Switching to Integrase Inhibitor Linked to Improved Diabetes Risk Factors

This from a small study of people who switched from a boosted protease inhibitor to Isentress (raltegravir) or Tivicay (dolutegravir).

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People who switch from an antiretroviral (ARV) regimen including a boosted protease inhibitor to one including either of the integrase inhibitors Isentress (raltegravir) or Tivicay (dolutegravir) see improvements in risk factors for the development of diabetes, Infectious Disease Advisor reports.

Publishing their findings in the Journal of Antimicrobial Chemotherapy, researchers conducted a prospective cohort study of 86 people with HIV who did not have diabetes. Eighty-six percent of the cohort was male, and the average age was 45.7 years old. All participants had been on ARVs for at least two years; had a fully suppressed viral load for at least six months; were taking a Norvir (ritonavir)-boosted protease inhibitor plus Truvada (tenofovir disoproxil fumarate/emtricitabine; and switched to Isentress or Tivicay plus Truvada.

The participants were followed for 12 months.

Forty-five members of the study switched to Isentress and 41 switched to Tivicay. The two groups experienced respective declines of 0.61 nanograms per milliliter and 0.54 ng/ml in leptin; declines of 2.5 milli-international units per liter and 2.1 mIU/L in insulin; and declines of 0.55 and 0.49 in average homeostasis model assessment of insulin resistance index score. Both groups also saw their lipid levels decline. All these declines were statistically similar, meaning any difference between them could have been driven by chance.

The study is limited by the fact that it had no comparison group of people who did not switch to an integrase inhibitor, was small in size and had a relatively short follow-up period.

To read the Infectious Disease Advisor article, click here.

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