Case Presentation

ART FAILURE

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Case presentation

ART FAILURE

- Background
- First Assessment
- Subsequent Assessments
- Contributing Factors
- Summary of CD4 & VL results
- Discussion
The clinic
Demographic data

- Mrs Z. S.
- Age: 48yr female from Umlazi.
- Speaks Zulu and Xhosa.
- Cannot read and write.
- She lives with her family in a household of 4 at Glebelands Hostel. Husband also resides in Bizana, Eastern Cape.
- Self employed, running a spaza shop.
- Referred by the local clinic to our facility for testing: recurrent bacterial respiratory infections, oral candidiasis, shingles, pruritis and skin rashes.
• The recovery was uneventful.
• No symptoms related to ARVs adverse events identified.
• Adherence was reportedly good and pill count always balancing.
• Attended all clinic appointments.
• She reported 100% condom use.
• Not disclosed to her partner yet. (11/02/2008).
MEDICATION ADHERENCE

• No symptoms related to adverse effects of ARVs making it difficult to take ARVs.
• She reported taking all doses of her ARVs, reminded by TV programmes.
• No history of pill count imbalance.
• No evidence of being tired from taking ARVs.
• Takes ARVs before her family members without fear because she disclosed her status, but not comfortable taking these before her friends or visitors.
• Z.S actively practices African traditional religion.

• Does not affect adherence to ARVs.

• She takes herbal medications and uses Immunizer for minor ailments.
FIRST ASSESSMENT

• Loss of weight < 10% of Initial Body Weight.
• No Pulmonary TB, HPT, DM, ASTHMA, EPILEPSY.
• Para 4. Previous Caesarean section.
• Condom not used but plans to abstain.
• Genital discharge treated at local clinic.
• Not on Bactrim prophylaxis.
• Reports no use of traditional medications and immune boosters.
• ARV naive. No sNVP for PMTCT.
• Papulo-Pruritic Eruptions.
• Baseline CD4 count: 193 & VL : 44200 (Reg 1a : 30/05/05)
PSYCHOSOCIAL FACTORS

• First wife in a customary union.
• Z.S has only one sexual partner; the second man.
• Never concurrent sexual relationships.
• Her husband: married another wife; 1 long term relationship: two other consorts.
• Finds emotional and treatment support from sister and eldest son.
• Teetotaller, with no drug use.
• Seen by adherence counsellor for the detectable viral loads.
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02/03/2010 ASSESSMENT

- Partner was started on ARVs. He was very ill and on Reg 1a.
- Baseline VL was done; to be repeated in 12 Weeks.
- He was admitted at PMMH and referred to IALCH for Empyema and PTB.
- She avoided the clinic and kept sending son to collect medications for both of them.
Discussion

• Discuss the protocols for switching treatment in cases of treatment failure.
• How do we manage patients in the absence of proven genotypic resistance.
• How do we manage this patient with virological failure on Regimen 2.
Practical advise

- Optimal virologic response = maximal virologic suppression. VL < 400 in 24 weeks and <50 in 48 weeks.
- Transient Viral blips up to 1000 copies/ml may not lead to development and replication of new resistance mutations.
- Prolonging a failing reg. can cause addition of more resistance mutation and also compensatory mutations that may increase fitness of resistant strain. May limit future treatment options.
- Persistent low-level viraemia (VL 50 -200) not Virologic failure; not reason to change treatment.
- Some highly treatment experienced will not have maximum Virologic suppression.
Thank You

- Acknowledgements:
  Dr N.C. Mabaso; B. Mhlongo; Z. Legoabe and Z. Chili.