



# in the news



The European AIDS Conference was held November 11 to 14, 2009 in Cologne, Germany. The EACS is organized every two years to present the latest research in HIV medicine. Dr. Nirvair Levitt, a family physician at Spectrum Health in Vancouver, attended and brings us the following report.

## Future prospects for HIV treatment

Dr. Peter Hunt from the University of California in San Francisco gave a plenary lecture on "Management of HIV Disease: Trends and Future Prospects." He provided an overview of what has been accomplished to date, and addressed the challenges we need to face in this third decade of highly active antiretroviral therapy (HAART).

He described the progress made since before the HAART era, when people with HIV took a great number of pills and life expectancy was short. The first decade of the HAART era saw improvements but was marked by a number of limitations.

- While the pill burden was reduced, side effects from treatment were still highly problematic.
- Long-term complications of HIV and antiretroviral treatment started to make their appearance. The most important of these were heart disease, lipoatrophy and lipodystrophy.
- Multidrug resistance emerged.

Despite these limitations, the decade saw life expectancy increase significantly, though it is still some 10 years shorter than for people without HIV.

## Focus on inflammation

Dr. Hunt considered that research priorities in the next decade would need to focus on some of the non-AIDS diseases that compromise life expectancy for people with HIV.

Cancers associated with AIDS — especially non-Hodgkin's lymphoma and Kaposi's sarcoma — declined but there has been an increase in non-AIDS related events such as cardiovascular disease, cognitive dysfunction, osteoporosis and fractures, kidney and liver failures and cancers in which infections are causally involved, such as cervical cancer.

One possible explanation is that HIV produces a constant state of inflammation, which is implicated in many of these non-AIDS diseases. We know that inflammatory markers such as hsCRP, IL6 and others are higher in people with HIV (even when taking HAART) than in people the same age with similar cardiovascular risk factors who do not have HIV. A great number of studies are now underway to try and find out whether this is, in fact, the process through which these diseases are developing.

In summary, Dr. Hunt stated that despite optimal HAART, HIV is associated with shorter life expectancy and an increase in non-AIDS-associated complications. Immune activation and inflammation persist despite HAART and may predict these non-AIDS events. Chronic inflammation may also result in irreversible damage to the immune system. Targeting interventions at the underlying causes of inflammation (HIV, microbial translocation, co-infection) may be a promising strategy.

He sees the challenge in this second decade of HAART as getting drugs to not only suppress but actually eradicate the virus. **R**



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