

## Publication

## Antiretroviral therapy of late presenters with advanced HIV disease

**JournalItem (Reviews, Editorials, Rezensionen, Urteilsanmerkungen etc. in einer wissenschaftlichen Zeitschrift)****ID** 1197376**Author(s)** Battegay, Manuel; Fehr, Jan; Flückiger, Ursula; Elzi, Luigia**Author(s) at UniBasel** [Battegay, Manuel E.](#) ; [Elzi, Luigia](#) ; [Flückiger, Ursula M.](#) ;**Year** 2008**Title** Antiretroviral therapy of late presenters with advanced HIV disease**Journal** Journal of antimicrobial chemotherapy**Volume** 62**Number** 1**Pages** 41-4**Keywords** IRIS, HIV-test, CD4 cell count, tuberculosis

Potent antiretroviral therapy (ART) has dramatically improved the prognosis of HIV-1-infected individuals. However, 10% to 30% of patients in Western countries still present late for care, when CD4 T cells are below 200 cells/mm<sup>3</sup> and symptomatic HIV disease has occurred. Clinical considerations for advanced HIV disease are paramount as morbidity and mortality are directly correlated with a low initial CD4 T cell count, which is commonly associated with the simultaneous occurrence of co-morbidities, particularly opportunistic infections. Upon start of ART, the clinical entity of immune reconstitution inflammatory syndrome may occur and, in this context, raise the question of early versus delayed ART in patients treated for opportunistic infections. Recent data clearly indicate that an earlier start of ART is warranted in this latter situation. Guidelines for specific antiretroviral treatment for late-presenting patients are lacking. Knowledge about drug-drug interactions and co-morbidities should guide treatment choices and influence the clinical management and monitoring of drug-related side effects and interactions. Importantly, the outlook of patients who present late is very much dependent upon the initial response to ART. Nevertheless, even if optimal response to treatment has been achieved, long-term prognosis may be impaired in patients who initially presented with advanced HIV disease. We encourage physicians to perform HIV testing more frequently in order to detect HIV-infected individuals in time.

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