

International Conference On

HIV/AIDS, STDs & STIs

June 18-20, 2018 | Paris, France

Challenges in HIV and TB treatment

Aldea-David Laura-Augusta
Turda Hospital, Brazil

Background: The objective of this presentation was to evaluate the impact of clinical pharmacists on important issues related to the use of antiretroviral therapy (ART) in patients with active tuberculosis disease. Concomitant therapy for HIV and tuberculosis leads to polypharmacy. This fact might be a challenge for the physician, but also for the pharmacist.

Methods: We analyzed significant pharmacokinetic drug-drug interactions between antituberculous and antiretroviral (ARV) agents, the additive toxicities associated with concomitant ARV and TB drug use.

Results: At the Regional AIDS Centre Cluj we analyzed the clinically drug-drug interactions in HIV infected adults coinfecting with active TB, who in addition to their usual therapy, are taking medications to treat and prevent opportunistic infections and current infections.

The major interactions drug-drug interactions are: Rifampicin+isoniazid: rifampin increases toxicity of isoniazid by increasing metabolism. Possible serious or life-threatening interaction. Monitor closely.

Rifampicin+pyrazinamide: Either increases toxicity of the other by pharmacodynamic synergism

Rifampicin+raltegravir: rifampicin decreases levels of raltegravir by increasing hepatic clearance.

linezolid+isoniazid: linezolid and isoniazid both increase serotonin levels.

Isoniazid+efavirenz: Isoniazid will increase the level or effect of efavirenz by affecting hepatic/intestinal enzyme CYP3A4 metabolism

Rifampicin + efavirenz: rifampin will decrease the level or

effect of efavirenz by affecting hepatic/intestinal enzyme CYP3A4 metabolism.

Rifampicin+fluconazole: Rifampicin decreases levels of fluconazole by increasing metabolism. Significant interaction possible, monitor closely.

Clarithromycin+efavirenz: clarithromycin will increase the level or effect of efavirenz by affecting hepatic/intestinal enzyme CYP3A4 metabolism.

Rifampicin+clarithromycin: Rifampin will decrease the level or effect of clarithromycin by affecting hepatic/intestinal enzyme CYP3A4 metabolism the field of HIV-related drug interactions is growing rapidly and the consequences lead to medication failure and significantly affect the patient's quality of life that's why it is very important for the clinical pharmacist to identify and manage the potential drug interactions.

Conclusions: A high percentage of pharmacists' recommendations were accepted by the physician, the majority of the pharmacist's functions involved ARV dosing, detection of drug interactions or adverse drug reactions, provision of drug information, ARV adherence counseling, and instructing on the use of adherence-enhancing tools: the integrase inhibitor raltegravir (Isentress), requires nearly perfect adherence.

The clinical pharmacist may have a place in the multidisciplinary team providing care in people living with HIV: patient HIV/AIDS education; adherence counseling; side effect management; medication therapy management; mitigation of patient barriers to treatment and staying in care of patient barriers to treatment; drug cost management and optimization

Biography

She is working as a Researcher at the Turda Hospital, Romania. Her experience includes various programs, contributions and participation in different countries for diverse fields of study. Her research interests reflect in her wide range of publications in various national and international journals.

augu_lala_2006@yahoo.com