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Nevirapine (NVP), tenofovir (TDF) and lamivudine (3TC) or emtricitabine (FTC) is effective and well tolerated in naïve HIV-1 infected patients

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Background

The combination of stavudine (d4T), 3TC and NVP was the WHO recommended first-line regimen for the treatment of naïve HIV-1 infected patients in resource-limited settings. But peripheral polyneuropathy, lipoatrophy and symptomatic hyperlactatemia are frequent and treatment-limiting adverse events associated with stavudine, especially when combined with antituberculous drugs. Tenofovir combined with lamivudine and efavirenz has proven excellent efficacy, but there is little experience when given with NVP.

Methods

Retrospective analysis of all patients receiving TDF, NVP and 3TC or FTC as first-line treatment in the Frankfurt HIV cohort.

Summary of results

70 patients (15 female) with a median CD4 cell count of 210/µl (47–949) and HIV-RNA PCR of 140,000 copies/ml (2,500–2,000,000) at baseline received TDF, NVP and 3TC/FTC, and were treated for a median of 68 weeks (16–278). CD4 cells rose up to cells/µl 322 (119–1075) and 75% of the patients remained on treatment. All patients on treatment at week 48 were <50 c/ml, even those starting with CD4 cells of <200 cells/µl or a HIV-RNA PCR >100,000 c/m. Reasons for discontinuation (24%) were mainly adverse events (13%), with rash (7%) and liver toxicity (6%) being the two most common, whereas virologic failure, drug interaction and non-adherence were all relatively rare (each 3%).

Conclusion

The combination of NVP, TDF and 3TC or FTC is effective and well tolerated in previously naïve HIV-1 infected patients even when started with low CD4 cell counts (<200/ml) and high viral loads (>100,000 c/ml). In the latest amendment of the WHO guidelines TDF, instead of d4T, is the recommended first-line treatment in resource-limited settings.