**Background**

Disulfiram has been used for the treatment of alcohol dependence for more than sixty years. It is an ingested, orally active agent, and well tolerated in the absence of alcohol.

The current licensed dose is 500mg daily, but up to 6g per day has been administered for more than sixty years. It is an oral agent, dosed daily and well tolerated in most patients. The current licensed dose is 500mg daily, but up to 6g per day has been administered for more than sixty years. It is an oral agent, dosed daily and well tolerated in most patients.

**Study design**

In an earlier pilot clinical study 14 days of disulfiram was given at the standard dose of 500mg daily to 16 adults on suppressive ART [4]. In that study, there was no parenteral change in plasma kinetics, but plasma viremia was significantly higher in the post-dosing period compared to the pre-dosing levels, and HIV was the subject of particular interest. Disulfiram was well tolerated at all doses below 6g daily. In that study, there was no parenteral change in plasma kinetics, but plasma viremia was significantly higher in the post-dosing period compared to the pre-dosing levels, and HIV was the subject of particular interest. Disulfiram was well tolerated at all doses below 6g daily.

**Disulfiram**

- Disulfiram was well tolerated at all doses below 6g daily.
- Disulfiram administered at 2000 mg demonstrated supra-proportional increase in exposure to disulfiram.
- Baseline variability in CA-US HIV RNA.
- Disulfiram resulted in prolonged increases in CA-US HIV RNA at all doses and in plasma HIV RNA at high dose.
- Prolonged increases in CA-US HIV RNA and plasma HIV RNA in subgroups with high baseline CA-US HIV RNA and high exposure to disulfiram or metabolites.
- Summary:

  - Disulfiram resulted in prolonged increases in CA-US HIV RNA at all doses and in plasma HIV RNA at high dose.
  - Disulfiram administered at 2000 mg demonstrated supra-proportional increase in exposure to disulfiram.
  - Baseline variability in CA-US HIV RNA.
  - Disulfiram resulted in prolonged increases in CA-US HIV RNA at all doses and in plasma HIV RNA at high dose.
  - Prolonged increases in CA-US HIV RNA and plasma HIV RNA in subgroups with high baseline CA-US HIV RNA and high exposure to disulfiram or metabolites.

**Methods**

- Full study details are available on request.

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