

Highly active antiretroviral therapy of similar benefit for HIV-infected injection drug users

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Contrary to the belief that HIV-infected injection drug users (IDUs) receive less benefit from highly active antiretroviral therapy (HAART), new research finds little difference in the survival rate between IDUs and non-IDUs after 4-5 years of receiving HAART, according to a study in the August 6 issue of *JAMA*, a theme issue on HIV/AIDS.

Julio S. G. Montaner, M.D., F.R.C.P.C., of the University of British Columbia and St. Paul's Hospital, Vancouver, Canada, and President-Elect, International AIDS Society, presented the findings of the study at a *JAMA* media briefing on HIV/AIDS.

Since the mid-1990s, substantial reductions in illness and death related to the human immunodeficiency virus (HIV) have been documented among HIV-infected persons receiving HAART. "However, a large number of prior reports have demonstrated that because of issues of social instability related to illicit drug addiction, HIV-infected IDUs may not be deriving the full benefits of HAART," the authors write. They add that other reports have shown that IDUs are less likely to be prescribed HAART and that a history of injection drug use was a predictor of worse outcome with HAART. However, long-term evaluations of HIV-treatment outcomes among IDUs in comparison with other risk groups have not been available.

Dr. Montaner and colleagues compared the rate of death between 3,116

patients with and without a history of injection drug use initiating HAART in a HIV/AIDS treatment program in British Columbia, Canada. Of the 3,116 patients, 915 were IDUs (29.4 percent). Treatment with HAART was initiated between August 1996 and June 2006. The median (midpoint) duration of follow-up was 5.3 years for IDUs and 4.3 years for non-IDUs. Patients were followed up until June 30, 2007.

During the study period 622 individuals died (20.0 percent; 232 IDUs and 390 non-IDUs). Through seven years after the initiation of HAART, the researchers found that the cumulative all-cause mortality rate was not statistically different between the 915 IDUs (26.5 percent) and 2,201 non-IDUs (21.6 percent). Further analysis also indicated similar rates of death for both groups, after adjustment for age, sex, baseline AIDS diagnosis, baseline CD4 cell count, adherence and physician experience.

"Although our findings cannot be generalized outside of [this] cohort, as efforts to improve use of HAART among IDUs expand, the fact that survival patterns were not significantly different between IDUs and non-IDUs should help to challenge the increasingly prevalent belief that IDUs may be markedly less likely to benefit from HAART. Based on these results, we conclude that HAART regimens may have effectiveness at a populational level that is not significantly different regarding the survival of individuals with and without a history of injection drug use," the authors conclude.

Source: JAMA and Archives Journals

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