CHARPTER V

CONCLUSIONS

Since there are 3 anti-HIV drugs in this research work. We shall divide this section into 3 separate parts as follows: 1) Section I: Abacavir; 2) Section II: Nevirapine, and; 3) Section III: Stavudine.

Section I: Abacavir

Our results show a strong suggest association between HLA-B*5701 and abacavir-induced hypersensitivity in white and Asian populations, whereas an association among pooled black populations was not statistically significant. These results suggested that ethnicity plays an important role in the risk of abacavir-induced HSR. Therefore, a genetic screening of HLA-B*5701 allele is considered in patients in susceptible populations before starting an antiretroviral therapy containing abacavir. More studies investigating an association between HLA-B*5701 and abacavir-induced hypersensitivity in other black populations are needed.

Section II: Nevirapine

Our results revealed 11 statistically significant associations. However, these associations were limited by available study, small sample size, and HLA genotyping technique. Thus, to confirm this association, a future prospective study investigating these associations with a larger sample size in other ethnicity is necessary. Nonetheless, a high resolution HLA genotyping should be performed to identify specific HLA genotypes.

Section III: Stavudine

With the available information on HLA genotype and stavudine-induced lipodystrophy, there is no association between HLA-B*4001 and stavudine-induced lipodystrophy. However, we found a significant association between HLA-B*4001 and stavudine-induced lipodystrophy in Thai population, whereas, no association

between HLA-B*4001 and stavudine-induced lipodystrophy in Spanish was observed. Nonetheless, in Thai populations, high risk of developing stavudine-induced lipodystrophy was observed. Moreover, to confirm this association, more studies are required, particularly in Asian populations (i.e. Han-Chinese, Malaysian, Korean and Japanese).