

POSTER PRESENTATION

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Switching to nevirapine (NVP) significantly increases high-density lipoprotein cholesterol (HDL-C) in treatment-experienced patients (NEVICOR study)

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Background

A strong inverse relationship between the plasma concentration of HDL-C and the incidence of coronary heart disease is widely accepted. Few interventions have succeeded to increase plasma HDL levels in HIV-infected pts. NVP has a favorable lipid profile, and clinical trials have suggested that it could have a differential effect on plasma HDL-C levels.

Methods

Prospective, single arm, multicenter study. We included patients on stable antiretroviral therapy with HIV RNA ≤ 50 copies/mL for at least one year that were switched to a NVP-containing regimen. Patients receiving lipid lowering therapy were excluded. HDL-cholesterol and other lipid parameters at baseline and after 24 weeks of treatment with NVP are compared.

Results

Among 130 pts included in the study, 119 (91%) could be evaluated. BL characteristics: median age 44, female 24%, current smokers 53%. Previous AIDS 29%, CD4 count 502/mm³. Time on ARV therapy 42 months. Previous therapy: efavirenz 38%, 3 NRTI 12%, PI 50%. Accompanying nucleosides were tenofovir/emtricitabine in 69%, and abacavir/lamivudine in 31%.

Table 1 shows the 24-week results of lipid profile.

At 24 week, the proportion of patients with HDL-C >40 mg/dl were 69.7% (95%CI 60.7-77.8), compared to

Table 1

		Mean	S. D.	N	p
Triglycerides (mg/dl)	Previous treatment	213.8	178.3	119	
	Nevirapine	154.6	95.3	119	<0.05
TC (mg/dl)	Previous treatment	203.6	48.0	119	
	Nevirapine	198.1	40.5	119	0.108
HDL-C (mg/dl)	Previous treatment	43.8	14.6	119	
	Nevirapine	49.3	16.8	119	<0.05
TC/HDL-C	Previous treatment	5.1	1.9	119	
	Nevirapine	4.3	1.3	119	<0.05
LDL (mg/dl)	Previous treatment	120.2	38.1	107	
	Nevirapine	119.2	32.7	107	0.705
VLDL (mg/dl)	Previous treatment	35.1	19.4	25	
	Nevirapine	23.6	12.6	25	<0.05

52.1% (95%CI 42.8-61.3) before taking NVP ($p < 0.01$). The Framingham risk score decreased from 7.6 to 6.6 ($p < 0.05$) after switching to NVP.

Conclusions

Switching to NVP-containing regimens in patients on stable therapy is associated with a significant increase in HDL-C and decrease in TC/HDL-c, with an overall improvement in the Framingham score.

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