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Title: More Study Needed on Post-HIV Exposure Prophylaxis in Adolescents

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Curr Opin Pediatr 2003; 15: 4: 379-84. *"Postexposure prophylaxis: an intervention to prevent human immunodeficiency virus infection in adolescents"*

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By Deanna M Green, PhD

Use of prophylaxis after non-occupational exposure to HIV is rising, yet further studies are needed to determine the efficacy of this approach, according to a recent American review. It is estimated that 33,000 persons between the ages of 13 and 24 are living with AIDS in the United States. The most common form of HIV transmission within this group is non-occupational exposure, primarily through sexual contact. It is therefore necessary to understand the benefits and risks of non-occupational post-exposure prophylaxis (NPEP) in this age group. Elyse Olshen, MD, and Cathryn L. Samples, MD, MPH, Children's Hospital of Boston, Massachusetts, United States, reviewed the use of NPEP in adolescents who have been exposed to HIV. NPEP is prescribed to adolescents primarily in cases of high-risk exposure. The lack of widespread use is partly due to the lack of studies on its use in adolescents, the authors write. Before recommending NPEP, physicians should consider the source of exposure, the risk of seroconversion, as well as the efficacy and risks associated with NPEP. A two-drug regimen, consisting of two reverse transcriptase inhibitors such as zidovudine and lamivudine for 28-days, is the one most often recommended, especially if the HIV status is unknown. Various protease inhibitors can also be added to increase effectiveness. However, a three-drug regimen confers a greater risk of side effects and higher costs. This approach is therefore recommended for patients known to be HIV-positive or to other high-risk patients. The main risk associated with NPEP use is medication toxicity. Minor side effects include nausea, vomiting, diarrhoea, headache, rash, fatigue, and peripheral neuropathy. Serious adverse events are rare and have only been observed with protease inhibitors. Rhode Island, New York, and California have established state NPEP guidelines that recommend NPEP after any oral, vaginal, anal, or percutaneous exposure to semen, blood, or vaginal secretions that may contain HIV. Furthermore, they recommend that NPEP be started no later than 72 hours after exposure in consenting patients and should not be delayed due to pending HIV test results. They also emphasise the importance of close follow-up of patients taking NPEP, including repeated HIV antibody testing, monitoring for symptoms of acute seroconversion, monitoring for medication toxicities, and counselling on risk reduction. The authors recommend, "Further studies are needed to confirm the efficacy of NPEP and to

characterise its use in an adolescent population and its impact on their future risk." They also highlight the existence of a national voluntary NPEP registry established in 1999 by the Centers for Disease Control and Prevention that will hopefully increase the number of patients and data to be used in future studies.