one in his family smokes cigarettes. Despite China's ban in 1995 on tobacco advertising, foreign brands of cigarettes—such as Marlboro—have already taken a "toe-hold" in the Chinese market through advertising. Next to CocaCola® and Mickey Mouse, Marlboro is the third most well-known American brand name in China.[10] A 1997 survey in China indicated that, of current smokers, 44% still preferred Marlboro.[3] Chinese films and television programs nowadays are full of smoking characters who are glamorous, handsome, and cool. Because of these pervasive and perverse propaganda, people of different ages—especially teenagers—like to emulate them, making cigarette smoking a fashion.[3]

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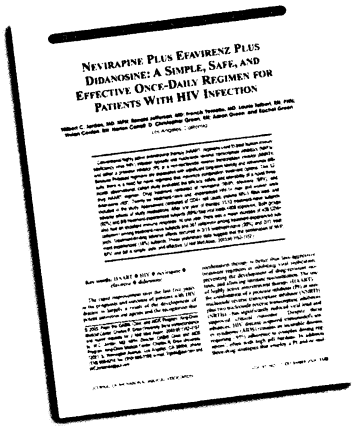
NEVIRAPINE PLUS EFAVIRENZ PLUS DIDANOSINE: A SIMPLE, SAFE, AND EFFECTIVE, ONCE-DAILY REGIMEN FOR PATIENTS WITH HIV INFECTION

Potential Adverse Effects and Inferior Efficacy in ARV Treatment

Dear Editor,

The article by Jordan et al.[1] provides helpful information in the search for effective once-daily antiretroviral (ARV) regimens. Their study of a regimen consisting of nevirapine (Viramune), didanosine (Videx), and efavirenz (Sustiva) adds to the accumulating data about the effectiveness of once-daily regimens. We have reservations, however, about using this specific regimen routinely because of potential adverse effects and inferior efficacy, especially as other once-daily ARV regimens have become available.

The 2NN[2] study addressed some key issues that relate to the study by Jordan. One arm of the 2NN study looked at 209 patients taking a regimen containing nevirapine and efavirenz. Patients receiving this dual non-nucleoside reverse transcriptase inhibitor (NNRTI) regimen had significantly worse virological outcomes and more clinical adverse events than patients receiving a regimen containing only one NNRTI, efavirenz. The smaller retrospective study by Jordan et al was not adequately powered to detect such adverse events.

Jordan states that a dual NNRTI regimen would potentially spare patients from toxicities of protease inhibitors (PI) and nucleoside reverse transcriptase inhibitors (NRTI). These important toxicities do not always occur in all patients. It is also important to note that it can take years of therapy before toxicity becomes apparent and the study by Jordan lasted for only one year. Although the authors point out the importance of avoiding the development of lipodystrophy and mitochondrial toxicity, one of their study drugs, didanosine, is also implicated in these adverse effects.

Once-daily regimens may be critical in helping patients adhere to antiretroviral therapy. Fortunately, several FDA-approved medications can be dosed once daily. These include atazanavir, fosamprenavir, amprenavir/ritonavir, emtricitabine, lamivudine, enteric-coated didanosine, tenofovir, and extended-release stavudine. Further research will help us determine which combina-

tions of these and other medications are most helpful in patients with specific adherence needs.

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Dear Sirs:

This is in response to the above letter. As stated in my article, this was not a study but a report of observational data on patients who elected to take this once-daily regimen.

The goal of this report is to allow the clinician to know that in those rare situations where it is needed, it is possible to use two NNRTIs in combination. There are now several drugs that can be administered once daily. They include abacavir, 3TC, ddI-ec, tenofovir, FTC, and soon-to-be d4T among NRTIs; Viramune, and efaverinz remain the two NNRTIs that can be given once daily, and there are now protease inhibitors that can be given once daily, e.g., atazanavir, fos-amprinavir, and even kaletra. That means the need for dual NNRTIs will be rare, however, in those rare situations where the two drugs that remain as an option happen to be viramune and efavirenz, the clinician can at least know it is feasible. Our patients were not randomized as in the 2NN study; however, about the same percent had side effects.

Sincerely,
Wilbert C. Jordan, MD