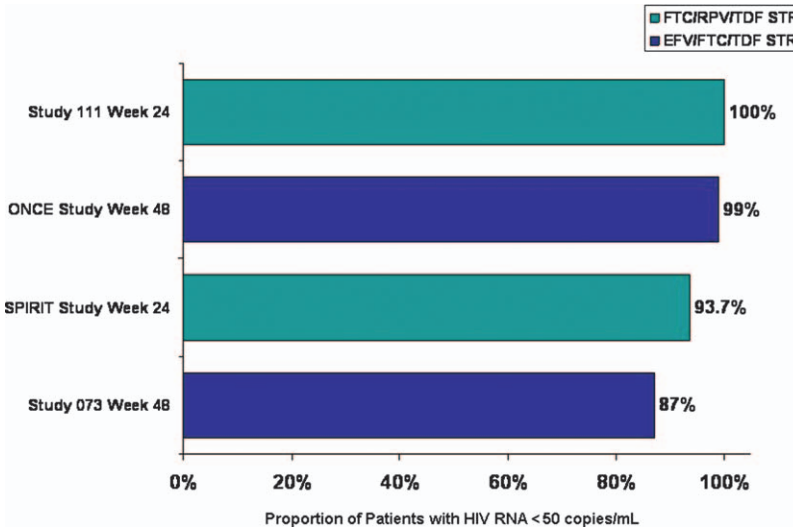

Figure 14.7 Cross-study comparison of efficacy of FTC/RPV/TDF and EFV/FTC/TDF STRs in virologically suppressed patients who switched from other ARV regimens.

14.4.3 Cohort Study

Virologic suppression rates were higher with EFV/FTC/TDF STR compared with non-one pill once-daily ARV regimens in the REACH cohort. Participants in the REACH cohort included both treatment-naive and treatment-experienced individuals with the majority of participants being nucleoside-experienced (65%) with a median of 27.6 months of prior antiretroviral therapy. More patients on EFV/FTC/TDF STR achieved HIV-1 RNA <50 copies mL^{-1} compared with non-one pill once-daily regimens (69% *versus* 46%; $p = 0.02$).[23]

14.5 Safety

Another critical objective of regimen simplification is to enhance tolerability and reduce toxicities associated with long-term ARV use. Toxicity and tolerability issues related to ARV use have been identified among the principal causes of poor adherence, treatment interruptions and regimen switching. ARV agents developed early in the HIV epidemic, particularly thymidine and adenosine analog NRTIs, have been associated with numerous side effects and adverse events (AEs), including gastrointestinal intolerance, lipodystrophy, hyperlipidemia and peripheral neuropathy.[8] ARV agents developed more recently have sought to minimize short- and long-term side effects while improving virologic efficacy and adherence. Because the treatment of HIV infection involves lifelong ARV therapy, the continued development of safe, more tolerable regimens that are easy to take is critical to successful treatment