Characteristics of human immunodeficiency virus-infected patients without antiretroviral treatment in Spain: PICNIT study*

Características de los pacientes con infección por el virus de la inmunodeficiencia humana que no reciben tratamiento antirretroviral en España: estudio PICNIT

Dear Editor:

The Hospital Survey on patients with HIV/AIDS, 2010,1 that includes a representative sample of patients with HIV being followed up throughout the country, showed that 15% of those patients were not receiving antiretroviral therapy (ART) the day of the survey, because they had not started it yet or because they had interrupted it. The information on this group of patients is very limited. It is unknown if they do or do not have medical indications for treatment or the reasons why they are not receiving treatment.

With the aim of describing the sociodemographic and clinical characteristics of these patients and of evaluating the possibility to start ART, we conducted a cross-sectional survey in 12 hospital units that did follow-ups on patients with HIV in Spain in 2009–2010. The patients included were receiving follow-up attention but no ART at the moment of the last visit. We gathered sociodemographic, clinical and epidemiological information, and potential indications to start treatment, according to the current Gesida/National AIDS Plan recommendations at the moment of the survey (2010).2 The protocol was approved by the Medical Ethics Committee of the Santa Creu i Sant Pau Hospital (Barcelona), and followed the Declaration of Helsinki. The patients gave their informed consent to participate.

The sample contained 1024 patients: From a total of 1024 patients, 865 (84%) were naïve and 159 (16%) had received ART before, but had suspended it. In the group of the naïve patients, the median age was 37 years (interquartile range [RIC]: 30–43 years), 83% were men and the median of time since HIV diagnosis was 2.3 years (RIC: 1–5 years). In the transmission category, 56% of the cases were unprotected sexual intercourse between men, 27% were unprotected heterosexual intercourse and 15% was drug use injection. In the group of naïve patients, 526 (61%) did not have indication to receive ART, according to the therapeutic guidelines of the moment; 111 (13%) had indication and were going to start ART in the following visit, and 228 (26%) had at least one indication, but were not programmed to initiate ART shortly. From the 228 of patients with indication for treatment but did not expect to start, the most frequent reasons of indication to start ART was the HIV/hepatitis C virus (HCV) co-infection, 48% of the cases; elevated viral load (>100,000 copies/mL), 24% of the cases, and CD4 counts inferior to established limit at that moment (350 cells/µL), 18% of the cases. Of these 228 patients who had indication but were not programmed to begin treatment, in 199 (87%) of the cases the doctor did not consider the indication of treatment necessary, 21 (9%) of the cases adduced personal reasons and 8 patients (3%) were still in the phase of initial evaluation and deciding on the following steps. Of those 228 patients, 168 had only one indication for treatment; 47 patients had 2 indications and the last 13 had 3–5 indications of treatment (8 did not initiate by medical decision, 4 for personal reasons and 1 for other reasons).

Indication to start ART in all HIV/HCV co-infected patients, regardless of their CD4 level, is based on the evidence that ART reduces progression to cirrhosis, fibrosis and death in the same levels as it does in HCV mono-infected patients. For this reason, it has been stated that early initiation of ART is the best way to reduce death caused by hepatic affection of the population, even more than it is in the treatment for HCV.3 On the other hand, there is countless evidence that late initiation of ART with low CD4 lymphocyte counts increases the risk of progression to AIDS and death,4,5 and that only keeping the level of that indicator high during prolonged periods will it be possible to bring life expectancy of HIV patients near to that of the general population.6

In conclusion, almost one quarter of the patients being followed up, and who were not receiving ART, could benefit from this treatment depending on their clinical characteristics. Even though in some cases it is the patient himself who prefers not to receive medication, in most of the cases it is the doctor who considers that they do not have the indication to receive it yet.

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References


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** The members of the PICNIT Study Group can be found in the Annex.

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Annex. PICNIT Study Group

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Statin therapy does not influence in the form onset of differentiated thyroid carcinoma

El tratamiento con estatinas no influye en la forma de presentación del carcinoma diferenciado de tiroides

Dear Editor:

Statin treatment may result in a reduction of certain types of neoplasia in. In thyroid, statins have shown their ability to induce anaplastic carcinomas cell line re-differentiation. Statins have also been shown to reduce both the incidence and size of thyroid nodules. In this work we shall analyse whether the use of statins is associated with a different profile of differentiated thyroid cancer (DTC) presentation. A total of 192 cases were included retrospectively. The sample was divided in 2 groups. Group 1: Patients receiving on going statin treatment for at least a whole year before the intervention, and who continued to receive statins by the time the thyroidecmy was performed. Group 2: Patients who did not take the drug during the 3 years prior to surgery. Both groups were compared in terms of demographics, presence of diabetes mellitus, smoking habits, pre-surgical levels of thyrotropin (TSH), and the characteristics of the tumour at the time of the intervention: histological type (papillary carcinoma [PTC] and follicular carcinoma [FTC]), size, percentage, percentage of microcarcinoma, multifocal quality, nodal metastasis, associated thyroidism and distant metastasis. The statistical analysis was made according to the chi-square and Mann–Whitney U tests.

Group 1 included 36 cases (29 females and 7 males, average age 63.7 [12.5] years). In group 2 there were 156 subjects (121 females and 35 males, average age 49.3 [15.6] years). Differences were not significant in terms of gender but in terms of age, with a majority of subjects treated with hypolipidemic agents (p < 0.001). Likewise, group 1 presented a larger number of patients with diabetes mellitus type 2 (18 [50%] as opposed to 14 [9%]; p < 0.001). No differences were observed in terms of pre-surgical TSH levels, tumour size, tumour multicentricity, and presence of lymph-nodes or distant metastasis. The incidence of FTC was higher among patients who received statin treatment. Thus, 8 of 36 cases (22%) from group 1 were FTC, while only 13 of 156 patients (8.3%) from group 2 presented this histological variant (p = 0.02). However, patients with FTC were older than those affected with PTC (p > 0.01), therefore differences disappeared age-wise.

Different works have displayed a possible relation between statins and the thyroid gland. Gullu et al. have shown that the drug reduces TSH and increases thyroid hormones in patients with hypothyroidism. Yandell et al. suggested that statins might show blood reduction of false negative TSH result. On the other hand, some studies have revealed the protective effect of statins in the development of certain types of cancers, even though a recent meta-analysis concluded that drugs offer a neutral effect in relation to cancer incidence and death risk. In some cases, the DTC suffers a tumour non-differentiation process, making it refractory to conventional treatments. Loss of differentiation entails a deterioration in the patient's prognosis. Different strategies have been implemented for years to try and revert the process (re-differentiation process). Among many of the drugs used, statins have shown, in in vitro experiments, that they can induce differentiation and apoptosis, and they can inhibit the invasive component in cell lines in thyroid non-differentiated and anaplastic cancer.

In view of these findings, statins have been proposed as an adjuvant therapy to treat advanced DTC. The non-proliferative effect of statins has been corroborated not just in experimental studies and in relation to thyroid cancer, but also in clinical studies.

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