

Several HIV Meds Steadily Raise Kidney Disease Risk Over Time

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 People with HIV who take Viread (tenofovir), Norvir (ritonavir), Reyataz (atazanavir) or Norvir-boosted Kaletra (lopinavir/ritonavir) are at increasing risk of kidney disease over time, Medscape reports. Researchers followed 23,560 HIV-positive participants in the Data Collection on Adverse Events of Anti-HIV Drugs study. Findings were presented at the 2015 Conference on Retroviruses and Opportunistic Infections (CROI) in Seattle.

The study only included those who began it with high kidney function: an estimated glomerular filtration rate (eGFR) of at least 90 milliliters per minute per 1.73 meters squared. The median eGFR at the beginning of the study was 110 mL/min. The study defined chronic kidney disease as an eGFR below 60 mL/min.

The participants were followed for an average of 6.3 years. During that time, 210 (0.9 percent) of them developed chronic kidney disease, for an incidence of 1.48 per 1,000 person-years of follow-up. This incidence increased as individuals spent longer periods taking Viread, Norvir-boosted Reyataz, Norvir-boosted Kaletra, Norvir-added protease inhibitors, and Ziagen (abacavir). After adjusting the data for other factors, the researcher found that the link between kidney disease and the various antiretrovirals was significant only for Viread, Norvir-boosted Reyataz and Norvi-boosted Kaletra.

The incidence rates of kidney disease rose the longer the participants took each drug. After a respective one, two and five years on Viread, the incidence per 1,000 person-years was 1.12, 1.25 and 1.74. For Norvir-boosted Reyataz, the respective incidences were 1.27, 1.61 and 3.27. For Norvir-boosted Kaletra they were 1.16, 1.35 and 2.11.

Among those who stopped taking Viread, the chronic kidney disease incidence rate ratio dropped off over time, but not entirely. Two years later, these people still were 2.47 times more likely to have chronic kidney disease than those who had never taken the drug.

To read the Medscape report, [click here](#).