

Unusual Weight Gain After Antiretroviral Regimen Switch: A Case Report

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INTRODUCTION

- Evolving evidence suggests integrase strand transfer inhibitor (INSTI)-based antiretroviral therapy (ART) is associated with weight gain.¹
- Switching from fixed-dose EFV/TDF/FTC to an INSTIbased regimen may result in more significant increases in weight.²
- INSTI-associated weight gain in the setting of preexisting HIV-associated lipodystrophy has not been demonstrated.

CASE PRESENTATION

- A 46 year old female presented to transfer HIV care.
- Her antiretroviral regimen was LPR/RTV/3TC/EFV.
- CD4 count 460 cells/mcL. Viral load 86 copies/mL.
- Past medical history significant for Hepatitis C, genital herpes, chronic diarrhea, and insomnia.
- Chief Complaint:

"I want something to gain weight".

PHYSICAL EXAM

Vital signs: **BP**: 119/81, **Weight: 69 kg (153 lbs)**□HEENT: Unremarkable. No thyroid enlargement

□LUNGS: Clear to auscultation
□HEART: Regular rate and rhythm

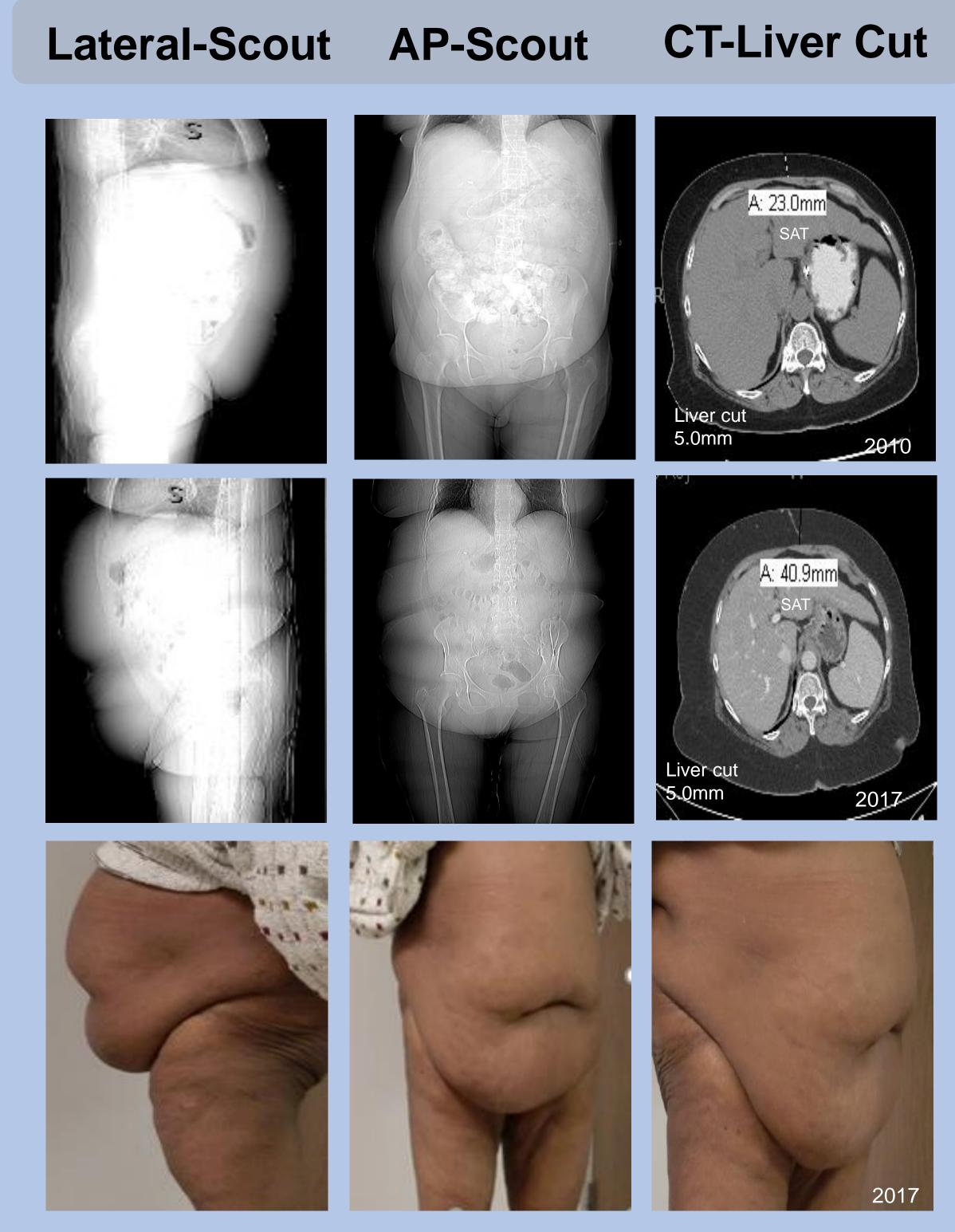
□ABD: Obese without hepatosplenomegaly

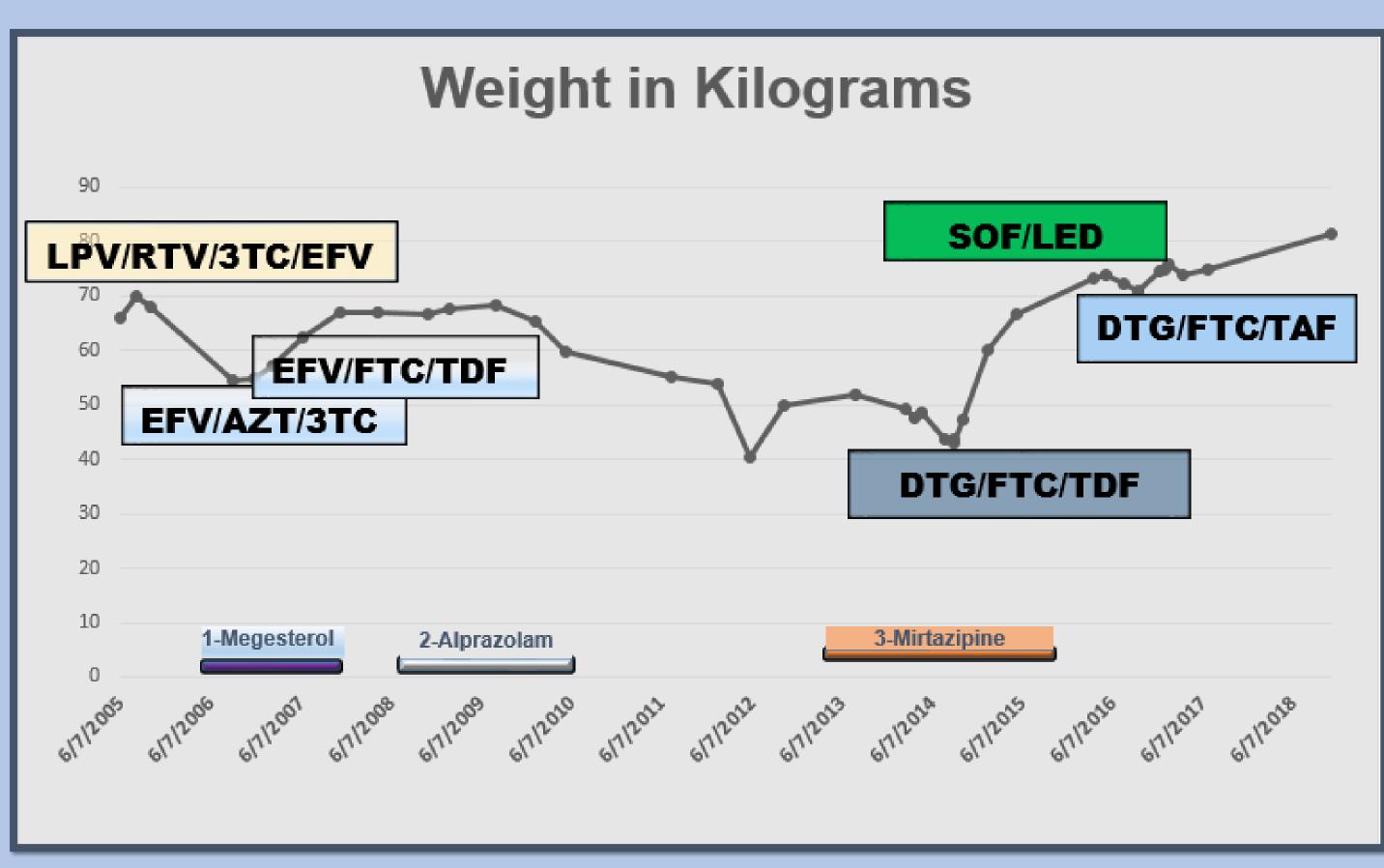
□M/S: Muscle loss of face and legs

CLINICAL COURSE

- Patient complained of poor weight gain at each visit.
- Tried various appetite stimulants but failed to achieve desired effect.
- Viral suppression was achieved and maintained.
- Hospitalized for altered mental status at which time antiretroviral regimen was changed from EFV/FTC/TDF to FTC/TDF and DTG.

IMAGING





HIV- Human immunodeficiency virus

ART- antiretroviral therapy

LPV/RTV/3TC/EFV – lopinavir/ritonavir/lamivudine/efavirenz

EFV/AZT/3TC – efavirenz/zidovudine/lamivudine

EFV/FTC/TDF – efavirenz/emtricitabine/tenofovir disoproxil fumerate

Abbreviations

DTG- dolutegravir
 FTC/TDF- emtricitabine/tenofovir disoproxil fumerate
 DTG/FTC/TDF – dolutegravir/emtricitabine/tenofovir disoproxil fumerate
 SOF/LED – sofosbuvir/ledipasvir
 DTG/FTC/TAF – dolutegravir/emtricitabine/tenofovir alafenamide
 SAT- subcutaneous abdominal tissue

RESULTS

- Patient gained an excess of **31.4 kg (69.08 lbs.)** after switch from EFV/FTC/TDF to an INSTI-based regimen.
- Her gain in weight resulted in a disproportionate increase in subcutaneous abdominal fat (SAT).
- Peripheral fat loss was essentially unchanged.
- Facial lipoatrophy improved. Patient very pleased.
- Plastic Surgery consulted for removal of redundant abdominal fat.

DISCUSSION

These outcomes are consistent with the recent reports of weight gain associated with integrase strand transfer inhibitor-based regimens. In addition, the switch from fixed dose EFV/TDF/FTC to an INSTI regimen may have contributed the rather significant increase in gain.

CONSIDERATIONS

- Patient presented with pre-existing features of lipodystrophy likely secondary to previous use of protease inhibitors.
- She was at her lowest body weight at time of regimen change.
- It is not clear if she continued on appetite stimulants immediately after regimen change.
- Hepatitis C treatment was initiated after HIV regimen change to FTC/TDF and DTG.
- HIV weight-related stigma, generalized depression and anxiety were underappreciated.

CONCLUSIONS

The associations between INSTIs and weight gain require additional investigations. The impact on pre-existing abnormal fat distributions also warrants research. In addition, providers must be geared to address body image perceptions and weight management strategies when initiating this newer class of antiretroviral medications.

REFERENCES

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²Norwood, J., Turner, M., Bofill, C., Rebeiro, P., Shepherd, B., Bebawy, S., ... Koethe, J. R. (2017). Brief Report: Weight Gain in Persons With HIV Switched From Efavirenz-Based to Integrase Strand Transfer Inhibitor-Based Regimens. *Journal of acquired immune deficiency syndromes* (1999), 76(5), 527–531. doi:10.1097/QAI.000000000001525

Acknowledgements: The authors thank the patient for allowing use of the photographs and Ms. Annastesia Mims, MP



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