Lower Dose of Kaletra Works Well for Kids With HIV

July 18, 2013

Cutting the standard dose of Kaletra (lopinavir/ritonavir) by 30 percent does not change the antiretroviral's efficacy at suppressing HIV and it improves rates of abnormal lipid levels among children, aidsmap reports. Investigators conducted a randomized open-label trial at 11 sites in Thailand that included 200 HIV-positive children younger than 18 who weighed between 25 and 50 kilograms (55 to 100 pounds) and who had an undetectable viral load at the outset. They presented their findings at the 7th International AIDS Society Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2013) in Kuala Lumpur.

The children were randomly assigned to receive the U.S. Food and Drug Administration (FDA)–recommended dose of Kaletra, adjusted for the child's weight, or 70 percent of that dose. The children took a variety of different nucleoside reverse transcriptase inhibitor backbone regimens.

In the intention-to-treat analysis of the standard dose arm—meaning the analysis was based on the study's treatment assignment and not on any deviations from that protocol that may have occurred among the participants—91.8 percent of the children had an undetectable viral load after 28 weeks, compared with 88.1 percent of the low dose arm. Meanwhile, in a per protocol analysis, which only considered those who completed the study according to the researchers' intentions, the proportion who reached an undetectable viral load were a respective 93.7 and 91.8 percent in the standard- vs. the reduced-dose arm.

At the 48-week mark, 34.4 percent of those in the standard-dose arm had cholesterol above 200 milligrams per deciliter compared with 20.6 percent in the low-dose arm. Meanwhile, the respective proportions with triglycerides above 150 mg/dl were 60.4 and 44.3 percent.

To read the conference abstract, click here.

To read the aidsmap story, click here.

© 2026 Smart + Strong All Rights Reserved.

http://beta.docker.poz.com/article/Kaletra-pediatrics-24258-8516