

# because you asked



## Is newer better?

**With new drugs becoming available, should I change my current regimen to include one of these newer agents?**

**Dr. Colin Kovacs responds:** There are many reasons why you might consider changing your current antiretroviral (ARV) regimen. There are considerably more choices available today and we're discovering ways to use these medications in novel combinations.

However, any change to your regimen — even changing the timing of doses — must be made after consultation with your health care provider to avoid negative consequences. Your doctor can also help you consider the risks and benefits involved in switching to different or newer medications: Are they more effective? More convenient? Safer?

Before they're approved, all medications to treat HIV infection must undergo a rigorous trial period in a large number of patients who are followed for several years. These studies rarely show that one drug far surpasses another drug in its ability to suppress HIV replication (i.e. to reduce your viral

level to an undetectable level). Such studies generally show that the new drug is "non-inferior" (i.e. not worse than) an older drug. As well, it appears that once the viral load is undetectable, no single drug has been shown to be better at repairing the immune system faster or more completely than another drug.

However, HIV drugs are different in terms of their unique characteristics, e.g. ease of taking the pills, side effects, long-term toxicities, risk of allergies, use in pregnancy or with other illnesses, etc. It may be worthwhile discussing particular issues with your doctor to see if some difficulties can be relieved by changing ARVs. If you're experiencing significant toxicities or have developed resistance to older drugs, there's no question that adding some newer agents can be life-saving.

We know much less about newer agents than we do about ARVs that have been in use for many years. Rare side effects or slow-developing toxicities may only be recognized once a larger number of patients have taken a new drug for longer periods of time. It also takes time to find out how a new drug acts in combination with other drugs. Peoples' bodies process medications differently depending on health conditions (e.g. liver disease) and what other medications they're taking at the same time. Also, factors that contribute to the development of resistance with newer agents may not be fully understood when they're first approved.

A recent switching study showed that it's difficult to know how much each drug in a successful ARV regimen is contributing to keeping viral loads undetectable. This may lead to the possibility of viral load rebound if the drug that is doing most of the work is withdrawn from the regimen in favour of a newer one.

A final word of wisdom: If your current regimen is working well and you're not in immediate need of a change, waiting for more experience with the newer medications can reduce the risks of switching, both foreseen and unforeseen. **R**

**Colin Kovacs, MD, FRCPC,** is on academic staff in the Division of Infectious Disease, Department of Internal Medicine at the University of Toronto and a researcher at the Canadian Immunodeficiency Research Collaborative.

**Is there something  
you need to know?  
Please send your questions to:  
[relay@parkpub.com](mailto:relay@parkpub.com)**

© 2009 Parkhurst, publisher of Relay. All rights reserved.