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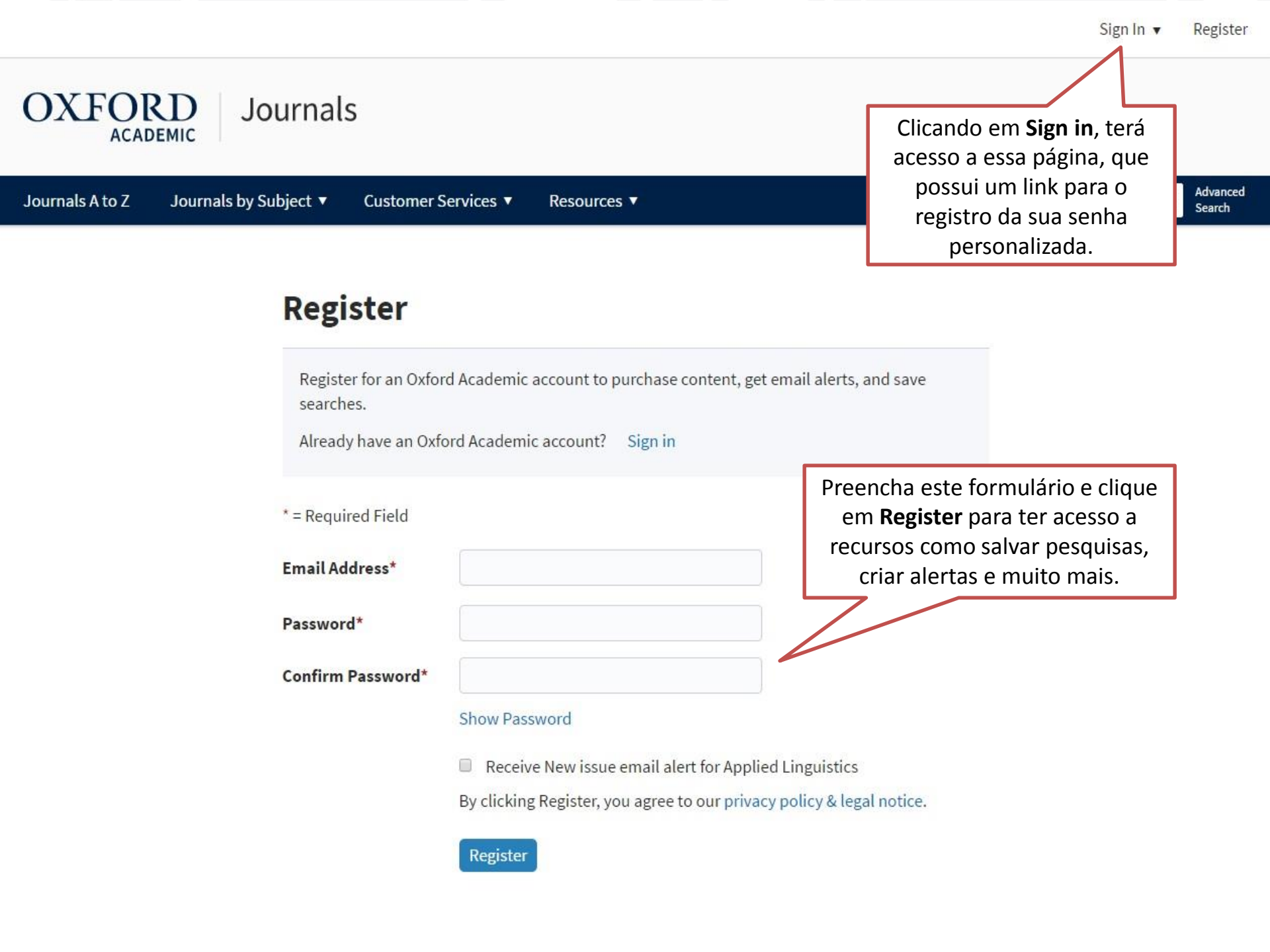
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Migraine and stroke in **young women**

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M.J. Cuadrado, M.A. Khamashta, G.R.V. Hughes

in QJM: An International Journal of Medicine

Published: 01 May 2000

... in the very resistant patient, anticoagulants may be an alternative therapy. 12 References 1 Chang CL, Donaghy M, Poulter N and World Health Organisation Collaborative Study of Cardiovascular Disease and Steroid Hormone Cont **men**: case-control study. Br...

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Issue Section: Correspondence

Sir,

The association between migraine and stroke has been described in several studies.[1–5] The predictive value of variables such as gender, the presence or absence of family history of migraine, use of oral contraceptives, high blood pressure, diabetes, heart disease or smoking has been analysed.

We would like to suggest a possible pathogenetic link between some cases of migraine followed by stroke not frequently mentioned in the literature—the presence of antiphospholipid antibodies (aPL).

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Migraine a

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QJM (2000) 93 (5): 3
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Issue Section:

Sir,

The association b
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We would like to
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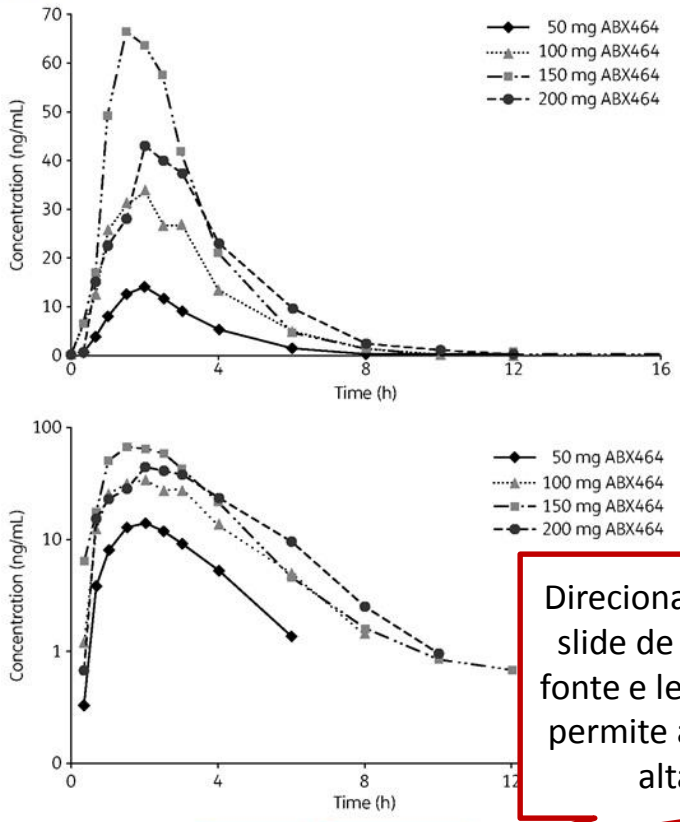
Figure 1



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Mean ABX464 plasma concentrations versus time (from 0 to 16 h) after a single oral administration of 50, 100, 150 or 200 mg ABX464 (top figure: natural scale; bottom figure: semi-log scale).

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We would like to suggest a possible pathogenetic link between some cases of migraine followed by stroke not frequently mentioned in the literature—the presence of antiphospholipid antibodies (aPL).

Following the description of the antiphospholipid syndrome (APS) in 1983,[6] it has become clear that headaches, including migraine, and strokes are major features of the disease.[7] Our own clinical experience in the lupus unit at St Thomas Hospital points towards the juxtaposition of severe headache including migraine and the development of stroke in a number of young individuals, especially females. Table 1highlights the clinical features of eight female APS patients with migraine and subsequent stroke. In every pati migraine antedated the stroke (mean 29±21 months, range 9 72 months). Magnetic Resonance Imaging (MRI) before stroke was normal in six patients, while two showed multiple high-intensity small images compatible with small-vessel disease (patients 7 and 8). All patients were receiving treatment for migraine as shown in Table 1. Interestingly, in two patients (patients 2 and 6), severe recurrent migraine attacks improved following the use of low-dose aspirin (75 mg/day). A further two pati with warfarin as therapeutic trial, show of migraine. All patients received warfa and those four who still suffered with migraine, also had a ge response to warfarin.

The pathogenesis of migraine in APS is unknown.[7] Possible mechanisms include the activation and aggregation of platelets[8,9] and the expression on endothelial cells of proteins such as endothelin-1,[10] or tissue factor, the major initiator of the coagulation cascade *in vivo*.[11] The mechanism behind the reduction in migrainous headaches during warfarin treatment in some of our patients is unclear, however, the dramatic response leads us to

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J Antimicrob Chemother
doi:10.1093/jac/dkw458

Journal of Antimicrobial Chemotherapy

Pharmacokinetics and tolerability of ABX464, a novel first-in-class compound to treat HIV infection, in healthy HIV-uninfected subjects

Didier Scherrer[1], Regine Rouzier[2], P. Noel Barrett[3], Jean-Marc Steens[1], Paul Gineste[1]*, Robert L. Murphy[4], Jamal Tazi[5] and Hartmut J. Ehrlich[1]

[1]ABIVAX, 5 Rue de la Baume, 75008 Paris, France; [2]Centre Cap Montpellier, 9 avenue Charles Flahault, 34094 Montpellier, France; [3]Independent Consultant c/o ABIVAX, 5 Rue de la Baume, Paris, France; [4]Northwestern University Feinberg School of Medicine, 645 N Michigan Avenue, Suite 1058, Chicago, IL 60611, USA; [5]Institut de Génétique Moléculaire, University of Montpellier, 1919 Route de Mende, 34293 Montpellier, France

*Corresponding author. E-mail: paul.gineste@abivax.com

Received 9 June 2016; returned 5 August 2016; revised 16 September 2016; accepted 27 September 2016

Background: An anti-HIV compound (ABX464) has been developed with a novel mechanism of activity in that it blocks viral gene expression in cells that are already infected.

Objectives: A first-in-man study was conducted to determine the pharmacokinetic and safety profiles of ABX464. This was carried out as an open label, parallel group, single ascending dose, exploratory study.

Methods: Twenty-four male subjects in good health without HIV infection, aged from 18 to 55 years old, with BMIs of 18–27 kg/m^2 were included. A single oral dose of ABX464 (50, 100, 150 or 200 mg) was administered on the morning of day 0 after overnight fasting, with follow-up for 45 days. Safety assessments consisted of vital signs, electrocardiogram, physical examination, laboratory tests and urinalysis. Pharmacokinetic parameters were calculated for ABX464 and its main metabolite ABX-464-*N*-glucuronide (ABX464-NGlc). The study was registered at https://www.clinicaltrials (trial number NCT02792686).

Results: ABX464 was well tolerated; the most frequent related treatment-emergent adverse events were headaches, nausea and vomiting; they were not considered as treatment-limiting effects. ABX464's C_{max} was observed approximately 2 h after administration in all groups. ABX464 was rapidly and substantially metabolized into ABX464-NGlc. The C_{max} of ABX464-NGlc was observed approximately 4 h post-dose and was about 160-fold higher than that of the parent with a much longer $t_{1/2}$ (90–110 h). The ratio of metabolite to parent drug was consistent across the complete dose range.

Conclusions: These studies confirmed that ABX464 is well tolerated and rapidly and substantially metabolized into ABX464-NGlc in human subjects.

Introduction

More than 40 million people have died from HIV-1-related causes globally since the emergence of HIV, and over 30 million people are still infected with the virus.[1]

Since the introduction of combination ART (cART) for HIV infection, millions of AIDS-related deaths have been prevented in the

Interrupting therapy results in the virus rapidly rebounding to pre-treatment levels.[9]

Even with the major successes of cART, there are some reports that full life expectancy for HIV-1-infected persons has not been restored.[10,11] Multiple studies have demonstrated that people living with HIV are at increased risk of cardiovascular disease, malig-

nancy and a range of other disorders,[12–15] possibly associated with

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