Ugandan Study Contradicts Sustiva's Ties to Depression and Suicidal Thoughts

Various other studies have indeed found such a link.

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A recent long-term study conducted in Uganda did not find that the use of the antiretroviral (ARV) Sustiva (efavirenz) was associated with an increased risk of depression or suicidal ideation, MedPage Today reports. This finding is in contrast with those of various other studies that have indeed found that taking Sustiva is linked to a greater risk of these two mental health measures.

Publishing their findings in the Annals of Internal Medicine, researchers conducted a prospective cohort study, the Uganda AIDS Rural Treatment Outcomes (UARTO) study, between 2005 and 2015, which included 694 adults with HIV who upon entering the study had not taken ARVs.

The participants had a median age of 33. Ultimately, 305 of them took Sustiva and 389 took Viramune (nevirapine). Both drugs are non-nucleoside reverse transcriptase inhibitors (NNRTIs). Sustiva is included in Atripla (efavirenz/tenofovir disoproxil fumarate/emtricitabine)

Because of previous research indicating Sustiva's association with neuropsychiatric side effects, the drug is no longer recommended as primary option for those starting HIV treatment for the first time. Atripla is the only single-tablet ARV regimen produced by Gilead Sciences not to have been recently updated with the new version of tenofovir by the pharma company.

One recent study, a sub-study of the randomized-controlled START study that was published in 2015, found that Sustiva was associated with an increased risk of suicidal behaviors. Just before that, another study was published that found that the drug was not strongly associated with suicidal thoughts.

When the participants entered the Ugandan study, there was no significant difference between those who ultimately took Sustiva versus those who took Viramune according to their projected likelihood of experiencing depression or suicidal ideation.

Among those who took Sustiva, 20 percent experienced depression and 6.2 percent experienced

suicidal ideation at least once during the study period, while a respective 32.1 percent and 12.1 percent of those who took Viramune experienced the same. This meant that the rate of the first experience of depression was 11.4 cases per cumulative100 years of follow-up among those who took Sustiva and 23.7 cases per 100 years among those who took Viramune.

The researchers calculated that compared with those who took Viramune, those who took Sustiva had a 38 percent reduced risk of depression during the study's follow-up period and a 39 percent reduced risk of suicidal ideation. However, the finding about suicidal ideation was not statistically significant, meaning it could have occurred by chance.

Accordingly, the study authors concluded that Sustiva was not associated with an increased risk of depression or suicidal ideation in those who started the study with a higher risk of developing depression. Sustiva, they concluded, "is a safe option for first-line therapy in the region."

The study was limited by the fact that measures of depression and suicide were based on self-reporting. It is also possible that the study did not take into account factors that may have driven the difference in these two mental health measures among them outside of the question of which of the two ARVs the participants took.

To read the study abstract, click here.

To read a press release about the study, click here.

To read the MedPage Today article, click here.
