

DGDispatch

Study Points to Best Triple-Drug Regimens for Initial Treatment of HIV-1 Infection: Presented at AIDS 2006

TORONTO, CANADA -- August 21, 2006 -- A triple-drug therapy that combines efavirenz plus 2 nucleoside reverse transcriptase inhibitors (NRTIs) is more effective at reducing viral load than the triple-drug therapy of lopinavir/ritonavir plus 2 NRTIs, a head-to-head comparison of the 2 commonly used HIV treatments has found.

The study, presented here at the 16th International AIDS Conference (AIDS 2006), also found a third regimen that did not include NRTIs -- the 3-drug cocktail of efavirenz and lopinavir/ritonavir -- performed nearly as well as efavirenz and 2 NRTIs.

Overall, however, the initial therapy of efavirenz and 2 NRTIs was the best "even in patients with relatively advanced HIV disease, said investigator Sharon Riddler, MD, assistant professor of medicine, infectious diseases division, University of Pittsburgh School of Medicine, Pittsburgh, Pennsylvania. She presented her findings at the meeting on August 17th.

Conducted under the AIDS Clinical Trials Group (ACTG), the open-label, prospective trial involved 753 participants. At baseline, just over half of the participants had viral loads greater than 100,000 HIV RNA per mL, while the median CD4+ cell count was 182 cells/mm³. Participants were randomly assigned to 1 of the 3 treatment arms.

After 96 weeks of treatment, 89% of those randomized to the efavirenz arm had viral loads of <50 copies/mL, compared with 77% randomized to the lopinavir/ritonavir arm and 83% randomized to the NRTI-sparing regimen. CD4+ cell counts at week 96 were 285 cells in the lopinavir/ritonavir group, 268 cells in the NRTI-sparing group, and 241 cells in the efavirenz group.

Those in the lopinavir/ritonavir group experienced more virologic failure than in the efavirenz group. After 96 weeks, 33% in the lopinavir/ritonavir group had virologic failure compared with 24% in the efavirenz-based group and 27% in the NRTI-sparing group.

Dr. Riddler said the U.S. Department of Health and Human Services' recommended regimens for initial therapy of HIV infection -- efavirenz with 2 NRTIs and lopinavir/ritonavir with 2 NRTIs -- "have not been previously compared in an adequately powered, randomized clinical trial. Potent NRTI-sparing regimens have, likewise, not been evaluated in randomized studies," Dr. Riddler said. This, she said, is partly because there is a general belief that combining a non-nucleoside reverse transcriptase inhibitor (NNRTI) with a protease inhibitor could result in drug resistance. However, earlier studies with other combinations suggested the approach could be safe.

Dr. Riddler said the results of the study indicate that initial therapy may not need to include NRTIs, which produce serious adverse events in some patients.

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