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## Erratum: Costs of antidepressant therapy

In the *Differential features* table in the article 'Nefazodone: a better tolerated option than TCAs for major depression' [*Drugs & Therapy Perspectives* 1997 Oct 13; 10 (8): 1-7], the acquisition cost for 28 days' treatment of nefazodone should have been £16.80.<sup>[1]</sup>

In addition, the product information for venlafaxine states that in adults the dosage of venlafaxine is 75 mg/day. After 2 weeks, if necessary, the dosage can be increase to 150 mg/day.<sup>[2]</sup> The acquisition costs for 28 days' treatment with venlafaxine 75 mg/day is £23.97.<sup>[1]</sup>

### References

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## HIV-associated bodyweight loss: a therapeutic challenge

Several drugs have shown some efficacy in treating patients with HIV infection and involuntary bodyweight loss, but none has emerged as a clear choice. Although therapy with anabolic steroids or appetite stimulants has increased bodyweight in such patients, only somatropin (recombinant human growth hormone) has produced clear (albeit inconsistent) improvements in lean body mass. Such improvements are reported to influence survival in patients with HIV infection; however, cost and the need for daily injections limit its usefulness at the present time.

### Bodyweight loss is a serious complication

Involuntary bodyweight loss is common in patients with advanced HIV infection and can be the presenting feature of AIDS.<sup>[1]</sup> Around 7% of patients with HIV infection may present with bodyweight loss as the only AIDS-defining condition, whereas another 11% may present with bodyweight loss and one other such condition.<sup>[2]</sup>

*Enteral supplementation is preferred because it maintains a functioning GI tract*

Bodyweight loss >4.5kg before an AIDS diagnosis has been reported as an independent predictor of poor survival after diagnosis,<sup>[3]</sup> and patients with AIDS and <90% usual bodyweight have an 8.3-fold increased risk of death.<sup>[4]</sup>

Bodyweight loss and protein-calorie malnutrition are important negative prognostic indicators in HIV infection because they may:<sup>[1]</sup>

- adversely affect quality of life
- contribute to an increase in morbidity and mortality
- cause immunodeficiency and exacerbate the immune deficit.

### Nutritional supplementation is important

Nutritional counselling and support are important, and should ideally begin before bodyweight loss and malnutrition develop. Dietary advice, high-calorie supplements and vitamin preparations should be introduced. Decisions over the choice of preparation depend on availability, palatability, cost and patient preference.<sup>[1]</sup>

Enteral supplementation is preferred because it maintains a functioning gastrointestinal (GI) tract and is effective in increasing bodyweight in patients with AIDS.<sup>[5]</sup>