

Septin (cotrimoxazole)

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Septin or *Bactrim* are brandnames for a combination of antibiotics called cotrimoxazole. Cotrimoxazole is the main drug used to treat and to prevent PCP (*Pneumocystis carinii* pneumonia, now called *Pneumocystis jiroveci* pneumonia).

Prevention

HIV-positive people are at increased risk of getting PCP if their CD4 cell count falls below 200. HIV treatment is recommended if your CD4 count falls below 350, but if your CD4 count is below 200, it is also recommended that you take medication to reduce the risk of PCP until your CD4 cell count increases. This kind of treatment is called prophylaxis, which means it is to prevent infection, rather than to treat it.

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 effective HIV treatment, the use of PCP prophylaxis, and better treatments for people who do develop PCP.

Septin 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.

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

Septin 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 *Septin* 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 *Septin* for prophylaxis. Some people also experience a shortage of white blood cells. These side-effects are more common if you are also taking certain medications such as AZT (*Retrovir*) or ganciclovir. Some people taking *Septin* 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 *Septin* include reduced levels of folate in the body, which can be corrected by a prescription of folic acid, and a decrease in the effectiveness of oral contraceptives.

Desensitisation

Because *Septin* 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 *Septin* 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 *Septin* can be desensitised in this way. However, you should not try this yourself. It should only be done

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 *Septin*, there are several alternatives that provide some protection against PCP, including aerosolised pentamidine, dapsone plus trimethoprim and atovaquone.