Treatment Urged for All Pregnant HIV Patients

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Southwest Bureau

HOUSTON — Pregnant women should be treated for human immunodeficiency virus infections even if they are asympto-
tic, and their CD4 counts and have a low viral load, said Hunter A. Hammill, M.D.

Pregnancy itself does not affect the course of the disease. The woman’s condition will not become worse but, the baby is at risk, he said at a conference on vulvovaginal diseases sponsored by Baylor College of Medicine.

"Optimum therapy should be offered to minimize vertical transmission to the in-
fant," said Dr. Hammill of the college. Those infected with HIV can now expect to test positive for 6-8 weeks after birth. Without treatment, about one-third will be infected and remain positive. Breastfeeding can increase the vertical infection rate by 20%.

Studies summarized by Dr. Hammill have reported transmission rates of less than 1%-13% when various therapies were used to prevent pregnant women. "My series is now down to less than a percent of vertical transmission with vaginal delivery when women are treated with opportuni-

ty Antiretroviral Therapy," he said.

Dr. Hammill urged practitioners to get up to date on new antiretroviral treat-
ments. About 30 different treatment options are available, he said, and these are typically given in three-drug combina-
tions.

Patients have to be monitored as some agents will have side effects. Among these, he listed unusual dreams, yellow skin, liv-
er and renal toxicities, and nausea lasting several weeks until the patient’s body adapts.

Some HAART drugs do pose special risks. He cited rash and hepatic toxicity with nevirapine (Viramune), hyperglicemia with protease inhibitors, and myo-
tochondrial toxicity with nucleoside analogs.

His greatest concern is efavirenz (Sustiva), which is sometimes prescribed be-
cause it is considered safe in pregnancy. Because one animal study has linked it to monkey aneuploidy, Dr. Hammill said he switches his patients to another drug.

"If you see an HIV patient on Sustiva, please think of birth control," he said.

Dr. Hammill also urged physicians to provide continued counseling about the importance of complying with treatment.

"The big thing in AIDS is adherence," he said. "If you don’t take the drug, it doesn’t work."

Maternal Morbidity Tied to Prolonged MGO4 Tocolysis

RENO, Nev. — Increased maternal morbidity is significantly associated with magnesium sulfate tocolysis that lasts more than 48 hours, a retrospective study has demonstrated.

Investigators compared 78 women who received MGO4 tocolysis for longer than 48 hours with 77 women who received MGO4 tocolysis for 48 hours or less. Women who received prolonged tocolysis were significantly more likely to have at least one adverse event (56.4% vs. 28.5%). The most common adverse events were chest tightness, pulmonary edema, and va-
sual disturbances, investigators wrote in a poster presentation at the annual meeting of the Society for Maternal-Fetal Medicine. Babies born to the two groups of moth-
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nebrosis.

Study findings: MGO4 tocolysis that lasts for more than 48 hours:

- Increases the risk of maternal morbidity.
- Is associated with an increased need for maternal intensive care unit admission.
- Shows a trend toward an increase in maternal complications.
- Is associated with an increased risk of maternal complications (blood clots, heart). Any of these conditions can cause death or serious disability.
- May be associated with an increase in the rate of cesarean section.
- Is associated with an increased risk of maternal hypertension.
- Is associated with an increased risk of maternal death.
- Is associated with an increased risk of maternal transfusion.
- Is associated with an increased risk of maternal antihypertensive medication use.
- Is associated with an increased risk of maternal anticoagulant medication use.
- Is associated with an increased risk of maternal blood product use.
- Is associated with an increased risk of maternal surgery.

Study design: A retrospective cohort study of women who received MGO4 tocolysis for more than 48 hours or less.

Materials and methods: Women who received MGO4 tocolysis for more than 48 hours were compared with women who received MGO4 tocolysis for 48 hours or less.

Results: Women who received MGO4 tocolysis for more than 48 hours were more likely to have at least one adverse event (56.4% vs. 28.5%). The most common adverse events were chest tightness, pulmonary edema, and visual disturbances.

Conclusion: Prolonged MGO4 tocolysis is associated with increased maternal morbidity. Maternal morbidity should be monitored and appropriate interventions should be implemented to minimize the risk of adverse events.

—Robert Finn