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Efavirenz

A Viewpoint by Brian Conway

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It has been suggested that aggressive antiretroviral therapy for a period of approximately 3 years could lead to a 'cure' for HIV infection.[1] However, live HIV can easily be grown from circulating cells taken from patients who have responded to aggressive therapy for over 2 years.[2] This suggests that the most appropriate model of care is in fact life-long therapy. It is likely that an HIV-infected individual will be treated with a series of different drug regimens throughout their lifetime in an effort to avoid disease progression, perhaps indefinitely.

In this context, it is important that the number of effective therapeutic options is maximised. Recent data on the use of efavirenz in clinical practice is, therefore, very welcome. As discussed in the accompanying new drug profile, this non-nucleoside reverse transcriptase inhibitor (NNRTI) produces a significant and sustained decrease in plasma HIV viral load when used in combination with indinavir in drug-naive patients. Similar benefits have been reported (over 16 to 24 weeks) with the efavirenz/indinavir combination in patients with limited prior exposure to nucleoside reverse transcriptase inhibitors (NRTIs). Despite these favourable data, many clinicians will be reluctant to use this double-drug combination without a more definitive demonstration of its long term efficacy, particularly when compared with the more traditional 3-drug regimens.

The addition of efavirenz as a single agent to an ongoing treatment regimen comprising zidovudine and lamivudine has yielded particularly disappointing results; however, as first-line therapy, this regimen (zidovudine/lamivudine/efavirenz) seems much more effective. The most exciting news is the clear demonstration that a regimen of efavirenz plus zidovudine and lamivudine is as effective as a widely accepted standard treatment regimen comprising indinavir plus zidovudine and lamivudine, at least over 24 weeks.

Given its ease of administration and relatively favourable safety profile, efavirenz offers an additional treatment option for patients who have elected to begin antiretroviral therapy. Furthermore, promising efficacy data on delavirdine[3] and nevirapine[4] in combination with NRTIs, should increase our confidence in NNRTIs as a class, and lead to their more widespread use in clinical practice. Additional data on the efficacy of NNRTIs in different clinical settings (as first-line therapy in combination with NRTIs and protease inhibitors and in a wider range of combinations as second-line therapy) are urgently needed to allow us to derive maximum benefit from agents such as efavirenz. ▲

References

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