

A call to action: alcohol interventions in hiv-infected patients

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A commentary on

Case records of the Massachusetts General Hospital. Case 6-2012. A 45-year-old man with a history of alcohol abuse and rapid cognitive decline

by Cho, T. A., Larvie, M., Tian, D., and Mino-Kenudson, M. (2012). N. Engl. J. Med. 366, 745–755.

In a recent issue of the New England Journal of Medicine, [Cho et al. \(2012\)](#) provided an interesting and very comprehensive description of an alcohol-dependent patient affected by alcoholic liver disease with fibrosis, brain abscess due to toxoplasma, and advanced HIV infection. This case report is a good reminder of three important clinical issues, i. e. (a) HIV-infected alcoholic patients drink more than the general population, alcohol is their most commonly abused drug and contributes to HIV-related morbidity, mortality, and transmission ([Fenton et al., 2010](#)); (b) HIV-infected alcoholic patients often have hepatic impairment because of alcohol's effects on liver, HCV coinfection, and antiretroviral therapy (ART)-related hepatotoxicity risk ([Szabo and Zakhari, 2011](#)); indeed, alcohol alone, like in this patient ([Cho et al., 2012](#)), can be harmful enough to develop clinically significant ALD - notably, in this patient ALD delayed ART initiation ([Cho et al., 2012](#)), which may have contributed to further clinical deterioration; (c) Alcohol interventions are dramatically needed for HIV-infected patients. This patient had declined treatment, e. g., disulfiram ([Cho et al., 2012](#)), a drug that itself might cause liver failure ([Edwards et al., 2011](#)). Though preliminary research is searching for safer and more effective pharmacotherapies (e. g., [Addolorato et al., 2007](#) ; [Johnson et al., 2008](#) ; [Leggio et al., 2011](#) , [2012](#)), this case ([Cho et al., 2012](#)) highlights the need to identify novel

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pharmacotherapies for alcoholic patients with ALD in order to provide effective interventions that both promote abstinence and help prevent progression to hepatic failure and death.

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