Adding maraviroc to standard c-ART does not seem to improve clinical outcomes for patients with advanced HIV infection

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Adding maraviroc to standard combined antiretroviral therapy (c-ART) does not seem to improve clinical outcomes for patients initiating treatment for advanced HIV infection. Findings from a double-blind randomized controlled trial are published in *Annals of Internal Medicine*.

One-third of patients with HIV in resource-rich countries are diagnosed late in the disease. These patients with advanced HIV infection face increased risk for AIDs-defining events and mortality due to opportunistic infections, which may be related to weakened immunity. Maraviroc, an antiretroviral drug with immunologic effects, could benefit such patients.

Researchers from Henri Mondor Hospital, Créteil, France, randomly assigned 416 HIV-positive adults initiating treatment with c-ART for the first time to either C-ART plus placebo or maraviroc for 72 weeks to assess the benefit of adding maraviroc to standard c-ART. The researchers found that among persons diagnosed with advanced HIV infection in 3 European countries, the incidence of severe morbidity was 11.2 per 100 person-years, and adding maraviroc to standard c-ART for these patients had no effect on this. Maraviroc use was associated with higher risk for virologic failure at week 48 but not at week 72. The gain in CD4 T-cell count was similar in both groups throughout the study but increase in CD4-CD8 ratio was lower in the maraviroc group.

The authors conclude that maraviroc seems to show no clinical benefit for patients diagnosed with advanced HIV.

More information: *Annals of Internal Medicine* (2020). http://annals.org/aim/article/doi/10.7326/M19-2133

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