

Poster presentation

Safety and efficacy of lopinavir/ritonavir compared to nelfinavir-based HAART during pregnancy

JM Peña^{*1}, MI González², JF Pascual-Pareja³, J López-Aldeguer⁴, JA Iribarren⁵, M Leyes⁶, P Miralles⁷, J Sanz⁸, A Ocampo⁹, JL Gómez-Sirvent¹⁰ and JT Ramos¹¹

Address: ¹La Paz, Madrid, Spain, ²Doce de Octubre, Madrid, Spain, ³Hospital Universitario La Paz, Madrid, Spain, ⁴La Fe, Valencia, Spain, ⁵Donosti, San Sebastian, Spain, ⁶Son Dureta, Mallorca, Spain, ⁷Gregorio Marañón, Madrid, Spain, ⁸Príncipe de Asturias, Alcalá de Henares, Spain, ⁹Xeral Cies, Vigo, Spain, ¹⁰Tenerife, Tenerife, Spain and ¹¹Getafe, Getafe, Spain

* Corresponding author

from Ninth International Congress on Drug Therapy in HIV Infection
Glasgow, UK. 9–13 November 2008

Published: 10 November 2008

Journal of the International AIDS Society 2008, **11**(Suppl 1):P221 doi:10.1186/1758-2652-11-S1-P221

This abstract is available from: <http://www.jiasociety.org/content/11/S1/P221>

© 2008 Peña et al; licensee BioMed Central Ltd.

Purpose of the study

To compare the safety and efficacy of lopinavir/ritonavir and nelfinavir-based regimens in HIV-1 infected pregnant women.

Methods

A prospective cohort study to evaluate HIV mother-to-child transmission. The study took place at 13 Spanish hospitals. We reviewed the records of all pregnant women treated with NFV (NCR) or LOP/r-containing (LOP/r CR) regimens during pregnancy from May 2001 to December 2007. Drug selection was up to the physician. Abnormalities were graded according to the National Institute of Allergy and Infectious Disease Division of AIDS toxicity guidelines. Data of mother and their children were recorded following a standard protocol.

Summary of results

355 mothers were enrolled: mean age 31 years; Caucasian 74%; HCV co-infection 34%; 13% were on C3 according to CDC category; heterosexual transmission 64%. 40% received antiretroviral therapy for the first time during pregnancy. 121 (34%) were on LOP/r CR and 234 (66%) on NCR. Baseline characteristics, side-effects and discontinuation of LPV or NFV of both groups are shown in Table 1 (values are expressed as the median [IQR] for continuous variables and as N [%] for categorical variables).

No aminotransferases abnormalities (grade 3–4) or clinical hepatitis were observed. There were no differences in both groups according to weight and gestational age of the babies at delivery. There was a case of vertical transmission (a mother treated with NFV and viral load above 500,000 copies/ml).

Conclusion

In our cohort lopinavir/ritonavir and nelfinavir-based regimens during pregnancy were safe, effective and well tolerated.

Table 1:

	NELFINAVIR	LOPINA VIR/RITONAVIR	p
Age (yr)	32 (28–36)	32 (26–36)	NS
C3 category	21 (10)	21 (19)	0,026
CD4 (cells/ μ L) at 1st visit	477 (325–652)	426 (264–600)	NS
Viral load < 50 copies/ml at 3rd trimester	142 (70)	61 (62)	NS
Hepatitis C	79 (35)	40 (33)	NS
HAART-naive patients	108 (48)	35 (29)	0.001
Gestational diabetes mellitus	15 (8)	5 (5)	NS
Vomiting	9 (4)	16 (14)	<0.001
Diarrhoea	27 (12)	15 (14)	NS
Discontinuation of LPV or NFV.	23 (10)	12 (10)	NS
Discontinuation of LPV or NFV due to virologic failure.	1 (0.4)	1 (0.8)	NS
Vertical transmission	1 (0.4)	0	NS

Publish with **BioMed Central** and every scientist can read your work free of charge

"BioMed Central will be the most significant development for disseminating the results of biomedical research in our lifetime."

Sir Paul Nurse, Cancer Research UK

Your research papers will be:

- available free of charge to the entire biomedical community
- peer reviewed and published immediately upon acceptance
- cited in PubMed and archived on PubMed Central
- yours — you keep the copyright

Submit your manuscript here:
http://www.biomedcentral.com/info/publishing_adv.asp

