

Case study shows importance of single-pill HIV-1 treatment

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(HealthDay)—A single-pill combination HIV-1 treatment may be appropriate in certain cases, according to a case vignette published in the July 17 issue of the *New England Journal of Medicine*.

Monica Gandhi, M.D., M.P.H., from the University of California in San Francisco, and Rajesh T. Gandhi, M.D., from Massachusetts General Hospital in Boston, discuss the case of a 52-year-old homeless man who was diagnosed with HIV-1 infection in 2005. The patient was recently prescribed a multi-pill antiretroviral regimen, which he had not followed. The patient, who did not take other medications and had normal renal function, would take his medication if it was limited to a single pill once a day.

The authors discuss the currently available single-pill combinations

marketed for HIV-1 treatment, each of which contains the same combination of one nucleotide reverse-transcriptase inhibitor and one nucleoside reverse-transcriptase inhibitor. After checking the HIV-1 genotype of the patient for drug resistance, a single-pill combination could be beneficial in this case. Tenofovir disoproxil fumarate and emtricitabine would be a reasonable option as a backbone in the single-pill combination, and any of the anchor drugs would be suitable for this patient, based on his having normal [renal function](#).

"The selection of a regimen should be based on potential side effects, food requirements, dosing schedule, and, possibly, anticipated adherence; cost may also be a consideration," the authors write.

One author disclosed financial ties to the pharmaceutical industry.

More information: [Full Text \(subscription or payment may be required\)](#)

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