

Letters to the Editor

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Comment on: High rate of early virological failure with the once-daily tenofovir/lamivudine/nevirapine combination in naive HIV-1-infected patients

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Sir,

Rey et al.,1 compared nevirapine, lamivudine and tenofovir once daily versus nevirapine, lamivudine and zidovudine twice daily among antiretroviral-naïve HIV-infected subjects. Unexpectedly, more early virological failures with resistance occurred with the once-daily regimen, despite higher self-reported adherence levels in this group (71% versus 59% with the twice-daily regimen). This is one of the lowest adherence levels ever reported in a randomized trial aimed at comparing the intrinsic efficacy of two antiretroviral combinations. In my opinion, all hypotheses have not been discussed in the paper.

Compared with once-daily antiretroviral regimens, the twice-daily adherence rate is lower,2 but twice-daily antiretroviral regimens can limit treatment interruptions—risk factor for nevirapine or efavirenz resistance.4 In another similar randomized study with higher adherence levels,5,6 out of 39 patients who discontinued the study early had virological failure with resistance to efavirenz, didanosine and lamivudine once daily versus only 1 out of 54 with efavirenz, lamivudine and zidovudine twice daily (P=0.02, by Fisher’s exact test). It is noteworthy that non-inferiority of the once-daily regimen was demonstrated in the end.

The rationalized choice for antiretroviral therapy in clinical practice is usually based on randomized studies conducted among selected subjects with better adherence. Rey et al.,1 should be commended for waiving this principle, but their conclusion only applies to the population studied. In my opinion, larger studies with higher adherence are needed to assess the intrinsic efficacy of nevirapine, tenofovir and lamivudine (or emtricitabine) once daily. On the other hand, their report elegantly suggests that the intuitive ‘simpler is better’ for starting antiretroviral therapy among individuals with adherence problems may not always be true.

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References


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