

strategic use of this drug in patients infected with both viruses. In general, drugs with activity against both hepatitis B virus and HIV are recommended for patients who need treatment for both viral diseases to reduce the risk of emergence of viral resistance. However, clinical endpoint data are not available to support this approach.

Enfuvirtide

Enfuvirtide (T20) is the first HIV fusion inhibitor to be licensed for use in clinical practice. It inhibits the fusion of the viral and human cell membranes following viral attachment (see Fig. 1). Given its novel site of action enfuvirtide has significant antiviral activity against isolates which have resistance to other drug classes. Its benefit is maximised if used with other active drugs, however its role in contemporary practice is limited by the fact that it needs to be injected subcutaneously twice daily.

Injection site reactions are common, but not usually dose limiting. Hypersensitivity reactions can occur.

Conclusion

The therapy of HIV infection continues to change. Clinicians need to be aware of developments in this field, as they are increasingly likely to need to provide care to people living with HIV/AIDS.

References

1. Palmer C. HIV treatments and highly active antiretroviral therapy. *Aust Prescr* 2003;26:59-61.
2. Hillebrand-Haverkort ME, Prummel MF, ten Veen JH. Ritonavir-induced Cushing's syndrome in a patient treated with nasal fluticasone. *AIDS* 1999;13:1803.
3. The Data Collection on Adverse Events of Anti-HIV Drugs (DAD) Study Group. Combination antiretroviral therapy and the risk of myocardial infarction. *N Engl J Med* 2003;349:1993-2003.

4. Visnegarwala F, Maldonado M, Sajja P, Minihan J, Rodriguez-Barradas MC, Ong O, et al. Lipid lowering effects of statins and fibrates in the management of HIV dyslipidemias associated with antiretroviral therapy in HIV clinical practice. *J Infect* 2004;49:283-90.
5. Squires K, Lazzarin A, Gatell JM, Powderly WG, Pokrovskiy V, Delfraissy JF, et al. Comparison of once-daily atazanavir with efavirenz, each in combination with fixed-dose zidovudine and lamivudine, as initial therapy for patients infected with HIV. *J Acquir Immune Defic Syndr* 2004;36:1011-19.
6. Rodriguez-French A, Boghossian J, Gray GE, Nadler JP, Quinonez AR, Sepulveda GE, et al. The NEAT study: a 48-week open-label study to compare the antiviral efficacy and safety of GW433908 versus nelfinavir in antiretroviral therapy-naïve HIV-1-infected patients. *J Acquir Immune Defic Syndr* 2004;35:22-32.
7. Saag MS, Cahn P, Raffi F, Wolff M, Pearce D, Molina JM, et al. Efficacy and safety of emtricitabine vs stavudine in combination therapy in antiretroviral-naïve patients: a randomized trial. *JAMA* 2004;292:180-9.

Further reading

Hoy J, Lewin S, editors. *HIV management in Australasia: a guide for clinical care*. Sydney: Australasian Society for HIV Medicine; 2004. <http://www.ashm.org.au> [cited 2005 Oct 11]

Conflict of interest: none declared

Self-test questions

The following statements are either true or false (answers on page 159)

3. Inhaled corticosteroids may interact with ritonavir to cause Cushing's syndrome.
4. Patients treated for HIV have an increased risk of cardiovascular disease.

Dental notes

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Antiretroviral therapy for HIV infection

The prevalence of people living with HIV infection is expected to rise and these people are increasingly likely to seek care from practitioners who are not specialists in managing HIV. Dental clinicians need to be aware of changes occurring in the management of HIV infection, the increase in number and complexity of antiretroviral regimens and the potential for drug interactions with commonly prescribed drugs. For example, erythromycin, metronidazole and miconazole have

potential interactions with some antiretroviral drugs that may require close monitoring, alteration of drug dosage or timing of administration. Consultation with an HIV expert is strongly recommended before starting any new medication in patients taking antiretroviral drugs. Furthermore, unusual and rare adverse effects such as peri-oral paraesthesia can occur with antiretroviral drugs.

Dental clinicians should be aware that approximately 50% of patients living with HIV/AIDS are smokers. These patients therefore have an increased likelihood of oral diseases such as periodontal disease, leucoplakia and oral squamous cell carcinoma so thorough dental examination, treatment and monitoring is required.