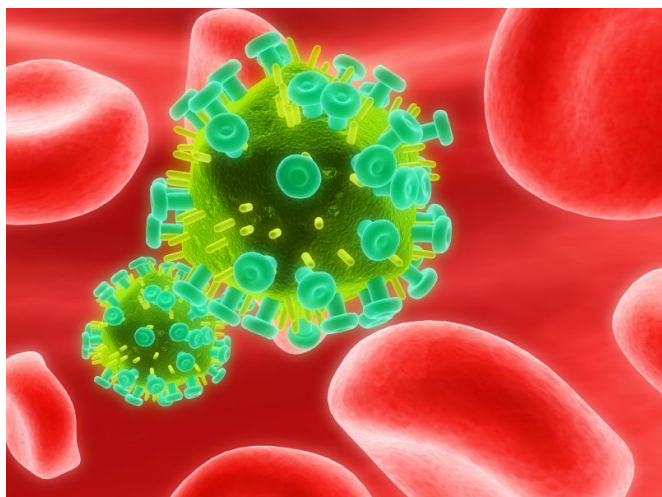


Improved survival with enhanced prophylaxis plus ART in HIV

20 July 2017



in the Kaplan-Meier analysis at 24 weeks (8.9 versus 12.2 percent; hazard ratio, 0.73); overall, 11.0 and 14.4 percent of patients, respectively, had died by 48 weeks (hazard ratio, 0.76). Significantly lower rates of tuberculosis, cryptococcal infection, oral or esophageal candidiasis, death of unknown cause, and new hospitalization were seen for [patients](#) in the enhanced-prophylaxis group.

"Enhanced antimicrobial prophylaxis combined with ART resulted in reduced rates of [death](#) at both 24 weeks and 48 weeks without compromising viral suppression or increasing toxic effects," the authors write.

Several authors disclosed financial ties to the pharmaceutical industry.

More information: [Abstract](#)
[Full Text](#)

(HealthDay)—For patients with advanced HIV who are initiating antiretroviral therapy (ART), enhanced prophylaxis is associated with reduced rates of death at 24 and 48 weeks, according to a study published in the July 20 issue of the *New England Journal of Medicine*.

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James Hakim, M.D., from the University of Zimbabwe Clinical Research Center in Harare, and colleagues reported the effects of enhanced microbial prophylaxis consisting of continuous trimethoprim-sulfamethoxazole plus at least 12 weeks of isoniazid-pyridoxine, 12 weeks of fluconazole, five days of azithromycin, and a single dose of albendazole versus standard prophylaxis with trimethoprim-sulfamethoxazole alone in patients with HIV who were starting ART. A total of 1,805 patients were randomized to enhanced prophylaxis (906 patients) or standard prophylaxis (899 patients) and followed for 48 weeks.

The researchers found that the rate of death was lower with enhanced versus standard prophylaxis

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