Background:
Human T-lymphotropic virus type 1-associated myelopathy/tropical spastic paparesis (HAM/TSP) is an infectious, chronic and progressive neurological disease with no specific treatment. To evaluate the efficacy of drugs used as a HAM/TSP treatment, based on the analysis of the immunological profile, proviral load and safety of treated individuals, is important to improve the quality of life of patients. In this context, this study proposes a systematic review of clinical trials available on the literature in order to clarify which are the most promissory drugs for specific HAM/TSP treatment.

Methods:
This literature systematic review was conducted according to the recommendations of the Preferred Reporting Items for Systematic Reviews and Meta Analyzes (PRISMA). The search strategy was carried by selecting original clinical trials articles that used any drugs to treating HAM/TSP patients, available on the Medical Literature Analysis and Retrieval System Online (Medline) and Latin American and Caribbean Literature in Health Sciences (LILACS) platform. In addition, the studies were selected considering eligibility criteria and the included articles were submitted at critical appraisal tools.

Results:
A total of 139 articles were found on the platforms. After screening using eligibility criteria and removing duplicates, 19 clinical trial studies published between 1992 until 2019 were included in the final analyses. The interferon-alpha cytokine, prosultiamine and monoclonal antibodies were the most common target of these studies. The analyses suggest that anti-inflammatory drugs and immunomodulators present a better clinical response for treating HAM/TSP individuals than other classes of drugs.

Conclusion:
HAM/TSP greatly affects the quality of life of patients and, therefore, there is an urgent need for an accessible form of treatment for all. These results are important to indicates a better research line to pharmacological clinical trials and optimize the search for an effective treatment for HAM/TSP individuals.
Disclosure of interest statement:
None.

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