Kadar plasma efavirenzdanviral load pasien HIV/AIDS-Tuberkulosis yang mendapat rifampisin di RSPI Prof. Dr. Sulianti Saroso = Efavirenz plasma concentrations and HIV viral load in HIV/AIDS-Tuberculosis infection patients treated with rifampicin in Prof. Dr. Sulianti Saroso hospital jakarta

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Abstrak

[ABSTRAK
Latar Belakang : Penggunaan efavirenz dan rifampisin secara bersamaan menjadi suatu tantangan dalam penanganan HIV/AIDS-Tuberkulosis. Rifampisin sebagai penginduksi enzim pemetabolisme efavirenz dapat menurunkan kadar plasma efavirenz, dan dapat menyebabkan gagal terapi HIV.
Tujuan: Penelitian ini dilakukan untuk mengetahui pengaruh rifampisin terhadap kadar plasma efavirenz dan viral load viral load pasien HIV/AIDS-Tuberkulosis yang telah mendapat terapi antiretrovirus 3-6 bulan.
Metode : Penelitian ini mengukur kadar efavirenz dan viral load pasien HIV/AIDS yang mendapat antiretroviral berbasis efavirenz dosis 600 mg/hari setelah 3-6 bulanterapi dan pasien HIV/AIDS-Tuberkulosis dengan terapi antiretroviral yang sama dan terapi antituberkulosis berbasis rifampisin di RSPI Prof. DR Sulianti Saroso, hasilnya akan dibandingkan. Hasil : Subjek penelitian berjumlah 45 pasien, terdiri dari 27 pasien kelompok HIV/AIDS dan 18 pasien kelompok HIV/AIDS-Tuberkulosis. Pada pemeriksaan kadar plasma efavirenz didapat median (min-maks) kelompok HIV/AIDS 0,680 mg/L (0,24-5,67 mg/L), median (min-maks) kadar plasma kelompok HIV/AIDS-Tuberkulosis 0,685 mg/L (0,12-2,23 mg/L), berarti tidak terdapat perbedaan kadar plasma efavirenz yang bermakna secara statistik antara kedua kelompok (MannWhitney, p=0,480). Proporsi pasien dengan viral load ≥ 40 kopi/ml pada kelompok HIV/AIDS sebesar 51,9%, sedangkan pada kelompok HIV/AIDS-Tuberkulosis sebesar 72,2% (ChiSquare, p=0,291), tidak terdapat perbedaan proporsi pasien yang viral load < 40 kopi/ml maupun ≥ 40 kopi/ml antar kelompok. Tidak terdapat perbedaan secara statistik (Chi Square, p=0,470) antara proporsi pasien yang mempunyai kadar subterapetik dalam kelompok, dengan hasil viral load < 40 kopi/ml (45,2%) maupun ≥ 40 kopi/ml (54,8%). Kesimpulan: Kadar plasma efavirenz maupun viral load pasien HIV/AIDS-Tuberkulosis yang mendapat antiretroviral bersama antituberkulosis berbasis rifampisin tidak berbeda bermakna dengan pasien HIV/AIDS setelah 3-6 bulan terapi antiretroviral.
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ABSTRACT
Background: Concomitant use of efavirenz and rifampicin is a challenge in the treatment of HIV/AIDS-Tuberculosis infection. Rifampicin may decrease plasma concentration of efavirenz through induction of its metabolism, and could lead to HIV treatment failure Objective: To determine the effect of rifampicin-containing tuberculosis regimen on efavirenz plasma concentrations and viral load in HIV/AIDS-Tuberculosis infection patients who received efavirenz-based antiretroviral therapy. Methods: plasma efavirenz concentrations and HIV viral load were measured in HIV/AIDS patients treated with 600 mg efavirenz-based antiretroviral for 3 to 6 months and in HIV/AIDS-Tuberculosis infection patients treated with similar antiretroviral regimen plus rifampicin-containing antituberculosis in Prof. DR. Sulianti Saroso,

Hospital Jakarta, Indonesia, The results were compared Results: Forty five patients (27 with HIV/AIDS and 18 with HIV/AIDSTuberculosis infections) were recruited during the period of March to May 2015. The median (min-max) efavirenz plasma concentration obtained from HIV/AIDS group [0,680 mg/L(0,24 to 5,67 mg/L] and that obtained from HIV/AIDSTuberculosis group[0.685 mg/L (0.12 -2.23 mg/L)] was not significantly different (Mann-Whitney U test, p = 0.480) .The proportion of patients with viral load ≥ 40 copies/ml after 3-6 months of ARV treatment in the HIV/AIDS group (51.9%), and the HIV/AIDS-Tuberculosis group (72.2%) was not significantly different (Chi Square test, p = 0.291). There was no significant difference (Chi Square, p=0,470) between the proportions of patients with subtherapeuticefavirenz plasma concentration in the groups with viral load < 40 copies/mL (45,2%) and ≥ 40 copies/mL (54,8%) Conclusions: Plasma efavirenz concentrations and viral load measurements in HIV/AIDS-Tuberculosis patients in antiretroviral and rifampicin-containing antituberculosis regimen were not significantly different with those in HIV/AIDS patients in 3 to 6 months antiretroviral therapy., Background: Concomitant use of efavirenz and rifampicin is a challenge in the treatment of HIV/AIDS-Tuberculosis infection. Rifampicin may decrease plasma concentration of efavirenz through induction of its metabolism, and could lead to HIV treatment failure Objective: To determine the effect of rifampicin-containing tuberculosis regimen on efavirenz plasma concentrations and viral load in HIV/AIDS-Tuberculosis infection patients who received efavirenz-based antiretroviral therapy. Methods: plasma efavirenz concentrations and HIV viral load were measured in HIV/AIDS patients treated with 600 mg efavirenz-based antiretroviral for 3 to 6 months and in HIV/AIDS-Tuberculosis infection patients treated with similar antiretroviral regimen plus rifampicin-containing antituberculosis in Prof. DR. Sulianti Saroso, Hospital Jakarta, Indonesia, The results were compared Results: Forty five patients (27 with HIV/AIDS and 18 with HIV/AIDSTuberculosis infections) were recruited during the period of March to May 2015. The median (min-max) efavirenz plasma concentration obtained from HIV/AIDS group [0,680 mg/L(0,24 to 5,67 mg/L] and that obtained from HIV/AIDSTuberculosis group[0.685 mg/L (0.12 -2.23 mg/L)] was not significantly different (Mann-Whitney U test, p = 0.480) .The proportion of patients with viral load ≥ 40 copies/ml after 3-6 months of ARV treatment in the HIV/AIDS group (51.9%), and the HIV/AIDS-Tuberculosis group (72.2%) was not significantly different (Chi Square test, p = 0.291). There was no significant difference (Chi Square, p=0,470) between the proportions of patients with subtherapeuticefavirenz plasma concentration in the groups with viral load < 40 copies/mL (45,2%) and ≥ 40 copies/mL (54,8%) Conclusions: Plasma efavirenz concentrations and viral load measurements in HIV/AIDS-Tuberculosis patients in antiretroviral and rifampicin-containing antituberculosis regimen were not significantly different with those in HIV/AIDS patients in 3 to 6 months antiretroviral therapy.]