factsheet 02
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septrin (co-trimoxazole)

Septrin or *Bactrim* are brand names for a combination of antibiotics called co-trimoxazole. Co-trimoxazole is the main drug used to treat and to prevent PCP (*Pneumocystis* pneumonia).

Prevention

HIV-positive people are at increased risk of getting PCP when their CD4 T-cell count falls below 200. At this point, doctors recommend that you start medication to reduce the risk of PCP. This is called prophylaxis.

PCP is a potentially fatal illness which used to be the leading cause of death for people with AIDS. However, it is now less common as a result of the use of PCP prophylaxis, and better treatments have been developed for people who do develop PCP.

Septrin is the most effective drug at preventing PCP, especially for people with CD4 counts below 100. It also reduces the risk of toxoplasmosis, an infection that can affect the brain in people.

The most common dose for prophylaxis is one double strength (960 mg) tablet every day. An alternative dose is one tablet three times a week.

Treatment

Septrin is also the first choice for treating people who do develop PCP. The dose used for treating PCP is higher than that used for preventing PCP. In some cases an intravenous form is used instead of tablets. It may take five to seven days before you start to feel better, and the treatment usually needs to be continued for two to three weeks.

After the PCP has been successfully treated, it is important to take PCP prophylaxis to reduce the risk of it recurring. This is called maintenance therapy or secondary prophylaxis.

Side-effects

Some people are allergic to *Septrin* and develop reactions such as an itchy red rash, sometimes with fever. In affected people, this usually occurs during the second week of taking the drug. In rare cases these reactions are extremely serious, so they should be reported to your doctor at once.

Anaemia (shortage of red blood cells) is the most common side-effect experienced at the higher doses used for treating PCP. It can also affect people using *Septrin* for prophylaxis. Some people also experience a shortage of white blood cells. These blood side-effects are more common if you are also taking certain medications such as AZT or ganciclovir. Some people taking *Septrin* also experience liver problems. Blood tests can monitor both your blood cell levels and your liver function. People with kidney damage may need to take lower doses.

Other possible effects of *Septrin* include reduced levels of folate in the body, which can be corrected by a prescription of folinic acid, and a decrease in the effectiveness of oral contraceptives.

Desensitisation

Because *Septrin* is the best form of PCP prophylaxis, doctors will often try to overcome allergic reactions you experience. They may suggest trying again a few weeks later, as it is not always clear whether an allergy is due to *Septrin* or to other drugs. Alternatively you may be able to overcome the allergy by starting again at a very small dose and gradually increasing it to the normal level. This is called desensitisation.

Many people who have an initial reaction to *Septrin* can be desensitised in this way. However, you should not try this yourself, but only under the supervision of a doctor. If your allergic reaction is severe, it is unwise to take the drug again except under very close supervision in hospital.

Alternatives

If you are unable to tolerate *Septrin*, there are several alternatives that provide some protection against PCP, including aerosolised pentamidine, dapsone plus trimethoprim and atovaquone.

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