

Switching From Sustiva to Kaletra Does Not Impact Neurocognitive Function

Sustiva (efavirenz), which is included in Atripla, is associated with central nervous system side effects and sleep disturbances.

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Swapping Kaletra (lopinavir/ritonavir) for Sustiva (efavirenz) in an HIV treatment regimen does not significantly impact neurocognitive function, aidsmap reports. However, the switch tended to improve sleep quality in a recent small study.

Sustiva is included in Atripla (efavirenz/tenofovir disoproxil fumarate/emtricitabine) and is associated with central nervous system side effects and sleep disturbances.

Publishing their findings in *HIV Medicine*, researchers conducted a pilot study including 16 people with a median age of 50 who had been taking Sustiva for a median 4.5 years. They all had a fully suppressed viral load and had a median CD4 count of 660. Fourteen of them took Truvada (tenofovir disoproxil fumarate/emtricitabine) as the remainder of their antiretroviral (ARV) regimen.

The researchers assessed the participants' cognitive function before and after switching them from Sustiva to Kaletra. This included a battery of tests, proton magnetic resonance spectroscopy and an MRI. The investigators also asked the participants to keep a diary noting their sleep quality and quantity.

According to the test results, before the medication switch, two of the participants had severe cognitive impairment and 56 percent had mild impairment. The treatment change did not impact cognitive function, with almost all of the measures taken before and after the switch proving comparable.

For some participants, sleep quality did improve after they switched to Kaletra.

To read the aidsmap article, [click here](#).

To read the study abstract, [click here](#).

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