Table 15c. Antiretroviral Therapy-Associated Adverse Effects and Management Recommendations—Gastrointestinal Effects  (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 Frequency</th>
<th>Risk Factors</th>
<th>Prevention/Monitoring</th>
<th>Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nausea/Vomiting</td>
<td>Principally ZDV and PIs, but can occur with all ARVs and COBI</td>
<td>Onset: • Early Presentation: • Nausea, emesis—may be associated with anorexia and/or abdominal pain.</td>
<td>Varies with ARV agent; 10% to 30% in some series</td>
<td>Unknown</td>
<td>Instruct patient to take PIs with food. Monitor for weight loss, ARV adherence.</td>
<td>Reassurance—generally improves over time (usually 6–8 weeks) Supportive care. Antiemetics may be useful in extreme or persistent cases.</td>
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<td>Diarrhea</td>
<td>PIs (particularly NFV, LPV/r, FPV/r), buffered ddl, INSTIs (mild)</td>
<td>Onset: • Early Presentation: • Generally soft, more frequent stools</td>
<td>Varies with ARV agent; 10% to 30% in some series</td>
<td>Unknown</td>
<td>Monitor for weight loss, dehydration.</td>
<td>Exclude infectious causes of diarrhea if prolonged or severe. Reassurance—generally improves over time (usually 6–8 weeks) Although treatment data in children are lacking, potentially useful modalities include: • Dietary modification • Calcium carbonate (should not be used with DTG) • Bulk-forming agents (psyllium) • Antimotility agents (loperamide) • Crofelemer is FDA-approved for treatment of ART-associated diarrhea in adults, but not in children.</td>
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<td>Pancreatitis</td>
<td>ddl, d4T (especially concurrently), boosted PIs Reported, albeit rarely, with most ARVs</td>
<td>Onset: • Any time, usually after months of therapy Presentation: • Emesis, abdominal pain, elevated amylase and lipase (asymptomatic hyperamylasemia or elevated lipase do not in and of themselves indicate pancreatitis).</td>
<td>&lt;2% in recent series</td>
<td>Use of concomitant medications associated with pancreatitis (e.g., TMP-SMX, pentamidine, ribavirin) Hypertriglyceridemia Advanced disease Previous episode of pancreatitis Alcohol use</td>
<td>Avoid use of ddl in patients with a history of pancreatitis. Discontinue offending agent—avoid reintroduction. Manage symptoms of acute episode. If associated with hypertriglyceridemia, consider interventions to lower TG levels.</td>
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</tbody>
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Key to Acronyms: ART = antiretroviral therapy; ARV = antiretroviral; COBI = cobicistat; d4T = stavudine; ddl = didanosine; DTG = dolutegravir; FDA = Food and Drug Administration; FPV/r = fosamprenavir/ritonavir; INSTI = integrase strand transfer inhibitor; LPV/r = lopinavir/ritonavir; NFV = nelfinavir; PI = protease inhibitor; RTV = ritonavir; TDF = tenofovir disoproxil fumarate; TG = triglyceride; TMP-SMX = trimethoprim sulfamethoxazole; ZDV = zidovudine

Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection

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References


