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Brivudin

A Viewpoint by Peter Wutzler

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Brivudin, a herpes virostatic based on a thymidine analogue, is approved for the treatment of herpes zoster in immunocompetent adults.

Compared with acyclovir, brivudin (given at a dosage of 125mg once daily for 7 days) showed superior antiviral activity. This was demonstrated by a statistically significant faster cessation of viral replication, which was measured by the time from start of treatment to the last eruption of new herpes zoster vesicles.

In the treatment of herpes zoster, post-herpetic neuralgia (PHN) has come to the fore as the most common complication. The risk of PHN was significantly lower with brivudin than with acyclovir in a double-blind survey study.

In a prospective clinical trial that compared the efficacy of brivudin with that of famciclovir, no significant between-group difference in the prevalence of PHN was detected. A special characteristic of this trial was the fact that patients were offered standardised analgesic treatment according to a

modified WHO recommendation for the treatment of pain. Pain intensity reported by the patient (documented pain intensity) was graded according to the analgesic potency of the administered pain medication (adjusted pain intensity). It is possible that the risk of PHN was further reduced as a result of the analgesic co-medication.

With the advantage of once-daily administration, treatment with brivudin is particularly beneficial for elderly patients, who are the group most frequently affected by PHN and who often need extensive medication for concomitant diseases. Moreover, this convenient dosage regimen does not have to be adapted in patients with renal or hepatic insufficiency.

Only one, nevertheless important, drug interaction has to be kept in mind: brivudin should not be coadministered with 5-FU (fluorouracil) or fluoropyrimidine derivatives, such as tegafur or capecitabine, because it can cause a potentially fatal accumulation of these drugs.

In conclusion, brivudin simplifies the treatment of herpes zoster in immunocompetent adults, improves compliance, and can be substituted for oral acyclovir. It is also a useful alternative to valacyclovir or famciclovir in these patients.