Nevirapine based treatment is effective in African women, but not optimal

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(Medical Xpress) -- According to new research from Brigham and Women's Hospital (BWH), an anti-AIDS treatment regimen, which includes the WHO-recommended drug nevirapine, is just as effective at suppressing the HIV virus as lopinavir/ritonavir, which is more expensive. The study is published in the June 12 issue of *PLoS Medicine*.

These findings are reassuring as they confirm the 2010 recommendation from the World Health Organization (WHO) that initial treatment of HIV-infected women, in resource-limited settings, should be a nevirapine based regimen. This particular combination is rapidly becoming one of the most commonly used antiretroviral treatment regimens worldwide, particularly among women. However, minimal data regarding the efficacy of this combination existed before this study and earlier data raised concerns about the potency of this regimen.

The researchers, led by Shahin Lockman, MD, a physician-researcher in the Division of Infectious Diseases at BWH, conducted one of the larger treatment studies in HIV infected women, worldwide. They analyzed 500 HIV-infected women in Africa who had not previously taken any antiretroviral treatment but who were found to have advanced HIV disease and required treatment. Half of the women received an antiretroviral therapy which contained nevirapine, and the other half received the antiretroviral therapy which contained lopinavir/ritonavir, which is much more expensive and is reserved for second-line treatment in resource limited settings.

The researchers found that the two treatment regimens were equally as effective in suppressing the HIV virus and keeping people alive. However, the major difference in the two treatments was that 14 percent of the women in the nevirapine group stopped treatment because of adverse health effects. None of the women in the lopinavir/ritonavir group stopped treatment.

“Our findings show that the nevirapine based regime is potent and effective, just not optimal,” explained Lockman.

Overall, while the study provides some reassurance regarding effectiveness, the results reinforce that other better-tolerated regimes should be sought after and used where possible.

“The take away message of our study should be that while this regimen works, it’s not the best that we could be using and we need to continue to press for better access to better regimes,” Lockman added.

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More information: Lockman S, Hughes M, Sawe F, Zheng Y, McIntyre J, et al. (2012) Nevirapine- Versus Lopinavir/Ritonavir-Based Initial Therapy for HIV-1 Infection among Women in Africa: A Randomized Trial. PLoS Med 9(6): e1001236. doi:10.1371/journal.pmed.1001236 . www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1001236

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