with HCV protease inhibitors was prescribed.

Results: In 2008-2012, about 1200 patients with HIV/CVH co-infection and level of CD4 350 cells/ul were treated. SVR in patients with genotype 1 b was 70%, but in 20% patients with 3-4 degree of fibrosis relapses were observed, 10% patients did not respond to therapy. Hence, the early antiviral triple therapy (Pegasys + Ribavirin + protease inhibitors) is recommended for all HIV patients with fibrosis at 2-4 stages and even CD4 levels below 200 cells/ul. In St. Petersburg among of 50,000 HIV-infected people, 13,000 patients received ART. Dates of ART administration was delayed due to late diagnosis or late visit to a doctor - more than 50% of patients are starting ART with CD4 levels below 200 cells/ul.

Conclusion: Comorbidity in patients with HIV/AIDS and CVH co-infection with an active replication at any degree of fibrosis and at any level of CD4 lymphocytes is a prerequisite for the successful administration of combined antiviral therapy.

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