New drugs and treatment options for HIV infection

Gerd Fätkenheuer, Klinik I für Innere Medizin, Universitätskliniken Köln, Köln, Germany
g.faetkenheuer@uni-koeln.de

Summary
During the last few years the advent of new antiretroviral drugs has greatly changed our current treatment strategies and paradigms. Reduced toxicity and increased efficacy of drug regimens, as well as results of clinical trials have led to recommendations of treatment guidelines to start antiretroviral therapy (ART) in asymptomatic patients when CD4+ cells fall below 350/µL. Long-term virologic suppression can be achieved in the vast majority of patients initiating ART. With new drugs, even treatment-experienced patients with virologic failure and resistance mutations in existing drug classes can be successfully treated. Among these new drugs are potent protease inhibitors (PI) with enhanced activity against HIV with PI-resistance mutations (darunavir, tipranavir) and the new generation non- nucleoside reverse transcriptase inhibitor (NNRTI) etravirine. First drugs in their class are the integrase inhibitor raltegravir and the CCR5 antagonist maraviroc. Both drugs have shown unprecedented activity in treatment-experienced patients when combined with optimized background therapy. These new drugs should preferentially be administered together with two or more other active drugs in order to achieve long- term virologic suppression.

Recommended reading

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Guidelines for the Clinical Management and Treatment of HIV-infected Adults in Europe / Version 2 - Dec. 2007
http://www.eacs.eu/guide/index.htm

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Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents - January 29, 2008
http://www.aidsinfo.nih.gov