Can Intermittent HIV Treatment Overcome Drug Shortages?

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Switching to intermittent antiretroviral treatment—such as taking weekends off—can work as well as daily medication for people with well-controlled HIV, which could help limited drug supplies go further, researchers reported at the International AIDS Society Conference on HIV Science.

A UNAIDS survey in May found that 46% of countries affected by the Trump administration's foreign aid funding cuts reported medication supply chain disruptions. Asking whether less frequent dosing could help stretch drug supplies, Cassandra Fairhead, MD, of the Royal Free Hospital in London, and colleagues performed a systematic review and meta-analysis of studies comparing the efficacy of intermittent versus daily antiretroviral therapy.

The researchers identified eight relevant randomized controlled trials that together included 1,346 people on daily treatment with viral suppression at baseline, a high CD4 count and no known drug resistance. Participants were randomly assigned to stay on daily meds or switch to dosing three to five days a week.

Overall, there was no difference in efficacy between intermittent and daily treatment, with 3.1% and 3.3% of participants, respectively, experiencing viral rebound at 48 weeks. The likelihood of emergent drug resistance was low and comparable in the two groups, as were biomarkers of inflammation. Adherence was similarly high with intermittent and daily schedules, but participants reported higher satisfaction with less frequent dosing.

"For countries with urgent drug shortages, extending antiretroviral therapy supplies could have clinical benefits for people with HIV and population benefits of minimizing HIV transmission," Fairhead said. But this approach is not appropriate for everyone, and it relies on frequent viral load monitoring.