

slow the progression of HCV-related liver disease, ART should be considered for most HIV/HCV-coinfected patients, regardless of CD4 count. If treatment with PegIFN/RBV alone or in combination with one of the HCV NS3/4A PIs (telaprevir or boceprevir) is initiated, the ART regimen may need to be modified to reduce the potential for drug-drug interactions and/or drug toxicities that may develop during the period of concurrent HIV and HCV treatment. The science of HCV drug development is evolving rapidly.

So in a nutshell, the clinical management of HIV-HBV and HIV-HCV coinfection is an evolving paradigm. With newer antivirals being introduced, we are now in a position to treat these patients more effectively. Successful management of these patients require proper assessment of the patient's immune status and consideration of the fact that whether the patient requires management of HBV or HCV alone or requires management of HIV-HBV or HIV-HCV both concomitantly. Finally regular monitoring for drug resistance and hepatotoxicity of the drugs are to be done. Further studies are to be done to find out the potential role of entecavir PEG-IFN and telbivudine in the background of HIV-HBV coinfection.

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## DRUG PROFILE

### Metadoxine

The detection rate of alcoholic liver disease in China is approximately 4.34%. The mechanism of action of metadoxine on prevention and treatment of alcoholic intoxication may be associated with its protection of reduced glutathione and its enzyme system therefore, reducing the damage of free radicals caused by alcohol. Metadoxine can increase adenosine triphosphate (ATP) concentration in liver, speed up intracellular transportation of amino acids and antagonize inhibitory effect of alcohol on tryptophan oxygenase. Metadoxine can prevent fatty liver and hepatocellular necrosis by preventing hepatocellular redox imbalance and reducing the secretion of tumor necrosis factor to maintain a normal intracellular oxidation-reduction equilibrium. Therefore, in addition to speeding up metabolism blood alcohol, cleaning up and reducing direct and indirect toxicity of alcohol, metadoxine also has antioxidant properties. Thus, metadoxine is clinically used as an activator for aldehyde dehydrogenase for the treatment of acute and chronic alcoholic intoxication and alcoholic liver diseases due to its capabilities of speeding up the elimination of alcohol and aldehyde in the plasma. **Indications** include alcoholic fatty liver; non alcoholic fatty liver disease; acute and chronic alcohol intoxication; Metadoxine prevents fatty liver and hepatocellular necrosis by preventing hepatocellular imbalance; reduces the secretion of TNF. The drug restores reduced glutathione and its enzyme system; thereby, reducing the damage by free radicals caused by alcohol. **Conclusion:** Metadoxine can increase adenosine triphosphate (ATP) concentration in liver, speed up intracellular transportation of amino acids and antagonize inhibitory effect of alcohol on tryptophan oxygenase. Metadoxine can significantly improve liver function whether drinking is stopped or not.