Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection

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### Table 15k. Antiretroviral-Therapy-Associated Adverse Effects and Management Recommendations—Peripheral Nervous System Toxicity  
*(Last updated May 22, 2018; last reviewed May 22, 2018)*

<table>
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<tr>
<th>Adverse Effects</th>
<th>Associated ARVs</th>
<th>Onset/Clinical Manifestations</th>
<th>Estimated Frequency*</th>
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</thead>
</table>
| ARV Toxic Neuropathya | d4T, ddl | Onset:  
• Weeks to months  
Presentation:  
• Decreased sensation  
• Aching, burning, painful numbness  
• Hyperalgesia  
• Allodynia  
• Decreased or absent ankle reflexes  
*Distribution:*  
• Bilateral soles of feet, ascending to legs and fingertips | Children:  
• Around 1% overall  
• 10% to 25% in children taking d4T  
Adults:  
• Up to 50% in adults taking d4T | • 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. | Do not use d4T, ddl, or IDV. Co-administration of ddl and d4T is contraindicated (no exceptions). Monitor for symptoms and signs of peripheral neuropathy. | Investigate potential causes, including non-ARV medications and nutritional deficiencies. |

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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; ddl = didanosine; IDV = indinavir; INH = isoniazid; PI = protease inhibitor; the Panel = The Panel on Antiretroviral Therapy and Medical Management of Children Living with HIV

### References


