People With HIV and Kidney Problems Should Avoid Viread (Tenofovir)

October 8, 2014

While antiretroviral (ARV) therapy is beneficial for HIV-positive people with reduced kidney function, they should not take Viread (tenofovir), according to updated guidelines from the HIV Medicine Association (HIVMA) of the Infectious Diseases Society of America (IDSA). Published in Clinical Infectious Diseases, the guidelines take into account the findings of large studies published since their last update in 2005.

Viread is the most commonly prescribed ARV. Research has shown that it can lead to moderate kidney damage in some people with HIV.

“Research shows HIV patients who have clinically decreased kidney function are less likely to be prescribed [ARVs], probably because physicians and other health care providers are concerned that many of these medications are cleared by the kidneys and don’t want to cause further harm,” Gregory Lucas, MD, co-chair of the guidelines and associate professor at Johns Hopkins School of Medicine, said in a press release. “But the outlook for HIV patients with kidney disease is much better now that we have numerous effective treatments for HIV, many of which are not cleared by the kidneys.”

One such treatment is the newly approved Triumeq (dolutegravir/abacavir/lamivudine), the first single-pill ARV combination regimen approved that does not contain Viread.

The guidelines also state that kidney transplants are a viable option for HIV-positive people who are suffering from kidney failure. Post-transplant survival rates are just as good for those with the virus as those without.

Kidney function is determined by estimating the glomerular filtration rate, or GFR, while kidney damage is determined by using a urinalysis or a urine protein test. The kidneys may still function normally even when there is damage. Kidney damage may lead to reduced kidney function, although this is less likely if the damage is low. Kidney damage, on the other hand, increases the risk of cardiovascular disease even when kidney function is normal.

“People with a GFR of less than 60 milliliters per minute per 1.73 meters squared should likely not be prescribed tenofovir—there are many different [ARV] options, so why risk toxicity?” Lucas said. “Also, patients who are on tenofovir should be taken off if there is a clinically significant drop in

kidney function, and placed on another therapy."

As many as 10 percent of people with HIV cross that threshold in their GFR screens, while as many as 20 percent may have persistent kidney damage, which is usually indicated by protein in the urine, while having preserved kidney function.

To read the press release, click here.

To read the guidelines, click here.

© 2026 Smart + Strong All Rights Reserved.

http://beta.docker.poz.com/article/kidney-Viread-26282-7263