

News from IAS 2010

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Rilpivirine does well in trials

Rilpivirine (TMC278), an [experimental](#) [1](Of a drug) Not licensed for use in humans, or as a treatment for a particular condition. Experimental drugs are studied in clinical trials to determine their safety and efficacy, and are sometimes made available via Special Access Schemes prior to their approval. nonnucleoside reverse transcriptase inhibitor (NNRTI), is as effective as efavirenz (Stocrin) when used in combination by people starting treatment.

However, those who take efavirenz are more likely to stop treatment and are about three times more likely to report side-effects such as dizziness and vivid dreams.

It is expected rilpivirine will be submitted for a US licence very soon, and it is likely that it will be combined into a single, once-daily pill with Gilead's Truvada (tenofovir and FTC).

Switching to raltegravir

People who switched from a suppressive boosted protease inhibitor to the integrase inhibitor raltegravir (Isentress) generally maintained undetectable [viral load](#) [2]A measurement of the quantity of HIV RNA in the blood. Viral load blood test results are expressed as the number of copies (of HIV) per milliliter of blood plasma. with improvements in blood [lipid](#) [3]A fat. levels, according to two studies presented at the conference.

Once-daily raltegravir, however, did not work as well as twice-daily dosing for people with pre-existing resistance to nucleoside/nucleotide reverse transcriptase inhibitors (NRTIs).

No NRTI necessary

A combination [antiretroviral](#) [4]A medication or other substance which is active against retroviruses such as HIV. regimen consisting of the protease inhibitors lopinavir + ritonavir (Kaletra) plus the integrase inhibitor raltegravir (Isentress) appears to work just as well as a traditional three-drug cocktail including nucleoside/nucleotide reverse transcriptase inhibitors (NRTIs), while avoiding potential adverse side effects of NRTIs, according to findings from the PROGRESS study.

A total of 206 treatmentnaive participants were randomly assigned to receive 400/100 mg twicedaily lopinavir/ritonavir combined with either 400 mg twice-daily raltegravir or else once-daily NRTIs: tenofovir/emtricitabine (Truvada).

The PROGRESS investigators concluded that lopinavir/ritonavir plus raltegravir 'resulted in noninferior [efficacy](#) [5]

Safety of treatment during pregnancy

Two decades of data show that HIV treatment during pregnancy does not increase the risk of birth abnormalities.

Investigators analysed 20 years of information on birth abnormalities gathered by the Antiretroviral Pregnancy Register. The rate of birth defects was identical to that seen in the general population (2.7%).

In addition, despite previous concerns, there was no evidence that treatment with efavirenz during pregnancy increased the risk of birth abnormalities.

However, there was some evidence suggesting that taking a protease inhibitor during pregnancy increased

the risk of having a premature or low weight baby.

Nevirapine news

People who also have hepatitis C ([HCV](#) [7]Hepatitis C virus.) and include nevirapine (Viramune) in their treatment regimen are more likely to achieve a sustained response to interferon-based therapy, according to a Spanish study.

The researchers suggest nevirapine may lower HCV viral load and thereby improve treatment response, but an alternative explanation is that people who are prescribed this drug are less sick at the outset, and therefore more likely to respond to HCV treatment in any case.

A new extended-release formulation of nevirapine that can be taken once daily appears to perform at least as well as the older immediate-release pill taken twice daily.

The study involved 1011 treatment-naive adults with HIV. Analysis at 48 weeks showed that 81% of people taking the new extended release formulation had an undetectable viral load, compared to 76% taking the immediate-release formulation.

New integrase inhibitor shows promise

Early results show that the experimental integrase inhibitor GSK-572 has a rapid, powerful anti-HIV effect, and works against strains of the [virus](#) [8]A small infective organism which is incapable of reproducing outside a host cell. [resistant](#) [9]HIV which has mutated and is less susceptible to the effects of one or more anti-HIV drugs is said to be resistant. to the only licensed drug in this class, raltegravir (Isentress).

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Links:

[1] <http://www.napwa.org.au/glossary/term/491>

[2] <http://www.napwa.org.au/glossary/term/416>

[3] <http://www.napwa.org.au/glossary/term/100>

[4] <http://www.napwa.org.au/glossary/term/122>

[5] <http://www.napwa.org.au/glossary/term/486>

[6] <http://www.napwa.org.au/glossary/term/123>

[7] <http://www.napwa.org.au/glossary/term/132>

[8] <http://www.napwa.org.au/glossary/term/125>

[9] <http://www.napwa.org.au/glossary/term/109>