Antiretroviral drugs associated with chronic ALT elevation in patients without HCV and HBV infection: The D:A:D Study.

Summary / Zusammenfassung

BACKGROUND
HIV-infected persons frequently have chronic elevated liver function test results, also if they are not co-infected with hepatitis B or C virus. The cause and clinical significance of this finding often are unclear and make patient assessment and management difficult, particularly in the case of only slightly elevated liver enzymes. Data on the outcome of chronic elevated liver enzymes are controversial. A recent analysis of the D:A:D study suggested that higher ALT levels are associated with higher risks of liver-related mortality.

In previous studies metabolic factors (overweight, dyslipidemia, diabetes mellitus), severe alcohol use, high HIV viremia and antiretroviral treatment, mainly older drugs, such as stavudine and didanosine, were associated with persistently elevated ALT. Data on the association of newer antiretrovirals, such as atazanavir, darunavir and raltegravir, and chronic increased ALT, a surrogate marker for chronic liver disease, are sparse.

STUDY AIMS
1. To evaluate the outcome of chronic ALT elevation in HIV-positive persons and no HCV-or HBV-coinfection, with regard to end-stage liver disease, liver-related mortality and deaths from other causes.
2. To identify risk factors associated with chronic ALT elevation, including demographic, clinical and HIV-specific variables, focusing on antiretroviral therapy, particularly the individual drugs, within the frame of the D:A:D study with its large size and long-term prospective observation.

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