Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection

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Table 13k. Antiretroviral Therapy-Associated Adverse Effects and Management Recommendations—Peripheral Nervous System Toxicity (Last updated April 27, 2017; last reviewed April 27, 2017)

<table>
<thead>
<tr>
<th>Adverse Effects</th>
<th>Associated ARVs</th>
<th>Onset/Clinical Manifestations</th>
<th>Estimated Frequencya</th>
<th>Risk Factors</th>
<th>Prevention/ Monitoring</th>
<th>Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARV Toxic Neuropathyb</td>
<td>d4T, ddI PIs</td>
<td>Onset: Weeks to months</td>
<td>Presentation: • Decreased sensation • Aching, burning, painful numbness • Hyperalgesia • Alloynia • Decreased or absent ankle reflexes</td>
<td>Children: • Around 1% overall • d4T—10% to 25% Adults: • d4T—up to 50%</td>
<td>• Pre-existing neuropathy • Elevated triglyceride levels • Poor nutrition • More advanced HIV disease • Concomitant use of other neurotoxic agents (e.g., INH) • Some mitochondrial DNA haplogroups may have increased risk.</td>
<td>Avoid use of d4T and ddI. Monitor for symptoms and signs of peripheral neuropathy. Discontinue offending agent. Topical capsaicin 8% may be helpful. Consider referral to a neurologist. Data are insufficient to allow the Panel to recommend use of any of the following modalities: tricyclic antidepressants, gabapentin, pregabalin, mexiletine, Lamotrigine, and acupuncture or other complementary approaches.</td>
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</tbody>
</table>

a Peripheral neuropathy may be underreported in children because symptoms are difficult to evaluate in young children.

b HIV infection itself may cause a distal sensory neuropathy that is phenotypically identical to ARV toxic neuropathy.

Key to Acronyms: ARV = antiretroviral; d4T = stavudine; ddI = didanosine; INH = isoniazid; NRTI = nucleoside reverse transcriptase inhibitor; PI = protease inhibitor

References


*Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection* K-41

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