Rising HIV in Older Adults Likely to Continue

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ORLANDO — Physicians will see more elderly people with HIV, because of both more new infections among the population and prolonged survival of people with HIV, according to a physician epidemiologist.

Physicians should be screening their senior patients for HIV risk. Ask about sexual activity and counsel them about prevention of sexually transmitted diseases, Dr. Kelly A. Gebo advised.

"The average CD4 count is about 250 in our practice at the time of diagnosis," she said, "We'd like to diagnose them earlier," she said.

Many older people are newly single and believe that HIV affects only younger people—two additional challenges to HIV prevention in this population. Erectile dysfunction drugs that increase sexual activity or may play a role, and some older women stop using condoms once the risk of pregnancy passes with menopause, Dr. Gebo noted.

"I ask everyone from 12 to 112 about alcohol, sexual history, and drug use," she said, while acknowledging that some physicians aren't as comfortable as she asking seniors about these delicate issues.

In a subsequent presentation, Dr. Kevin P. High suggested how doctors could phrase a recommendation for HIV testing: "I don't believe this is likely, but I would not be doing my job in 2010 if I did not test you for HIV. It's a very treatable illness, and we ought to test." He added, "I've never had anyone say no."

Almost 18% of HIV diagnoses in 2007 were made in people older than 50 years, according to the Centers for Disease Control and Prevention. This proportion is expected to grow, Dr. Gebo added.

Compared with younger people, older people with HIV get less immunologic boost from some treatments and have shorter survivals. In addition, seniors with HIV can experience an acceleration of the effects of normal aging, including greater bone loss, muscle mass decreases, and memory loss, Dr. Gebo said.

If you think all basal insulins are the same, think again

The topic of insulin and cancer has garnered increased attention with the publication of 4 retrospective studies in Diabetologia that investigate the potential risk of basal insulin analogs in cancer risk.

For decades, researchers have investigated the relationship between insulin and IGF-1 receptor activation and the development of certain cancers. To date, the clinical significance of the in vitro activity of IGF-1R has not been established.

The Nuevo Nordisk philosophy of engineering insulin and IGF-1R affinity

Novo Nordisk has been working on refining the attributes of insulin for more than 85 years, redesigning the insulin molecule with a focus on efficacy and safety.

We have developed insulin analogs that work like normal human insulin but which have a more consistent and predictable absorption profile associated with a low risk of hypoglycemia, the most common adverse event with insulin use.

In 1992, Novo Nordisk stopped development of a rapid-acting investigational insulin analog when laboratory testing revealed it had undesirable mitogenic side-effects. A toxicopharmacological evaluation indicated the compound’s affinity to IGF-1R was high, one possible cause of the tumor growth.

With work on this investigational compound discontinued, Novo Nordisk adopted a philosophy that all future insulins cannot have a greater binding affinity to IGF-1R and the insulin receptor (IR) than human insulin, the relevant comparator against which binding affinity is measured.

Levemir® was designed with a low affinity to IGF-1R

Levemir® was designed with the lessons of the earlier investigational insulin analog in mind, with a specific fatty acid side chain to Ly829 to prolong its absorption and provide steady plasma levels while also having a lower IGF-1R affinity than human insulin.

Levemir® was shown to have a low affinity to IGF-1R relative to human insulin

Indications and usage

Levemir® is indicated for once- or twice-daily subcutaneous administration for the treatment of adult and pediatric patients with type 1 diabetes mellitus or adult patients with type 2 diabetes mellitus to improve basal (long-acting) insulin for the control of hyperglycemia.

Important safety information

Levemir® is contraindicated in patients hypersensitive to insulin detemir or one of its excipients.

Hypoglycemia is the most common adverse effect of all insulin therapies, including Levemir®. As with other insulins, the timing of hypoglycemia may differ depending on route of administration. Glucose monitoring is recommended for all patients with diabetes.

Levemir® is not to be used in insulin infusion pumps. Any change of insulin dose should be made cautiously and only under medical supervision. Concomitant oral antidiabetes treatment may require adjustment.

Needles and Levemir® FlexPen® must not be shared.

Inadequate dosing or discontinuation of treatment may lead to hyperglycemia and, in patients with type 1 diabetes, diabetic ketoacidosis. Insulin detemir should not cause sodium retention and edema, particularly if previously poorly controlled patients are switched to insulin detemir and treatment is not improved by intensified insulin therapy. Dose and timing of administration may need to be adjusted to reduce the risk of hypoglycemia in patients being switched to Levemir® from other intermediate or long-acting insulin preparations. The dose of Levemir® may need to be adjusted in patients with renal or hepatic impairment.

Other adverse events commonly associated with insulin therapy may include injection site reactions (on average, 3% to 4% of patients in clinical trials) such as lipodystrophy, redness, pain, itching, hives, rash, and inflammation. Less common but more serious are severe cases of generalized allergy, including anaphylactic reaction, which may be life threatening.

For more information, visit www.IGF1raffinity.com

Disclosures: Dr. Gebo and Dr. High reported no financial conflicts of interest.