

Antiretroviral Therapy for Patients Co-infected with Viral Hepatitis

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Liver disease is one of the main causes of non-AIDS death in HIV-infected individuals from Europe and North America and has been attributed mainly to coinfection with hepatotropic viruses. However, HIV-induced inflammation as well as long-term antiretroviral drug toxicity may also contribute to clinical relevant liver disease. Therefore, a better understanding of liver disease beyond viral hepatitis coinfection is urgently needed in HIV-infected individuals. Interestingly, recent cross-sectional FibroScan studies in HIV-infected patient populations have reported unexpectedly high rates of advanced fibrosis in HIV-infected patients even without underlying viral hepatitis or alcohol abuse suggesting that HIV itself may contribute independently to liver disease. Finally, HIV therapy itself either through direct hepatotoxicity or long-term metabolic changes, such as dyslipidemia and/or insulin resistance, may additionally cause liver damage in life long treatment. Therefore, choice of antiretroviral therapy which is metabolically neutral and has no or little risk of adding hepatotoxicity on top of viral hepatitis induced liver damage is crucial for maintaining a healthy liver. In addition drug-drug interactions between modern HCV DAA drugs and HIV drugs need to be considered as metabolism pathways are frequently shared. Adequate monitoring of liver disease and development of management algorithms are clearly needed to optimize outcome and care of the aging liver in an HIV- and Hepatitis co-infected individual.