
Mallal SA; James IR; Koenig A; French MA; Department of Clinical

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OBJECTIVE: To evaluate the impact of antiretroviral therapy (ART) and Pneumocystis prophylaxis use on (a) the incidence of Pneumocystis carinii pneumonia (PCP) and CD4+ T-cell counts at AIDS, (b) the patterns of AIDS illnesses and (c) survival after AIDS. DESIGN: Prospective, longitudinal, observational study of all 230 patients diagnosed with AIDS in Western Australia to 1 January 1993. RESULTS: Of 230 patients with AIDS, 74 (32%) had begun both ART and PCP prophylaxis before AIDS and 135 (59%) had received neither therapy before AIDS. Patients treated with ART and PCP prophylaxis were less likely than untreated patients to have PCP as the first AIDS diagnosis (treated 28% versus non-treated 60%, p = 0.0001 Fisher's exact test) and once this was taken into account were also less likely to have Kaposi's sarcoma (KS) (17% versus 42.5%, p = 0.0003). Following adjustment for the reduction in PCP and KS the distribution of other AIDS illnesses was similar in the treated and untreated groups. In multivariate models treatment with ART and PCP prophylaxis before AIDS was associated with reduction in PCP as the first AIDS illness (p Acquired Immunodeficiency Syndrome/*DRUG THERAPY/IMMUNOLOGY/ MORTALITY Antiviral Agents/*THERAPEUTIC USE Australia/EPIDEMIOLOGY AIDS-Related Opportunistic Infections/COMPLICATIONS/*PREVENTION & CONTROL Cohort Studies CD4 Lymphocyte Count Human Longitudinal Studies Pneumonia, Pneumocystis carinii/COMPLICATIONS/*PREVENTION & CONTROL Prospective Studies Survival Rate ABSTRACT

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