

论著

高效抗逆转录病毒治疗中断过程中中药对CD4+T淋巴细胞和病毒载量的影响

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摘要 摘要: 目的 评估中药在高效抗逆转录病毒治疗 (HAART) 中断过程中对CD4+T淋巴细胞和病毒载量的影响。方法 采用齐多夫定/拉米夫定+依非韦伦方案,对19例HIV/AIDS患者进行HAART治疗,治疗6个月后停用HAART,换服中药2个月,而后再次启动HAART 3个月,再次停用并服中药3个月,观察患者体内CD4+T淋巴细胞和病毒载量的变化情况。结果 在第1次治疗中断过程中,换用中药1个月时有43.8%的患者未出现病毒反弹,62.6%的患者免疫功能稳定或上升;2个月时有18.8%的患者未出现病毒反弹,43.8%的患者免疫功能稳定或上升;两者的病毒载量变化差异无显著性 (P=0.097),换用中药2个月时的CD4+T淋巴细胞计数较1个月时显著下降 (P=0.043)。在第2次治疗中断过程中,换用中药1个月时有33.3%的患者未出现病毒反弹,64.3%的患者免疫功能稳定或上升;3个月时有13.3%的患者未出现病毒反弹,46.6%的患者免疫功能稳定或上升;两者的病毒载量变化差异有显著性 (P=0.017)。治疗12个月时,患者体内的CD4+T细胞计数显著高于基线水平 (P=0.014)。结论 中药可在一定程度上抑制HAART中断时的病毒反弹,维持患者的免疫功能,该作用可随中断时间的延长而减弱。

关键词 [高效抗逆转录病毒治疗](#) [间断治疗](#) [中药](#) [CD4+T细胞](#) [病毒载量](#)

分类号

Effects of Traditional Chinese Medicine on CD4+T Cell Counts and HIV Viral Loads during Structured Treatment Interruption in Highly Active Antiretroviral Therapy

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Abstract ABSTRACT: Objective To explore the impacts of traditional Chinese medicine (TCM) on CD4+T cell counts and human immunodeficiency virus (HIV) viral loads during the course of structured treatment interruption (STI) in highly active antiretroviral therapy (HAART). Methods Nineteen HIV/AIDS patients were treated for 14 months as follows: initiated with zidovudine/lamivudine+efavirdine for 6 months, then discontinued the therapy and treated with TCM instead for 2 months. HAART was then reinitiated for another 3 months, and then discontinued and replaced with TCM for another 3 months. The changes of CD4+T cell counts and HIV viral loads were measured. Results During the first STI of HAART, 43.8% of patients had no viral rebounds one month later, and 62.6% had stable or increased immune functions; 18.8% had no viral rebounds two months later, and 43.8% had stable or increased immune functions. Changes of viral loads were not significantly different between these two months (P=0.097), while CD4+T cell counts significantly decreased two months later compared with one month later (P=0.043). During the second STI of HAART, 33.3% of patients had no viral rebounds one month later, and 64.3% had stable or increased immune functions; 13.3% had no viral rebounds 3 months later and 46.6% had stable or increased immune functions. Changes of viral loads had significant difference (P=0.017), while CD4+T cell counts at month 12 elevated significantly compared with the baseline (P=0.014). Conclusions TCM can suppress the viral rebounds during STI-HAART, maintain immune functions. However, this effect may decrease along with the prolongation of STI-HAART.

Key words [highly active antiretroviral therapy](#) [structured treatment interruption](#) [traditional Chinese medicine](#) [CD4+T cell counts](#) [viral load](#)

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