Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection

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### Table 15j. Antiretroviral Therapy-Associated Adverse Effects and Management Recommendations—Osteopenia and Osteoporosis

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<th>Adverse Effects</th>
<th>Associated ARVs</th>
<th>Onset/Clinical Manifestations</th>
<th>Estimated Frequency</th>
<th>Risk Factors</th>
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<tr>
<td>Osteopenia and Osteoporosis</td>
<td>Any ART regimen</td>
<td>Onset: Any age; decrease in BMD is usually seen soon after initiation of ART.</td>
<td>BMD z Score Less Than -2.0:&lt;br&gt;• &lt;10% in U.S. cohorts&lt;br&gt;• Approximately 20% to 30% in international cohorts</td>
<td>Longer duration and greater severity of HIV disease&lt;br&gt;Vitamin D insufficiency/deficiency&lt;br&gt;Delayed growth or pubertal delay&lt;br&gt;Low BMI&lt;br&gt;Lipodystrophy&lt;br&gt;Non-black race&lt;br&gt;Smoking&lt;br&gt;Prolonged systemic corticosteroid use&lt;br&gt;Medroxyprogesterone use&lt;br&gt;Lack of weight-bearing exercise</td>
<td>Prevention:&lt;br&gt;• Ensure that the patient has sufficient intake and levels of both calcium and vitamin D&lt;br&gt;• Encourage weight-bearing exercise.&lt;br&gt;• Minimize modifiable risk factors (e.g., smoking, low BMI, use of steroids or medroxyprogesterone).&lt;br&gt;• Use TAF instead of TDF whenever possible.&lt;br&gt;• Use TDF with EFV or an un-boosted INSTI.</td>
<td>Same options as for prevention.&lt;br&gt;Consider changing the ARV regimen (e.g., switching from TDF to TAF, and/or from LPV/r to EFV or an un-boosted INSTI whenever possible).&lt;br&gt;Treat patient with vitamin D3 to raise serum 25-OH-vitamin D concentrations to &gt;30 ng/mL. Vitamin D3 levels should be monitored in patients who are receiving a daily dose of vitamin D3 &gt;4,000 IU.&lt;br&gt;The role of bisphosphonates in managing osteopenia and osteoporosis in children with HIV has not been established.</td>
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*a* Some experts periodically measure 25-OH-vitamin D. This is especially important in children and adolescents with HIV who live in urban areas; the prevalence of vitamin D insufficiency is high in that population.

*b* Until more data are available on the long-term effects of TDF on bone mineral acquisition in childhood, DXA scanning is not usually recommended for children who are being treated with TDF. Obtaining a DXA could be considered for adolescent women who are receiving TDF and medroxyprogesterone and for children with indications that are not uniquely related to HIV infection (such as cerebral palsy).

**Key to Acronyms:** ART = antiretroviral therapy; ARV = antiretroviral; BMD = bone mineral density; BMI = body mass index; COBI = cobicistat; DXA = dual-energy x-ray absorptiometry; EFV = efavirenz; INSTI = integrase strand transfer inhibitor; IU = international unit; LPV/r = lopinavir/ritonavir; PI = protease inhibitor; RTV = ritonavir; TAF = tenofovir alafenamide; TDF = tenofovir disoproxil fumarate.
References


