for patients with ventriculitis caused by other Gram-positive bacteria and those with CSF shunt infections. However, additional clinical data are needed to confirm its clinical efficacy and safety in this setting.

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Transparency declarations

J. E. and D. P. have nothing to declare. E. B. has served on Novartis advisory boards and received speaker’s fees from Novartis.

References


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Minor emtricitabine intolerance in treatment-stable patients switched from tenofovir/lamivudine to a fixed-dose combination of tenofovir/emtricitabine (Truvada®)

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Keywords: antiretroviral therapy, adverse reactions, treatment

Sir,

Emtricitabine1 has characteristics similar to lamivudine with respect to activity, safety and resistance profile, and according to the current treatment guidelines, the two drugs are interchangeable.2 As the fixed-dose combination of emtricitabine and tenofovir was approved (Truvada®) (TVD), tenofovir and lamivudine have been replaced in many patients by TVD for convenience.

We report the safety of simplification from tenofovir/lamivudine to TVD in virologically suppressed HIV-infected patients on highly active antiretroviral therapy between November 2005 and May 2006 in 10 Spanish hospitals. This study was designed and conducted according to the principles of the declaration of Helsinki. It was approved by the Ethics Committee of the Hospital Virgen de la Victoria. Of the 295 patients who underwent the change from tenofovir/lamivudine to TVD, 6 (2%) suspended emtricitabine due to adverse effects. In all six cases, lamivudine was reintroduced with no problems and viral suppression was maintained.

Patient 6 hyperpigmentation of the palms of the hands
Patient 5 insomnia, irritability, nausea and vomiting
Patient 4 fatigue, felt ‘strange’ (confused), insomnia
Patient 3 fatigue, muscle aches, sweats, insomnia, irritability
Patient 2 fatigue, felt ‘strange’ (confused)
Patient 1 felt ‘unwell’ (confused)

One of the five patients with CNS symptoms also experienced depression was maintained. The reasons for suspension were neurological symptoms in five patients and hyperpigmentation of the palms of the hands in one patient. The symptoms in the five patients with CNS toxicity, which appeared during the first 3 days after the switch, were insomnia, irritability and confusion. One of the five patients with CNS symptoms also experienced nausea and vomiting (Table 1). All other patients tolerated the new combination well.

Although lamivudine and emtricitabine may theoretically be comparable, small differences exist, including a varying pattern of adverse effects resulting in some patients being unable to tolerate emtricitabine. An earlier study found that 8% of the patients who changed from lamivudine to emtricitabine had to stop it during the first month due to adverse effects, mostly neurological.3 In another study, the change from lamivudine to emtricitabine was associated with a 3% rate of discontinuation due to adverse effects, again as a result of neurological symptoms.4 Whatever the case, the percentage of patients who have to suspend emtricitabine due to adverse effects, mainly neurological symptoms, is small and most patients can switch from lamivudine to emtricitabine for convenience with no problems.

Table 1. Reasons for switching back from emtricitabine to lamivudine in the 6 patients with ‘emtricitabine intolerance’ of the 295 who undertook the change

<table>
<thead>
<tr>
<th>Cases</th>
<th>Reason for switch</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient 1</td>
<td>felt ‘unwell’ (confused)</td>
</tr>
<tr>
<td>Patient 2</td>
<td>fatigue, felt ‘strange’ (confused)</td>
</tr>
<tr>
<td>Patient 3</td>
<td>fatigue, muscle aches, sweats, insomnia, irritability</td>
</tr>
<tr>
<td>Patient 4</td>
<td>fatigue, felt ‘strange’ (confused), insomnia</td>
</tr>
<tr>
<td>Patient 5</td>
<td>insomnia, irritability, nausea and vomiting</td>
</tr>
<tr>
<td>Patient 6</td>
<td>hyperpigmentation of the palms of the hands</td>
</tr>
</tbody>
</table>

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References


