Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection

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<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>Lactic Acidosis</td>
<td>NRTIs; • ZDV; • Less likely with 3TC, FTC, ABC, TAF, and TDF</td>
<td>Lactic acidosis is associated with use of ddI and d4T. Cases are rare now that these NRTIs are no longer recommended.</td>
<td>Adults: • Female sex • High BMI • Chronic HCV infection • African-American race • Coadministration of TDF with metformin • Overdose of propylene glycol • CD4 cell count &lt;350 cells/mm³ • Acquired riboflavin or thiamine deficiency • Possibly pregnancy</td>
<td>Prevention: • Due to the presence of propylene glycol as a diluent, LPV/r oral solution should not be used in preterm neonates or any neonate who has not attained a postmenstrual age of 42 weeks and a postnatal age of ≥14 days.</td>
<td>Monitoring Asymptomatic Patients: • Measurement of serum lactate is not recommended. Patients with Clinical Signs or Symptoms Consistent with Lactic Acidosis: • Obtain blood lactate level. • Additional diagnostic evaluations should include serum bicarbonate, anion gap, and/or arterial blood gas; amylase and lipase; serum albumin; and hepatic transaminases.</td>
<td>Lactate 2.1–5.0 mmol/L (Confirmed with a Second Test): • Consider discontinuing all ARV drugs temporarily while conducting additional diagnostic workup. Lactate &gt;5.0 mmol/L (Confirmed With a Second Test)b or &gt;10.0 mmol/L (Any One Test): • Discontinue all ARV drugs. • Provide supportive therapy (e.g., IV fluids; some patients may require sedation and respiratory support to reduce oxygen demand and ensure adequate oxygenation of tissues). Anecdotal (Unproven) Supportive Therapies: • Administer bicarbonate infusions, THAM, high doses of thiamine and riboflavin, oral antioxidants (e.g., L-carnitine, co-enzyme Q10, vitamin C) Following the resolution of clinical and laboratory abnormalities, resume therapy, either with a NRTI-sparing regimen or a revised NRTI-containing regimen. Institute a revised NRTI-containing regimen with caution, using NRTIs that are less likely to induce mitochondrial dysfunction (ABC, TAF, or TDF preferred; possibly FTC or 3TC). Lactate should be monitored monthly for ≥3 months.</td>
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Other Drugs: • See Risk Factors and Prevention/Monitoring columns for information regarding the toxicity of propylene glycol when LPV/r oral solution is used in neonates. | Insidious Onset of a Combination of Signs and Symptoms: • Generalized fatigue, weakness, and myalgias • Vague abdominal pain, weight loss, unexplained nausea, or vomiting • Dyspnea • Peripheral neuropathy | | 3TC, FTC, ABC, TAF, and TDF are less likely to induce clinically significant mitochondrial dysfunction than ZDV. | | |

Note: Patients may present with acute multi-organ failure (e.g., fulminant hepatic failure, pancreatic failure, respiratory failure). | | | | | |

Key to Acronyms: 3TC = lamivudine; ABC = abacavir; ARV = antiretroviral; BMI = body mass index; CD4 = CD4 T lymphocyte; ddl = stavudine; didanosine; FTC = emtricitabine; HCV = hepatitis C virus; IV = intravenous; LPV/r = lopinavir/ritonavir; NRTI = nucleoside reverse transcriptase inhibitor; TAF = tenofovir alafenamide; TDF = tenofovir disoproxil fumarate; THAM = tris (hydroxymethyl) aminomethane; ZDV = zidovudine

Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection K-28

a Blood for lactate determination should be collected, without prolonged tourniquet application or fist clenching, into a pre-chilled, gray-top, fluoride-oxalate-containing tube and transported on ice to the laboratory to be processed within 4 hours of collection.

b Management can be initiated before receiving the results of the confirmatory test.
References

General Reviews


Risk Factors


Monitoring and Management

