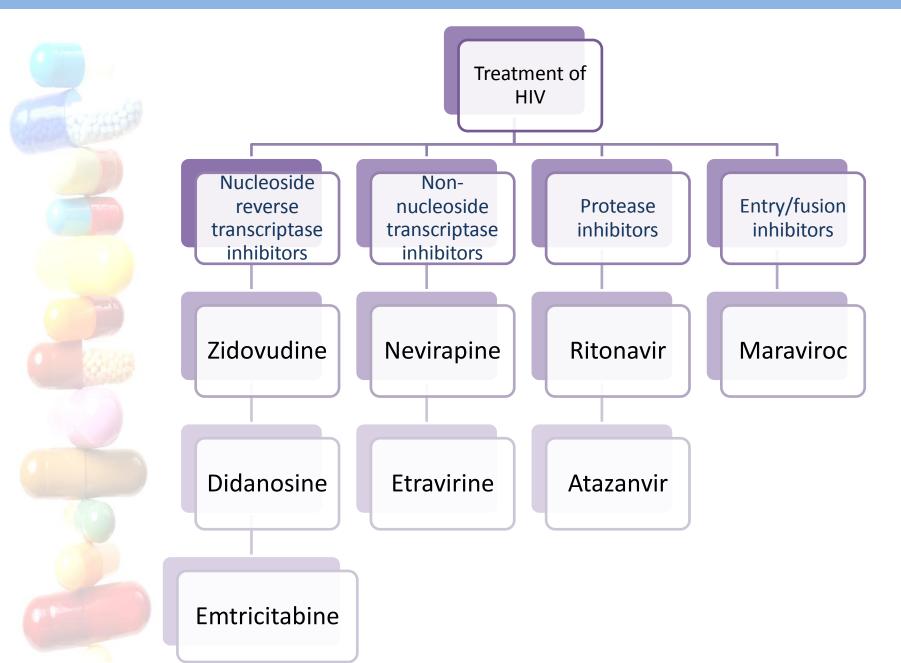
King Saud University College of Medicine 2nd Year, Reproduction Block

# PHARMACOLOGY 433

# L10- Treatment of HIV Related Illnesses and AIDS

the last lecture 🕲

### **Mind Map**



### Introduction

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- Human Immunodeficiency Syndrome"
- A specific type of virus (a retrovirus)
- HIV invades the helper T cells to replicate itself.



- Acquired Immunodeficiency Syndrome
- HIV is the virus that causes AIDS
- Disease limits the body's ability to fight infection
- A person with AIDS has a very weak immune system

**Stages of HIV** 

Stage 1 - Primary	Stage 2 - Asymptomatic	Stage 3 - Symptomatic	Stage 4 - HIV ⇔ AIDS
-Short, flu-like illness occurs one to six weeks after infection -no symptoms at all -Infected person can infect other people	Lasts for an average of ten years This stage is free from symptoms There may be swollen glands The level of HIV in the blood drops to very low levels HIV antibodies are detectable in the blood	The symptoms are mild The immune system deteriorates emergence of opportunistic infections and cancers	-The immune system weakens. -The illnesses become more severe leading to an AIDS diagnosis.
slide	doctor's note	important	explanation

# Introduction

Opportunistic Infections associated with AIDS						
Bacterial	Viral	Parasitic		Fungal		
Tuberculosis (TB) Strep pneumonia	<ol> <li>Kaposi Sarcoma</li> <li>Herpes</li> <li>Influenza (flu)</li> </ol>	1. Pneumocystis carinii		Candida Cryptococcus		

Modes of HIV/AIDS Transmission					
Through Bodily Fluids	Through IV Drug Use	Through Sex	Mother-to-Baby		
<ol> <li>Blood products</li> <li>Semen</li> <li>Vaginal fluids</li> <li>Breast Milk</li> </ol>	<ol> <li>Sharing Needles Without sterilization</li> <li>Increases the chances of contracting HIV</li> </ol>		<ol> <li>Before Birth (placental blood stream)</li> <li>During Birth</li> <li>Postpartum After the birth (breast feeding)</li> </ol>		

important

explanation

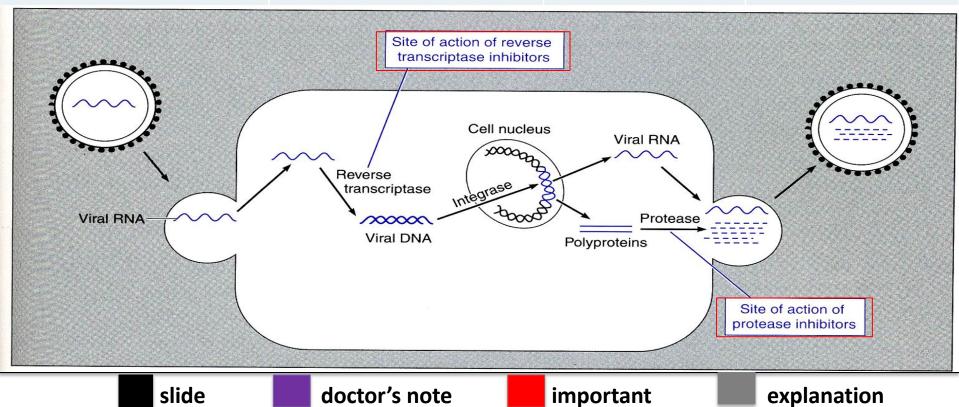
# **Treatment Options**

#### **Antiretroviral Drugs**

1-Nucleoside Reverse Transcriptase inhibitors

- 1. Zidovudine,
- 2. Didanosine,
- 3. Emtricitabine

rse tors	2-Non-Nucleoside Transcriptase inhibitors	3-Protease inhibitors	4-Entry /fusion inibitors:
	<ol> <li>Nevirapine,</li> <li>Etravirine</li> </ol>	<ol> <li>Ritonavir,</li> <li>Atazanvir</li> </ol>	<ol> <li>Maraviroc</li> <li>Enfuveride</li> </ol>



#### **1- Nucleoside Reverse Transcriptase Inhibitors**

Are nucleoside & nucleotide analogues

Mechanism of action:

-Selective reverse transcriptase inhibitors

-Acts as competitive substrate inhibitors

-Can also be incorporated into growing viral DNA chainand causes its termination

Drugs	Zidovudine	Emtricitabine	Didanosine
Pharmaco kinetics	-Orally effective - Penetrates CSF -Excreted through kidney	Highly absorbed orally , not affected by food	<ul> <li>Oral bioavailability is reduced by food*</li> <li>Eliminated by the kidney</li> </ul>
Side effects	-Bone marrow depression (leukopenia) -Headache -Nausea , anorexia -Myopathy , fatigue	Common adverse effects: -GIT upset -Hyperpigmentation of palms & soles	-acute pancreatitis -retinal damage -Peripheral neuropathy
Therapeutic effects	-Increase T cells partially restor -Reverses AIDS dementia	ing immune system	
note	- Can be used in children in low doses , during pregnancy & delivery	<u>contre indication:</u> Oral formulation should not be used in a pregnant AIDs patient because it contains a <u>propylene</u> <u>glycol</u> which is a potentially tox compound for the fetus	

<b>2- Non-Nucleoside Transcriptase Inhibitors</b> <u>Nevirapine</u> (1 <sup>st</sup> generstion), <u>Etravirine</u> (2 <sup>nd</sup> generation)						
Mechanism of action	activ	near the active site of the vity as a non-competitive inhi				
Pharmacokinetics	-Orally effective -Metabolized in liver -Excretion through kidney -Inducer of hepatic cytochrome P450					
indication	-	Very effective for prevention of transmission of infection as a single dose at time of labor and continue as an oral doses for 3 days for the neonates				
-Hepatotoxicity -Skin reaction up to life threating as Steven-Johnson Syndrome ( mainly with nevirapine) -Diarrhea -Headache					ome ( mainly with	
slide		doctor's note		important		explanation

#### **3- Protease Inhibitors**

#### -Mechanism of action:

-Block the viral protease enzyme necessary to produce mature virions

-( prevent polyprotein cleavage, which is necessary for the maturation of viral cells )

	Atazanavir	Ritonavir	
Pharmacokinetics	-oral absorption requires an acid environment (not givin with antiacid) -Excretion via biliary elimination -Enzyme inhibitors P450	-Should be taken with meals ( its oral bioavailability increases with food ) -Clearance is mainly via the liver -Enzyme inhibitors P450	
Side effects	<ul> <li>-Increased bleeding in hemophilic patients</li> <li>-Increased blood sugar level</li> <li>-Changes in body fat distribution central obesity, buffalo hump, gynecomastia</li> <li>*NOT given to diabetic patient &amp; hemophilic patients</li> </ul>		

#### 4- Entry Inhibitors : Maraviroc

#### Mechanism of action:

- Blocks certain strains of HIV from binding to chemokine receptor type 5 (CCR5) thus preventing the virus from entering target cells

- If the patient's virus is chemokine receptor type 4, the drug will not be effective.

- Cross CSF
- Excreted mostly through feces
- Well tolerated & few side effects



doctor's note



explanation

#### Summary

Sammary					
Antiretroviral Drugs					
Drug	MOA	Therapeutic effects	Side effect	Note	
	Nucle	oside Reverse Trai	nscriptase Inhibitors		
Zidovudine	<ul> <li>Selective reverse transcriptase inhibitors.</li> <li>Acts as competitive</li> </ul>	<ul> <li>criptase tors.</li> <li>as etitive rate tors.</li> <li>also be porated into ng viral DNA and causes</li> <li>criptase partially restoring immune system</li> <li>Reverses AIDS dementia</li> </ul>	<ul> <li>Bone marrow</li> <li>depression (leukopenia)</li> <li>Nausea , anorexia</li> <li>Myopathy , fatigue</li> </ul>	<ul> <li>used in Low dose:</li> <li>Children</li> <li>During pregnancy ,labor</li> </ul>	
Emtricitabin e	substrate inhibitors. •Can also be incorporated into growing viral DNA		<ul> <li>GIT upset.</li> <li>Hyperpigmentation of palms&amp; soles.</li> </ul>	Don't use <u>Oral formulation in</u> a <u>pregnant</u> because it contains a propylene glycol (toxic) compound for the fetus.	
Didanosine	chain and causes its termination.		<ul> <li>acute pancreatitis.</li> <li>retinal damage.</li> <li>Peripheral neuropathy.</li> </ul>		
	Nor	-Nucleoside Trans	criptase Inhibitors		
Nevirapine (1 <sup>st</sup> generstion)	Bind near the active site of theprevention of transmission:		<ul><li>Hepatotoxicity.</li><li>life threating Skin</li></ul>	Inducer of hepatic cytochrome P450	
Etravirine ( 2 <sup>nd</sup> generation )	viral reverse transcriptase to inhibit its activity ( <u>non-competitive</u> inhibitors )	single dose at time of labor and continue as an oral doses for 3 days for the neonates	reaction <b>Steven</b> - Johnson Syndrome (nevirapine). • Diarrhea ,Headache.		
	slide	doctor's note	important	explanation	

#### Summary

Antiretroviral Drugs						
Drug	ΜΟΑ	Therapeutic effects	Side effect	Note		
	Protease Inhibitors					
Ritonavir Atazanvir	<ul> <li>Block the viral protease enzyme necessary to produce mature virions</li> <li>( prevent polyprotein cleavage, which is necessary for the maturation of viral cells )</li> </ul>		<ul> <li>Increased bleeding in hemophilic patients (G6PH deficiency).</li> <li>Increased blood sugar level ( * diabetes).</li> <li>Changes in body fat distribution: central obesity, buffalo hump, (gynecomastia).</li> </ul>	<ul> <li>oral absorption requires an acid environment</li> <li>Excretion via biliary elimination</li> <li>Enzyme inhibitors P450</li> <li>Should be taken with meals (its oral bioavailability increases with food)</li> <li>Clearance is mainly via the liver</li> <li>Enzyme inhibitors P450</li> </ul>		
Entry Inhibitors						
Maraviroc		ns of HIV from binding to nting the virus from ente	chemokine receptor type ering target cells.	Well tolerated & few side effects		





# Quiz yourself

Q1:A pregnant lady came to the clinic with HIV symptoms, What's the best choice in this case: A-Emtricitabine. B-Didanosine. C-Zidovudine. D-Nevirapine.

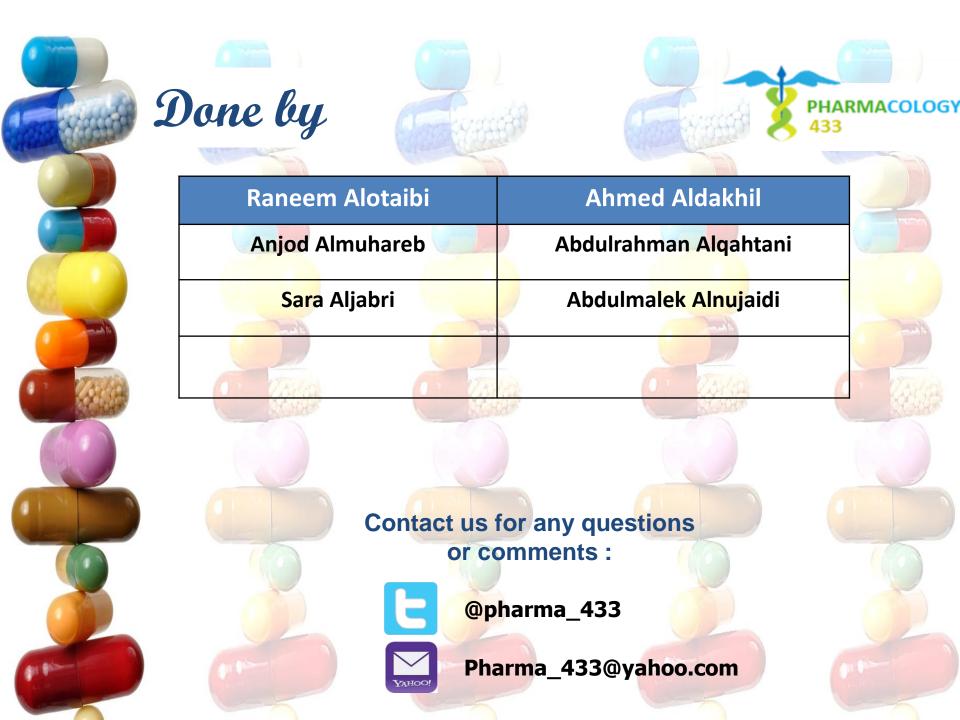
Q2:A HIV patient came to the ER complaining of black dots all over his face, Which drug cause this side effect: A-Emtricitabine. B-Ritonavir. C-Didanosine. D-Atazanavir. Q3:A liver failure patient diagnosed with AIDS at the same time she has G6PD deficiency, Which one of these drugs is contraindicated: A-Nevirapine. B-Maraviroc. C-Enfuveride. D-Atazanvir.

Q4:A HIV patient came to the ER with sudden upper abdominal pain and fever, Which one of these drugs cause this side effect?: A-Emtricitabine. B-Didanosine. C-Zidovudine. D-Maraviroc.

Q5:A pregnant lady with AIDS came to the ER to have her baby, Which one of these drugs is used as prevention: A-Etravirine. B-Emtricitabine. C-Maraviroc. D-Zidovudine.

Q6:Diabetic patient diagnosed with AIDS, which one of these drugs is contraindicated: A-Zidovudine. B-Emtricitabine. C-Ritonavir. D-Nevirapine.

Answers: 1-C 2-A 3-D 4-B 5-A 6-C



#### IT HAS BEEN A LONG RIDE !

edicine ad Block

We were able to get through 4 blocks CNS , GIT , Endocrine and Reproductive.

We have been through very difficult times, But we were able to overcome them only because of the help That we have been generously receiving from each and everyone of

you, Our team members. There are no enough words to describe our gratitude to you guys, But maybe a simple thank you is enough ,, so THANK YOU

This team could never succeeded without your effort, your commitment, your sacrifice, until the very end... So thank you and THANK YOU AGAIN.

Afaf almutairi	Lulwah alturki	Abdulrhman Alqahtani	Mohammed Alnafisah
Aisha 'AlRaddadi <sup>ersity</sup> College of Medicine	Maha Alzeheary	Abdulaziz almasoud	Muhannad alsharidah
2nd Year, 1st Block Awatif alenazi	Munira AL Mehsen	Abdulaziz AlSudairi	Omar AlDhasee
Areej alwahaib har	Nawt Alfuweres	Abdulmalek alnujidi	Yousef Alfadli
Anjod almuhareb	Nawal Asiry	Abdulrahman Alharbi	A Ziyad Alajlan
Ahlam sallam	Nada Bin dawood 🧹	Abdullatef Alhassan	drugs
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Fatimah AlQarni	Noura alrayes	Abdulrahman Aldubaib	у
Ghaida Alawaji ne	Rahma alshehri	College of Medicine Ahmad Alzoman Reproduction Block	MED
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Haifa al-otaibi	Rawan alyahya	Faisal Saleh AlGhamdi	A 60
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Khawla dayel	Sara alkharashi	Faroq Abdulfattah	ie Dystuticuol
kholoud Al-dosari	Sarah aljabri	Fahad Alotaibi	
Latifa AlAnazi	yara alanazi	Faisal mohamed Alghamdi	