For HIV Patients With Diarrhea, Discuss Lifestyle

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OAKLAND, CALIF. — The medical model of assessing diarrhea gauges severity based on the frequency of bowel movements, but that is not what's most distressing to many patients being treated for HIV infection, Lisa Capaldini, M.D., said at a conference sponsored by the American Foundation for AIDS Research.

In many cases, the urgency of bowel movements affects patients' lives more than the number of diarrheal episodes. Ask the right questions to get a good functional assessment of the problem and to guide management, advised Dr. Capaldini, who practices internal medicine in San Francisco.

Among antiretroviral medications used to treat HIV, protease inhibitors are the most likely to cause variable degrees of gas, distension, and loose stools. But don't automatically assume that the protease inhibitor is causing the diarrhea. Rule out parasitic infection, and consider other drugs the patient is taking, she suggested.

Ask patients specifically about side effects instead of waiting for them to bring them up. "If it's anything that's potentially shaming or embarrassing, patients are less likely to report it," she said. Asking them about it sends the message that other people have the same problem.

Ask patients not just whether they're having diarrhea, and how often, but at what time of day, she suggested. Ask how this affects them. Are they staying home because of it? Are they giving up activities that they like? Have they had any "accidents" when they couldn't get to a bathroom in time?

"One episode of losing control of your bowel in a public place for most people is worth 100 or 1,000 episodes of being in your own home and dealing with diarrhea," she said at the conference, cosponsored by the Pacific AIDS Education and Training Center.

If a patient is doing well on HIV therapy except for loose stools just in the morning, neither the patient nor the clinician may want to change drug regimens. That's no excuse for complacency though, Dr. Capaldini said. "There's a tendency to put up with it and assume there's nothing we can do about it."

Getting up an hour earlier each day to get the diarrhea out of the way before starting the rest of the day may help the patient cope. Taking an antidiarrheal agent such as diphenoxylate/atropine (Lomotil) at night may change the morning episodes from five bowel movements to one.

Dr. Capaldini is a speaker for all the companies that make antiretroviral medications. One of them, Pfizer, also makes Lomotil.

If these interventions don't work, try other management strategies that work in some patients but not others, for reasons unknown, she said. Most patients with diarrhea associated with the protease inhibitor nelfinavir who respond to pancreatic enzyme therapy do not have clinically apparent pancreatic dysfunction. "We don't know why they work, but sometimes they do," Dr. Capaldini said.

High-dose oral calcium without magnesium may help some patients with HIV and diarrhea. Use calcium formulations without magnesium because magnesium exacerbates diarrhea.

Other options can be found on HIV Insite, a Web site run by the University of California, San Francisco, in a section on symptom management authored by Dr. Capaldini (http://hivinsite.ucsf.edu/InSite?page=kb-03-01-06).

Dietary modifications such as limiting consumption of dairy products, sugar, or wheat may help, even if it does not seem like the modifications should help. Many patients who improve after eliminating wheat do not show evidence of gluten enteropathy or wheat allergy, for example.

Most patients try several strategies for managing diarrhea before they find the most helpful approach. ■

Racial Disparities Persist in HIV Care, Especially HAART

OAKLAND, CALIF. — The gap in HIV care received by black patients compared with white patients has narrowed, but disparities remain a problem, William D. King, M.D., said at a conference sponsored by the American Foundation for AIDS Research.

A 2005 study found that 84% of HIV-infected patients overall receive highly active antiretroviral therapy (HAART), but blacks were less likely than whites to get HAART, said Dr. King, an internal medicine/HIV specialist in Los Angeles. Dr. King is a speaker for Pfizer Inc., which makes antiretroviral medication.

Blacks are more likely than whites to be uninsured or on Medicaid, and thus are less likely to have access to HAART, compared with patients who have private insurance. Among Medicaid recipients, blacks and Hispanics are less likely to receive HAART than whites, according to a recent study by Dr. King and his associates. Other data have shown that within the Veterans Affairs system, HIV-infected blacks and Hispanics have higher mortality than do HIV-infected white patients.

Physician attitudes play a role in the disparities: They are more reluctant to treat a patient who they think will not adhere to therapy.

A 2000 study found that physicians who were given patient vignettes were more likely to rate them as unlikely to adhere to therapy if the patient was described as African American rather than white, even if the rest of the vignette was identical.

The interval between seeing a physician for HIV care and receiving a protease inhibitor to treat it averaged 409 days for black patients, significantly longer than the 311 days for white patients and 306 days for Hispanics, a 2003 study found.

Patient attitudes and distrust also play a role by making some less willing to seek care, Dr. King said at the conference, which was cosponsored by the Pacific AIDS Education and Training Center.

In a 2005 study of 500 African Americans, 75% said they believe institutions are trying to stop HIV, but 15% felt that AIDS is a form of genocide. Overall, 59% said they believe information about AIDS is being withheld from the poor, and 53% stated that a cure for AIDS exists but is being withheld from the poor.

Physicians are more reluctant to treat a patient who they think will not adhere to drug therapy.

DR. KING

Dr. King suggested that more HIV services come to minority neighborhoods, and that physicians pay more attention to the quality and quantity of their communications with minority patients.

A separate study of 1,717 patients who were seen for HIV at two medical centers between 2000 and 2003 found that blacks were more likely than whites to be hospitalized, Linda Wotring, Ph.D., and Jonathan A. Cohn, M.D., reported in a poster at the meeting.

The odds of being hospitalized were 70% higher for black men and 80% higher for black women, compared with white men, reported Dr. Wotring of the Michigan Department of Community Health, Detroit, and Dr. Cohn of Wayne State University, Detroit.

The investigators will study whether the risk for hospitalization is associated with less access to medications and other health services for blacks. ■

Lamotrigine, Gabapentin Both Relieve HIV Neuropathy Pain

OAKLAND, CALIF. — Two anticonvulsants are competing in popularity for treating peripheral neuropathy in patients with HIV infection: gabapentin and lamotrigine, said Lisa Capaldini, M.D., at a conference sponsored by the American Foundation for AIDS Research.

Lamotrigine is winning the popularity contest because it appears to be especially effective, said Dr. Capaldini, who practices internal medicine in San Francisco.

She said she has no relationships with the companies that make anticonvulsants.

Older anticonvulsants that are used to treat neuropathic pain in HIV-negative patients can interfere with the metabolism of anti-HIV medications.

But gabapentin does not interact with antiretrovirals and is now a generic drug—both attributes that make it appealing for patients with HIV and neuropathy, she said at the meeting, cosponsored by the Pacific AIDS Education and Training Center.

Gabapentin dosing in these patients starts at 300 mg t.i.d. and often must be titrated up as high as 1,200 mg t.i.d. to be effective. These dosages can cause significant sedation, and the thrice-daily regimen can be challenging for patients who already take multiple HIV medications.

For lamotrigine to be effective in treating HIV-related neuropathy, dosing usually needs to reach at least 200 mg b.i.d., but it's essential to start with a very small dose, Dr. Capaldini cautioned. The drug can cause a life-threatening hypersensitivity reaction in some patients.

She tells patients starting on lamotrigine to break a 25-mg pill in half and take half a pill per day for 3 days before moving up to a b.i.d. regimen and higher doses.

Physicians should warn patients about hypersensitivity symptoms. "I tell them that if they get a rash and don't know what it is, to call me," she said. Usually the rash will appear around 6 weeks after starting low-dose therapy.

Start lamotrigine at a very low dose, since it can cause a life-threatening hypersensitivity reaction.

DR. CAPALDINI

Older anticonvulsants such as carbamazepine, divalproex sodium, or phenytoin remain options for treating neuropathy in patients with HIV, but are more complicated to use because they interact with HIV medications. Their serum levels can be measured, but it can be hard to gauge their effects on HIV therapy, particularly with phenytoin.

"We find Dilantin [phenytoin] very hard to use with HIV medications because it has such unpredictable effects on other drugs metabolized in the liver," Dr. Capaldini said, adding, "That doesn't mean you shouldn't use it" if needed.

Tricyclic depressants and analgesics also can be used to treat neuropathic pain in patients with or without HIV. ■