Switching Integrase Inhibitor–Based HIV Regimen for Atripla Tied to Weight Gain

More research is needed to determine the metabolic implications of this apparent association and how it may drive diabetes.

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People with HIV who switch from taking Atripla (efavirenz/tenofovir/emtricitabine) to an antiretroviral regimen based on an integrase inhibitor gained more weight than those who stayed on Atripla in a recent study, the National AIDS Treatment Advocacy Project reports.

Presenting their findings at the IDWeek 2017 conference in San Diego, researchers conducted a study of HIV-positive individuals who prior to the study had been taking Atripla for at least two years and who maintained a viral load of 1,000 or below during that time as well as for at least 18 months after the beginning of the study.

The study's analysis included data on 136 people who switched to an integrase inhibitor–based regimen, 34 who switched to a protease inhibitor–based regimen, and 325 who stayed on Atripla. Among these three groups, a respective 14 percent, 29 percent and 14 percent were women, and the respective median weight before the study started was 182 pounds, 165 pounds and 177 pounds. The median age in all three groups was about 39. The median CD4 count at the study's outset for all participants was above 500, indicating good overall immune health.

After 18 months, those who switched to an integrase inhibitor–based regimen gained an average 6.38 pounds versus 1.98 pounds among those who stayed on Atripla. There was no statistically significant difference between the average weight gained on a protease inhibitor–based regimen (1.54 pounds) compared with that gained on Atripla, meaning any apparent difference on that count may have been driven by chance.

Those who switched to the integrase inhibitor–based Triumeq (dolutegravir/abacavir/lamivudine) gained more weight (11.66 pounds) than those who switched to regimens based on the integrase inhibitors Isentress (raltegravir) or Vitekta (elvitegravir) (6.16 pounds), but this difference was not statistically significant, meaning it could have been driven by chance.

Those who switched to an integrase inhibitor–based regimen saw their average hemoglobin A1c, a

marker for diabetes, rise from an average 6.4 percent to 6.5 percent. However, this shift was also not statistically significant.

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