Universidade de Coimbra
Faculdade de Medicina

PROCEDIMENTOS NORMALIZADOS PARA PESQUISA DE INFORMAÇÃO CLÍNICA SOBRE REACÇÕES ADVERSAS NO ÂMBITO DA INFECÇÃO VIH / SIDA

Catarina Isabel Pereira Laginhas Loureiro Abrantes

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Dissertação de Mestrado em Síndroma de Imunodeficiência Adquirida (SIDA): da Prevenção à Terapêutica, área de especialização em Educação para a Saúde e Medicina

apresentada à Faculdade de Medicina da Universidade de Coimbra

realizada sob a orientação da Professora Doutora Isabel Vitória Figueiredo e do Professor Doutor António Meliço-Silvestre

À "Vó Pitita", ao Avô Acrísio e à Tia Maria,
para sempre na memória e no coração

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Sem lugar posto, o eu sabedor
Sofreado pelo deglutir da ansiedade
Entrei pela porta mestra, sem leviandade
E parti… pelo caminho doutor!

Nos primeiros passos, um sorriso cravado
Seguidos de uma angústia lacrimejada
Que, vergada perante um coração aliviado
Pela vitória atingida, velo o meu MUITO OBRIGADA…

… à Professora Doutora Isabel Vitória Figueiredo, a mão empolgante que logo se estendeu e me empurrou em frente,

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… a todos, sem excepção e sem mais palavras, que me conduziram a mais esta etapa final do curso da minha vida!

ABREVIATURAS E SIGLAS

ABREVIATURAS

ed(s).	edição(ões)
et al.	e outros
etc.	entre outras coisas
h	hora
kg	quilograma
L	litro
p.	página

SIGLAS

ADN	Ácido desoxirribonucleico
ARN	Ácido ribonucleico
ATC	Classificação Anatómica Terapêutica Química adoptada pela Organização Mundial de Saúde
ATP	Adenosina trifosfato
CYP	Citocromo P 450
CCR5	Receptor de quimiocinas do tipo 5 com o domínio CC
CD4, CD8	Grupo de diferenciação de linfócitos
CXCR4	Receptor de quimiocinas do tipo 4 com o domínio CXC
DRESS	Síndroma caracterizado por uma erupção farmacológica com eosinofilia e sintomas sistémicos
ELISA	Teste imunoenzimático
HAART	Terapêutica anti-retrovírica de alta eficácia
HDL	Lipoproteínas de alta densidade
HLA	Antigénio leucocitário humano
LDL	Lipoproteínas de baixa densidade
MIP	Proteína inflamatória de macrófagos
PCR	Reacção em cadeia pela polimerase
RANTES	Quimiocina regulada sob activação normalmente expressada e secretada por células T
SIDA	Síndroma de Imunodeficiência Adquirida
SIMcpz	Vírus da Imunodeficiência dos Símios do chimpanzé
SIMsm	Vírus da Imunodeficiência dos Símios do macaco
VIH	Vírus da Imunodeficiência Humana
VLDL	Lipoproteínas de muito baixa densidade

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RESUMO

ABSTRACT

A terapêutica anti-retrovírica constitui a verdadeira revolução na epidemiologia da infecção VIH / SIDA. A adopção de regimes terapêuticos combinados permite um controlo mais rigoroso da evolução da doença e um aumento da qualidade de vida do doente, embora as reacções adversas associadas possam condicionar a adesão à terapêutica, o desenvolvimento de resistências e a perda de futuras opções de tratamento.

A procura de informação relativa a resultados clínicos negativos da terapêutica anti-retrovírica na literatura científica, com base no conceito de Medicina Baseada na Evidência, motivou o desenvolvimento deste trabalho em duas partes, na base de dados bibliográfica de acesso gratuito MEDLINE, através do operador PubMed.

O objectivo geral proposto consiste na optimização de uma metodologia sistematizada de pesquisa de Informação Clínica, avaliada com base na relação entre os parâmetros sensibilidade e especificidade e tendo como referência uma estratégia de pesquisa genérica desenvolvida para a busca de informação relativa a iatrogenia medicamentosa.

Na primeira parte do trabalho, construímos equações de pesquisa que incluíram termos MeSH referentes à classe farmacológica, "*subheadings*" relativos a reacções adversas e o filtro qualitativo relativo ao tipo de estudo, para identificação e análise da prevalência dos resultados negativos da terapêutica anti-retrovírica descritos em casos clínicos. Os resultados obtidos coincidiram com as reacções adversas características dos fármacos anti-retrovíricos, apesar do número de artigos recuperado ser pouco significativo.

Na segunda parte do trabalho, procedemos à construção de equações de pesquisa em três fases, num nível crescente de complexidade, com a introdução e combinação de termos MeSH correspondentes às classes de fármacos anti-retrovíricos, "*subheadings*" relativos a reacções adversas, filtros qualitativos relativos ao tipo de estudo (estudo de casos, revisões sistemáticas e ensaios clínicos aleatorizados), palavras-chave relativas à situação clínica indexadas em MeSH e "*subheadings*" relativos à situação clínica, com vista à optimização da metodologia de pesquisa.

A respectiva apreciação, baseada nos valores da sensibilidade e especificidade calculados, mostra a importância do filtro qualitativo relativo ao tipo de estudo, uma vez que a informação relativa a resultados clínicos negativos da terapêutica anti-retrovírica é encontrada, fundamentalmente, em casos clínicos referenciados na literatura.

A originalidade do trabalho nesta área comprova e reforça a real necessidade de uma gestão do risco dos resultados clínicos negativos da terapêutica, para obtenção de melhores resultados, e a importância crescente do conhecimento e aprendizagem da procura da evidência em fontes credíveis que, conjugada com o sentido crítico individual e com as características do doente, serve de suporte à decisão clínica.

Development of antiretroviral therapy is the true turning-point in the treatment of HIV infection, allowing a best rigorous control of infection's progress and a better quality of patient's life. Related adverse drug effects can determine non-compliance, leading to resistance development and loss of future treatment options.

Finding published adverse drug effects of antiretroviral agents, using an evidence-based approach, and optimizing a systematic methodology of that kind of clinical information search in MEDLINE, through PubMed, assessed by the parameters sensibility and specificity, is the main purpose of this work divided in two sections. A generic search strategy developed to find information related to drug iatrogenic was considered as a reference to the development of search studied strategies.

In first section, we combined MeSH terms related to the different antiretroviral agents, subheadings linked to adverse effects and a qualitative filter related to study design. With that search strategies, we identified and analyzed the prevalence of adverse effects of antiretroviral agents described in case reports. The results presented are similar to characteristic adverse effects of antiretroviral agents, despite the fact that the number of articles retrieved was less significant.

The second section was divided in three phases with a growing complexity level. We introduced and combined MeSH terms related to the different antiretroviral agents, *subheadings* linked to adverse effects and a qualitative filter related to study design (case reports, systematic reviews and randomized controlled trials), indexed MeSH keywords related to the clinical situation and *subheadings* related to the clinical situation, to create different search strategies to optimize the proposed methodology.

Their assessment by means of sensibility and specificity shows the importance of the qualitative filter used, because adverse effects of antiretroviral agents are mainly found in case reports.

As the first work that approaches two different concepts simultaneously, adverse effects of antiretroviral agents and an evidence based medicine approach to search literature, it demonstrates and reinforces the real need for information, as way for risk management of adverse effects, to obtain better results, and the importance of knowing and learning evidence based practice in credible sources to support clinical decisions, integrated with clinical expertise and patient's values.

INTRODUÇÃO

"Saúde é um completo estado de bem-estar físico, mental e social e não apenas a ausência de doenças."

Organização Mundial de Saúde, 1948

Desde os primórdios da Antiguidade que o estado saúde / doença suscita particular interesse na sua interpretação causal em que determinados agentes e/ou hospedeiros e o meio ambiente se relacionam, definindo ou a homeostase ou o desequilíbrio corporais.(1)

1981... Eis o desabrochar da pandemia com a detecção, em grupos de homossexuais dos Estados Unidos da América, de sintomas associados a tipos raros de doenças – pneumonia por *Pneumocystis jiroveci* e sarcoma de Kaposi, tornados fiéis diagnósticos definidores, entre outros, daquela que viria a ser designada de Síndroma de Imunodeficiência Adquirida cujo agente causador, isolado separadamente pelas equipas de Gallo e Montagnier, coincidiria com o Vírus da Imunodeficiência Humana.(2-8)

As proporções atingidas são de tal forma catastróficas que, segundo os últimos dados epidemiológicos disponíveis(9,10), 33 milhões de pessoas encontram-se infectadas em todo o Mundo, tendo-se também registado até 2007, 25 milhões de mortes por SIDA. A região da África Sub-Sahariana destaca-se com 67% das pessoas infectadas, continuando o Síndroma de Imunodeficiência Adquirida a ocupar o lugar de principal causa de morte nestes países.

De qualquer modo, os esforços desenvolvidos têm-se reflectido na diminuição do aparecimento de novas infecções e do número de mortes relacionadas com a SIDA (2,7 milhões de diagnósticos e 2 milhões de mortes em 2007), embora ainda não se detenha o domínio do controlo da infecção em nenhuma parte do Mundo.

Em Portugal, até 31 de Dezembro de 2008, o Núcleo de Vigilância Laboratorial de Doenças Infecciosas da Unidade de Referência e Vigilância Epidemiológica do Departamento de Doenças Infecciosas do Instituto Nacional de Saúde Doutor Ricardo Jorge em cooperação com a Coordenação Nacional para a infecção VIH / SIDA(11), registou 34888 casos notificados de infecção nos seus diferentes estádios, sendo 15020 casos de SIDA, distribuídos não equitativamente pelas regiões do país.

Nesse sentido, debruçando-nos sobre a ciência farmacológica, um dos primeiros conceitos que nos reaviva a memória reside na dualidade fármaco *versus* veneno(12), ou seja, o efeito curativo exercido, por uma determinada substância de origem natural ou sintética, sobre aquele(s) órgão(s) ou tecido(s), suplementado, muitas vezes, simultânea ou mais tardiamente e consoante a dose administrada e as características individuais de cada um, pelo desencadear de outras reacções, potencialmente adversas influenciáveis da rotina do quotidiano.(13)

A terapêutica anti-retrovírica, propulsora, desde a sua descoberta, da ascensão de uma auto-estima e de uma esperança à beira do precipício de todos os que viviam diariamente o drama da infecção VIH / SIDA, não foge à regra, acarretando consigo estes "fardos" adversos, desvantajosos e, nalguns casos, particularmente inestéticos, que impossibilitam o doente infectado de aderir convenientemente à terapêutica, retrocedendo e regressando ao caminho da solidão e do preconceito evitáveis.

A bibliografia publicada nesta área evidencia a preocupação e o estímulo de urgência de quem, com responsabilidades profissionais, mas, acima de tudo, como um novo membro integrado forçosamente no seio daquela família devastada, quer, a todo a custo, aliviar, desaparecer, esclarecer as dúvidas, os porquês doridos e infindáveis com vista ao alcançar do propósito das suas funções – o recuperar da saúde, qualidade de vida e dignidade do ser humano.

A necessidade de aquisição de competências nos campos da tecnologia e do conhecimento repercutem-se na qualidade de informação na área da saúde crescente em objectividade, rapidez, fiabilidade, acuidade, e demonstrada na decisão clínica a tomar pelo profissional de saúde para aquele doente que apresenta determinados sinais e sintomas definidores de um determinado diagnóstico requerente de uma terapêutica específica.

Assim, o enquadramento teórico deste trabalho inicia-se com a Infecção VIH / SIDA no qual relembramos sumariamente os aspectos importantes relacionados com o Vírus da Imunodeficiência Humana cuja acção infecciosa evoluirá naturalmente para o Síndroma de Imunodeficiência Adquirida, sendo combatida com a revolucionária terapêutica anti-retrovírica, extremamente eficaz, embora com inconvenientes reacções adversas, principal objecto de estudo do trabalho, passíveis de condicionar a adesão à terapêutica, o desenvolvimento de resistências e a perda de futuras opções de tratamento.

Segue-se a apresentação dos conceitos e etapas implícitos a todo o processo inerente à Medicina Baseada na Evidência, impulsionadora de uma busca de informação bibliográfica rápida e válida, tendo em conta as características e valores de determinado doente.

A investigação desenrola-se com a descrição das reacções adversas relatadas na base de dados MEDLINE, através do operador PubMed, e com a aplicação e optimização de um método baseado nos conceitos referidos em epígrafe, recorrendo, na sua validação, à apreciação do grau de relação entre dois instrumentos de medida utilizados para o efeito.

Os resultados obtidos, a respectiva discussão e as conclusões pretendem demonstrar a mais valia deste trabalho na satisfação das necessidades de informação de qualquer interveniente no Sistema de Saúde e, consequentemente, visar a melhoria da prática clínica diária traduzida, sempre, na qualidade de vida do doente.

OBJECTIVOS

O objectivo do trabalho em curso consiste na optimização de uma metodologia sistematizada de pesquisa de Informação Clínica, na MEDLINE, relativa a iatrogenia medicamentosa, concretamente, os resultados negativos da terapêutica anti-retrovírica, no âmbito da Medicina Baseada na Evidência, avaliada com base na relação entre os parâmetros sensibilidade e especificidade.

Em concreto, pretendemos:

- Identificar e analisar a prevalência dos resultados clínicos negativos da terapêutica anti-retrovírica descritos em casos clínicos na literatura científica.

- Optimizar a metodologia de pesquisa bibliográfica, na MEDLINE, dos resultados clínicos negativos da terapêutica anti-retrovírica, com a introdução e combinação consecutivas de determinados elementos em diferentes equações de pesquisa, tendo como referência uma estratégia de pesquisa genérica desenvolvida para a busca de informação relativa a iatrogenia medicamentosa.

- Apreciar a referida metodologia de pesquisa com base na relação entre os parâmetros sensibilidade e especificidade, avaliadora dos resultados recuperados com as estratégias de pesquisa criadas.

P A R T E I

Fundamentação teórica

CAPÍTULO I

VÍRUS DA IMUNODEFICIÊNCIA HUMANA

Pertencente à família *Retroviridae* e, dentro desta, ao género *Lentivinidae*, as origens do Vírus da Imunodeficiência Humana remontam a ligações zoonóticas com primatas africanos não humanos, nomeadamente chimpanzés e macacos das espécies *Pan troglodytes troglodytes* e *Cercocebus atys*, respectivamente. Relatos dos inícios do século passado já referem que as ditas espécies eram portadoras de retrovírus estrutural e geneticamente semelhantes ao Vírus da Imunodeficiência Humana, daí a sua designação de Vírus da Imunodeficiência dos Símios do chimpanzé (SIMcpz) e do macaco (SIMsm), embora parecessem não provocar doença nos seus hospedeiros naturais. A transmissão para a espécie humana poderá ter começado por ocorrer aquando da prática de caça através do contacto com o sangue e secreções do animal ferido e do próprio manuseamento da carne para fins alimentícios.(14)

Entre outras diferenças, a análise do genoma permite a distinção do Vírus da Imunodeficiência Humana em dois tipos:

- Vírus da Imunodeficiência Humana tipo 2 (VIH-2)

  Mais parecido com o SIMsm, o VIH-2 apresenta características de menor virulência(15-17), encontrando-se praticamente confinado à sua zona endémica da costa oeste africana.

- Vírus da Imunodeficiência Humana tipo 1 (VIH-1)

  Mais similar com o SIMcpz, distinguem-se várias estirpes de VIH-1 que se encontram agrupadas nos grupos M ("main"), porque engloba a maioria das estirpes responsáveis pela globalização da epidemia, grupo O ("outlier") e grupo N ("non-M / non-O"). No grupo M, a genómica ainda diferencia dez subtipos genéticos e novas linhagens recombinantes, as Formas Recombinantes Circulantes, algumas das quais ocupando um significativo domínio epidemiológico.(14,18-21)

A partícula vírica, esférica, de dimensões microscópicas, é formada por um envelope membranar de natureza lipídica que rodeia um núcleo central – nucleocapsídeo – onde se encontram as duas moléculas idênticas de ARN, o genoma característico de um retrovírus, que englobam determinados genes codificadores de importantes poliproteínas:

- *Gag* que se cliva nas proteínas constituintes do nucleocapsídeo p24, p7, p6 e p17;

- *Pol* que origina a transcriptase reversa, a integrase e a protease víricas, enzimas activas na replicação do vírus;

- *Env* que origina, primeiramente, a gp160 a qual se divide nas glicoproteínas do envelope membranar, a subunidade gp41, transmembranar, e a subunidade gp120, imprescindíveis na ligação à célula alvo.

Salientam-se, ainda, as proteínas *tat, rev, nef, vif, vpr e vpu*, proteínas não estruturais presentes no interior da partícula vírica que estão implicadas na replicação do vírus e no estabelecimento da infecção na célula alvo.

O alvo da acção do VIH-1, uma destruição lenta e progressiva, recai sobre o sistema imunitário, preferencialmente os linfócitos T $CD4^+$, células imediatamente activas no controlo da resposta imunitária e presentes em grande quantidade nos nódulos linfáticos e órgãos linfóides, afectando em menor extensão os macrófagos e as células dendríticas.

Para isso, todo o material genético do vírus tem de ser transferido para o interior da célula alvo, objectivo crucial do processo de replicação do vírus o qual se inicia com uma interacção específica entre a glicoproteína externa do envelope vírico e receptores CD4 situados na superfície das células imunitárias referidas. Dessa interacção indutora da fixação do VIH à membrana de célula alvo, resultam alterações conformacionais na gp120 que a ligam a segundos receptores – os correceptores, que funcionam como receptores das quimiocinas, desempenhando o CCR5 (receptor β das quimiocinas) e o CXCR4 (receptor α das quimiocinas) um papel importante na transmissão e patogénese desta infecção.

Seguem-se o rompimento das ligações gp120 – gp41 e alterações conformacionais nesta glicoproteína transmembranar, com exposição da sua região peptídica, que conduzem à fusão do invólucro vírico com a membrana da célula alvo e consequente libertação do conteúdo vírico para o interior do hospedeiro.

O complexo formado entre o ARN vírico e proteínas víricas onde se inclui a transcriptase reversa é libertado do nucleocapsídeo para o citoplasma da célula alvo, começando a decorrer, à custa da referida enzima, o processo de transformação das duas moléculas de ARN numa cadeia dupla de ADN, surgindo um novo complexo que engloba o ADN recém-formado, a transcriptase reversa, a integrase e outras proteínas víricas.

Atravessado o citoplasma, o novo complexo chega ao núcleo da célula alvo onde a integrase insere o ADN recém-formado em locais específicos do genoma da célula alvo, originando o provírus.

Entretanto, o provírus pode manter-se num estado de latência ou prosseguir a sua transformação em novas partículas víricas, sofrendo um processo de transcrição com produção de grande quantidade de ARN mensageiro que é libertado para o citoplasma celular. À transcrição segue-se a tradução da informação genética do ARN em glicoproteínas e poliproteínas que, por acção da protease, se desintegram em novas proteínas víricas. Estas reúnem-se com o ARN, originando as mais recentes partículas víricas, cerca de 10^{10} a 10^{11}, diariamente, as quais sofrem uma última maturação aquando da passagem para a corrente sanguínea com a aquisição do invólucro exterior, tornando-se habilitadas para o desempenho da sua função infecciosa.(6,15,17,22-31)

A figura 1 representa esquematicamente o ciclo de vida do VIH-1.

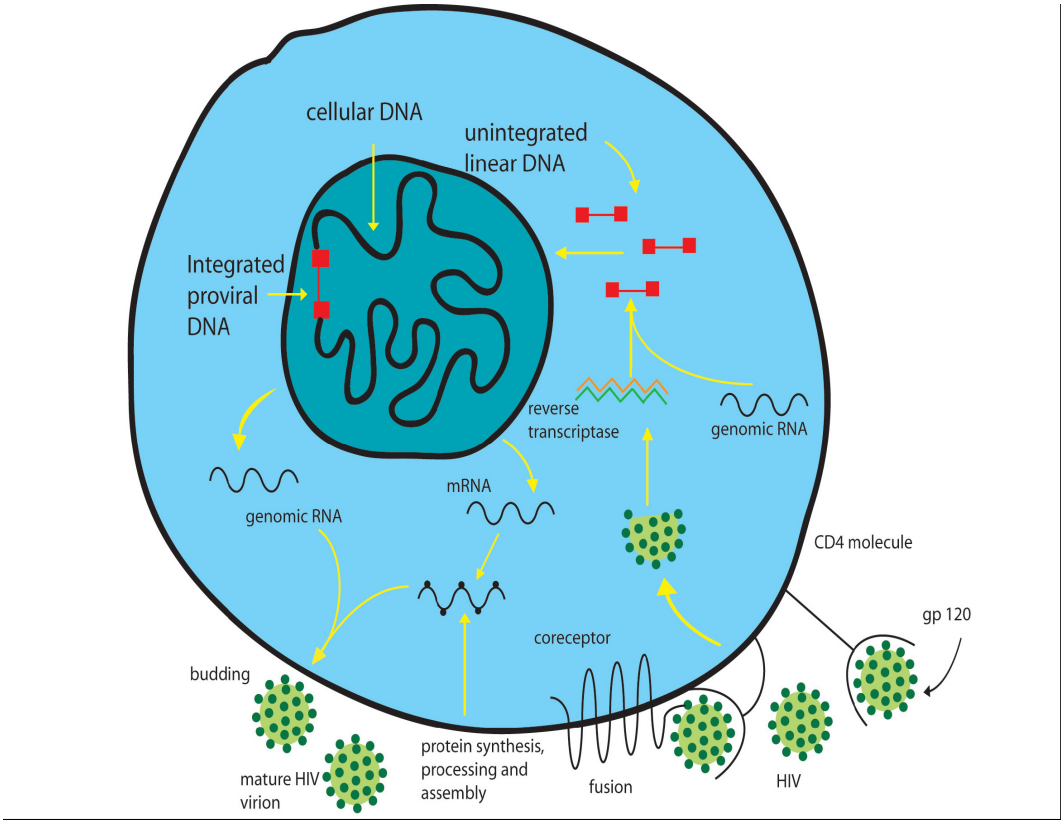


Figura 1. Esquema do ciclo de vida do VIH-1 (Wainberg et al., 2008).(31)

O início do percurso do VIH-1 no corpo humano envolve a sua transmissão por três vias possíveis:

- via sexual;
- via parentérica;
- via perinatal.

A realidade epidemiológica portuguesa reflecte as evidências ao nível dos países desenvolvidos, do aumento do número de casos por transmissão heterossexual, principalmente nas camadas jovens em idades compreendidas entre os 25 e 44 anos, mas também na população com idade superior a 50 anos, em detrimento da diminuição do número de casos ligados à administração de drogas injectáveis e da estabilização do número de infecções em indivíduos homossexuais.(11,32-34)

Factores como, a elevada carga vírica, a presença de doenças sexualmente transmissíveis ulcerativas ou exsudativas, a existência de lesões na pele ou mucosas e o consequente tempo de contacto entre os fluidos infectados e a lesão, a detecção de

sangue durante a relação sexual, a ausência de circuncisão no homem, o número de parceiros e contactos sexuais e a probabilidade de infecção do parceiro, a prática de sexo sem protecção, a toxicodependência e outras dependências, a prostituição e a indústria do sexo, contribuem para o aumento do risco de infecção no receptor com particular enfoque para a vulnerabilidade biológica, psicossocial e comportamental da mulher.

A selecção e o estudo do sangue dos dadores com técnicas de purificação rigorosas fazem com que o número de casos de infecções por transfusões sanguíneas seja, neste momento, praticamente irrisório tal como o número de casos em hemofílicos devido è eliminação virtual do risco, com o recurso a inactivadores do vírus como o calor e o uso de certos detergentes.

A contribuição da terapêutica anti-retrovírica, a programação do parto por cesariana electiva e a proibição do aleitamento materno, constituíram um grande avanço na prevenção da transmissão perinatal em contraste com a calamidade a que se continua a assistir na África Sub-Sahariana.(6,30,35-39)

SÍNDROMA DE IMUNODEFICIÊNCIA ADQUIRIDA

O desequilíbrio entre as respostas imunológica e virológica, traduzidas nos respectivos marcadores – linfócitos T $CD4^+$ e carga vírica, constitui a base da compreensão da patogénese desta infecção que, naturalmente, progride com a incapacidade de controlar a replicação vírica e a destruição da resposta imunitária desencadeada, evitando o aparecimento de doenças oportunistas e outras manifestações clínicas características do Síndroma de Imunodeficiência Adquirida, como se comprova esquematicamente com a figura 2.

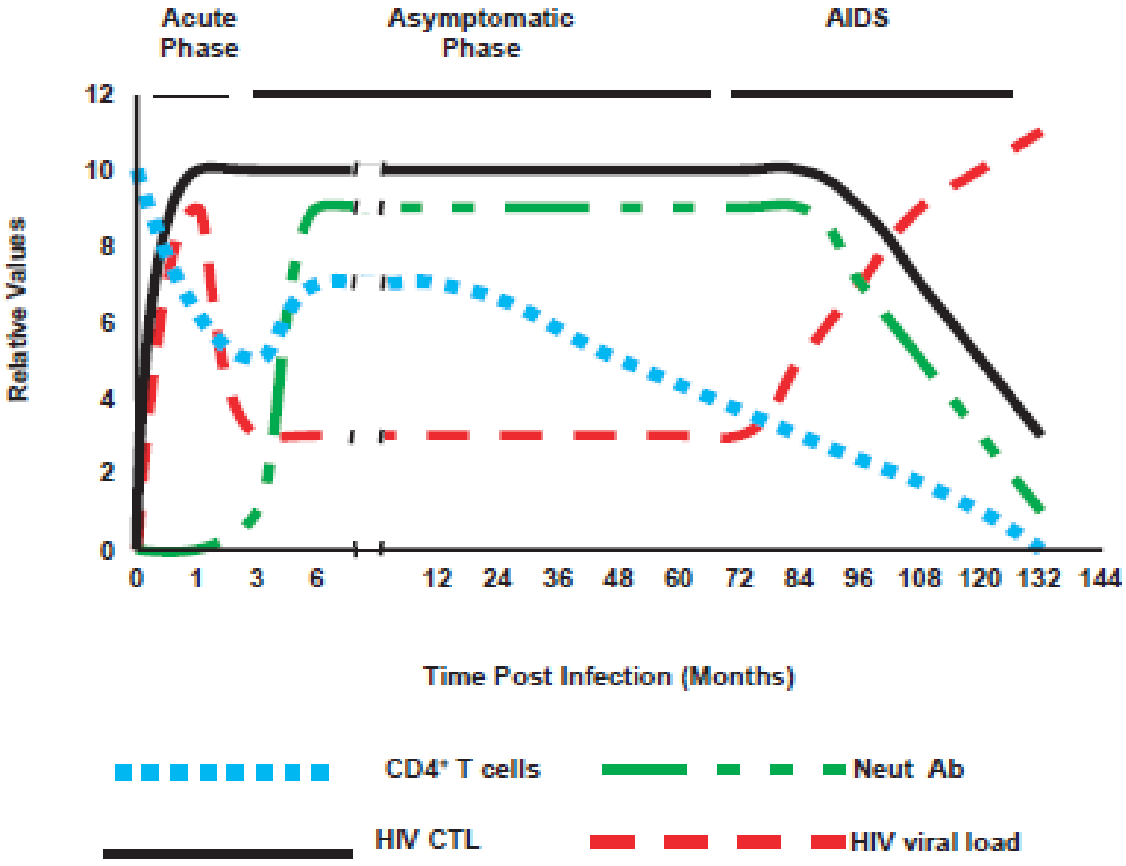


Figura 2. Evolução natural da infecção pelo VIH-1.(40)

Após a transmissão vírica, no período correspondente às duas a três semanas seguintes, surge o síndroma retrovírico agudo, o qual se manifesta, habitualmente, como um síndroma mononucleósico com febre, odinofagia, linfadenopatia, astenia, artralgia, mialgia, exantema, principalmente, nas zonas da face e tronco, podendo revelar-se sob a forma de meningite e meningoencefalite. Os sintomas decorrem do facto de, nesta fase, se atingir o pico máximo de carga vírica, com consequente aumento do risco de transmissibilidade, e uma diminuição acentuada das células T $CD4^+$.

Nos meses seguintes, desencadeiam-se dois tipos de respostas - uma resposta celular, com aumento do número de linfócitos T $CD8^+$, e uma resposta humoral, com o aparecimento de anticorpos anti-VIH (seroconversão) com consequente decréscimo acentuado da carga vírica para níveis que se manterão constantes, em média, nos próximos oito a doze anos. Esta fase assintomática da doença não envolve uma latência virológica, mas sim uma latência clínica com ausência de quaisquer sinais ou sintomas, coincidindo, na maioria das vezes, o diagnóstico da infecção com esta etapa.

O ataque incisivo e exaustivo aos linfócitos T $CD4^+$ acaba por determinar o aparecimento da fase sintomática da doença separada em dois estádios. No período mais precoce, denominado de Complexo Relacionado com a SIDA, as patologias detectadas nas áreas dermatológica, neurológica e hematológica bem como o aparecimento de leucoplasia oral, úlceras aftosas, diarreia intermitente, fadiga, suores nocturnos, candidíases orais e vaginais não colocam ainda em risco a vida do doente.

Assim que o número de linfócitos T $CD4^+$ se encontra abaixo de 200/mm^3, a gravidade da situação aumenta consideravelmente, instalando-se o Síndroma de Imunodeficiência Adquirida com o aparecimento sequencial e/ou simultâneo de neoplasias e infecções oportunistas. O estado de imunossupressão do doente, o grau de virulência, a acção de fungos, parasitas e bactérias, incluindo a reactivação de microorganismos endógenos, condicionam largamente um envolvimento local ou sistémico que pode ser fatal.

Com o objectivo de melhorar a avaliação da infecção pelo VIH-1, foram criados critérios de classificação da infecção por VIH baseados na contagem de linfócitos T $CD4^+$, pelo *Centers for Disease Control and Prevention* (tabela 1), e definidas as doenças que auxiliam o diagnóstico de SIDA, pela Organização Mundial de Saúde (tabela 2), sendo apresentados em seguida.

Tabela 1. Critérios de classificação da infecção por VIH, segundo o *Centers for Disease Control and Prevention* (1993).(41)

CRITÉRIOS DE CLASSIFICAÇÃO DA INFECÇÃO POR VIH			
	Categoria Clínica		
Linfócitos T $CD4^+$ (mm^3)	**A**	**B**	**C**
≥ 500	A1	B1	C1
200 - 499	A2	B2	C2
< 200 (contagem indicadora de SIDA)	A3	B3	C3
A = portador assintomático, primo-infecção, síndroma linfadenopático B = sintomático C = entidades definidoras de SIDA (área sombreada definidora de SIDA)			

Tabela 2. Doenças definidoras do diagnóstico de SIDA, segundo a Organização Mundial de Saúde (1993).(41)

DOENÇAS DEFINIDORAS DO DIAGNÓSTICO DE SIDA
Candidíase esofágica, traqueal, brônquica ou pulmonar
Coccidioidomicose disseminada ou extrapulmonar
Criptoccocose extrapulmonar
Criptosporidiose crónica (diarreia > um mês)
Doença citomegálica, atingindo um órgão que não o fígado, baço ou gânglios e com idade > um mês
Encefalopatia ou síndroma demencial
Esofagite, bronquite e pneumonia por *Herpes simplex* com idade > um mês
Herpes mucocutâneo crónico de evolução > um mês
Histoplasmose disseminada ou extrapulmonar
Infecção disseminada ou extrapulmonar por *Mycobacterium avium* ou *M. kansasii*
Infecção extrapulmonar por *Mycobacterium tuberculosis*
Infecção por micobactérias doutros tipos ou de tipos não identificados, disseminada ou extrapulmonar
Infecção pulmonar por *Mycobacterium tuberculosis*, no adulto ou adolescente
Infecções bacterianas múltiplas ou recorrentes em criança com idade < 13 anos
Isosporidiose intestinal (diarreia > um mês)
Leucoencefalopatia multifocal progressiva
Pneumonia bacteriana recorrente
Pneumonia intersticial linfóide em idade < 13 anos
Pneumonia por *Pneumocystis jiroveci*
Retinite por citomegalovírus (com perda de visão)
Septicémia por *Salmonella* não *typhi* recorrente
Síndroma de emaciação
Toxoplasmose cerebral em idade > um mês
Cancro invasivo do colo do útero
Linfomas não - *Hodgkin*
Linfoma de *Burkitt* (ou equivalente)
Linfoma imunoblástico (ou equivalente)
Linfoma primitivo do cérebro
Sarcoma de *Kaposi*

Em Portugal, é de destacar a maior frequência de aparecimento de tuberculose pulmonar e extra-pulmonar, uma infecção oportunista que pode ocorrer com qualquer contagem de linfócitos T $CD4^+$, daí ser muitas vezes a pioneira no diagnóstico de SIDA; a pneumonia por *Pneumocystis jiroveci*, normalmente detectada quando o número de células $CD4^+$ se encontram abaixo de $200/mm^3$ e manifestando-se com sintomas febris acompanhados de tosse produtiva e dispneia progressiva; o cancro invasivo do colo do útero, possibilitando o seu rastreio a detecção precoce de eventuais lesões com consequente intervenção imediata.(41)

Por tudo isto, será imprescindível o diagnóstico da infecção VIH / SIDA aquando da presença de alguma destas doenças ou perante a suspeita de algum factor ou comportamento de risco. A nível laboratorial, procede-se à detecção de anticorpos para os antigénios específicos do VIH por meio de testes imunoenzimáticos ELISA. Caso o resultado seja negativo, não se efectuam novos testes, a não ser que a exposição tenha

ocorrido há menos de três meses, implicando a repetição passados três meses. Se o resultado fôr positivo ou indeterminado, o teste é repetido em duplicado e sujeito a confirmação com outro tipo de teste – *Western Blot*.

Outros tipos de testes utilizados são a pesquisa de ARN-VIH por PCR, com quantificação, ou de ADN-VIH por PCR, mais sensível, a pesquisa do antigénio p24 por ELISA para determinação da virémia ou, mais recentemente, o recurso a testes rápidos, fundamentalmente em situações agudas, cujos resultados devem ser considerados preliminares e, por conseguinte, sujeitos a confirmação com os testes mais sensíveis e específicos acima referidos.(6,30,40-44)

Analisando, assim, a evolução natural da infecção por VIH, salienta-se que factores como a idade, o género, a geografia, socioeconómicos e características do vírus e do hospedeiro condicionam a susceptibilidade individual ao VIH e a progressão da doença, tendo de se determinar as alternativas terapêuticas mais adequadas e qual o momento certo para as aplicar.(45)

TERAPÊUTICA ANTI-RETROVÍRICA

Tendo em conta os passos vitais da replicação vírica(46),

- fixação do VIH à membrana da célula hospedeira e consequente libertação do conteúdo vírico para o seu interior;
- síntese de ADN a partir do ARN vírico, por acção da transcriptase reversa;
- integração do ácido nucleico recém-sintetizado no material genético da célula hospedeira, por acção da integrase;
- síntese de ARN mensageiro e tradução em poliproteínas, clivadas seguidamente pela protease, em novas proteínas víricas;
- formação de novas partículas víricas que sofrerão um último processo de maturação, aquando da libertação da célula hospedeira, que as tornarão aptas na sua função infecciosa;

e o impacto social e sanitário nunca antes visto na história da Medicina, a investigação na área da infecção VIH / SIDA avança consideravelmente com a introdução no mercado terapêutico, em 1987, do primeiro fármaco anti-retrovírico – zidovudina. Seguem-se novas descobertas de novas estratégias terapêuticas baseadas na interrupção do ciclo de vida do VIH e na imunoterapia.(46-50)

Assim, segundo a classificação ATC da Organização Mundial de Saúde, distinguem-se as seguintes classes farmacológicas:

- *inibidores da transcriptase reversa* os quais se subdividem nos compostos análogos de nucleósidos, análogos de nucleótidos e não análogos de nucleósidos

Os análogos de nucleósidos, onde se inclui o protótipo zidovudina, inibem competitivamente a enzima transcriptase reversa e podem interromper o crescimento da cadeia de ADN vírico por incorporação na mesma, exigindo, para os ditos efeitos, sucessivas fosforilações intracitoplasmáticas por enzimas celulares até adquirirem a forma de trifosfatos.

Os análogos nucleotídicos, onde se destaca o tenofovir, são funcionalmente similares aos anteriores, diferindo estruturalmente no facto de serem compostos monofosfatados o que dispensa a primeira fosforilação, catalisada, geralmente, por uma enzima presente em células com infecção efectiva.

A tabela 3 resume as características farmacocinéticas dos fármacos representantes dos grupos referenciados, salientando-se as interacções farmacológicas, como potenciais indutores de resultados clínicos negativos, com antivirais (ganciclovir, valganciclovir, ribavirina), metadona, alopurinol, hidroxiureia, doxorrubicina.

Tabela 3. Características farmacocinéticas dos inibidores da transcriptase reversa análogos de nucleósidos e nucleótidos.(50)

INIBIDORES DA TRANSCRIPTASE REVERSA ANÁLOGOS DE NUCLEÓSIDOS					
Fármaco	**Distribuição**	**Ligação às proteínas plasmáticas**	**Metabolismo**	**Administração**	**Semi-vida (h)**
Zidovudina	1,6 L/Kg	25-38%	Glucuronidação hepática	Com alimentos	1
Didanosina	1,08 L/Kg	<5%	Desconhecido	Estômago vazio	1,5
Emtricitabina	1,4 ± 0,3 L/Kg	<4%	Limitado; oxidação e conjugação hepáticas	Com alimentos	10
Zalcitabina	0,5 L/Kg	<4%	Fosforilação intracelular	Com alimentos	2
Lamivudina	1,3 L/Kg	<36%	5,6% de metabolito trans-sulfóxido	Com alimentos	5-7
Estavudina	0,5 L/Kg	Residual	Fosforilação intracelular com metabolito activo	Com alimentos	1-1,6
Telbivudina[(a)]	Desconhecida	3,3%	Sem influência no CYP450	Com alimentos	41,8 ± 11,8
Abacavir	0,86 L/Kg	50%	Hepático, via álcool desidrogenase e glucuronil-transferase	Com alimentos	1,5
Entecavir[(a)]	Desconhecida	13%	Glucuronidação hepática	Com alimentos	24
INIBIDORES DA TRANSCRIPTASE REVERSA ANÁLOGOS DE NUCLEÓTIDOS					
Fármaco	**Distribuição**	**Ligação às proteínas plasmáticas**	**Metabolismo**	**Administração**	**Semi-vida (h)**
Tenofovir	1,2-1,3 L/Kg	7%	Hidrólise intracelular	Com alimentos	17
Adefovir[(a)]	≈ 0,3 L/Kg	≤ 4%	Sem influência no CYP450	Com alimentos	7,2

[(a)]Consulta dos respectivos Resumos das Características do Medicamento por falta de informação disponível na literatura referenciada.

Os análogos não nucleósidos inibem de forma não competitiva a transcriptase reversa, ligando-se directamente a esta enzima num local próximo, mas distinto do local onde se ligam os compostos anteriores, bloqueando a ADN polimerase dependente do ADN e ARN e não necessitando de qualquer fosforilação intracelular.

A tabela 4 resume as características farmacocinéticas dos seus fármacos representantes, salientando-se a descoberta de um novo fármaco (ainda não aprovado em Portugal) – etravirina – pertencente à segunda geração de análogos não nucleósidos o qual tem mostrado eficácia em situações de aparecimento de resistências a outros

antiretrovíricos, incluídos ou não nesta classe. Este fármaco está associado a uma semi-vida longa e a uma elevada biodisponibilidade, permitindo apenas duas administrações diárias.(51-53)

Destacam-se, pela razão mencionada anteriormente, as interacções com fármacos antifúngicos (fluconazol, itraconazol, cetoconazol), anticonvulsivantes (carbamazepina, fenobarbital, fenitoína), benzodiazepinas (alprazolam, diazepam, lorazepam, midazolam, triazolam), antibacterianos (claritromicina, rifabutina, rifampicina), erva de São João, hormonas contraceptivas, antidislipidémicos (atorvastatina, fluvastatina, lovastatina, sinvastatina, pravastatina, rosuvastatina) e o anticoagulante varfarina. Particularmente, a delavirdina interage com a fluoxetina, quinidina, sildenafil, vardenafil, tadalafil e a etravirina interage com sildenafil, dexametasona e anti-arrítmicos.

Tabela 4. Características farmacocinéticas dos inibidores da transcriptase reversa não análogos de nucleósidos.(50)

INIBIDORES DA TRANSCRIPTASE INVERSA NÃO ANÁLOGOS DE NUCLEÓSIDOS						
Fármaco	**Biodisp. oral**	**Ligação às proteínas plasmáticas**	**Metabolismo**	**Eliminação**	**Administração**	**S-V (h)**
Efavirenz	42%	>99%	Substrato do citocromo P450 (3A4), inibidor / indutor de CYP3A4	14-34% via renal, como metabolitos; 16-61% via fecal, sem modificações	Estômago vazio	40-55
Nevirapina	>90%	50-60%	Substrato do citocromo P450 (3A4), indutor de CYP3A4 / 2B6	90% via renal, como metabolitos, e <5% sem modificações; 10% via fecal	Com alimentos	25-30
Delavirdina	85%	98-99%	Substrato do citocromo P450 (3A4), inibidor de CYP3A4	51% via renal, como metabolitos, e <5% sem modificações; 44% via fecal	Com alimentos	5,8

Biodisp. oral = Biodisponibilidade oral
S-V = Semi-vida

- *inibidores da protease*

Introduzidos em 1995, estes fármacos inibem a enzima responsável pela clivagem das poliproteínas nas proteínas estruturais finais do cerne do virião maduro. Como actuam numa fase pós-integração do ADN vírico no genoma da célula hospedeira, não evitam a destruição da célula infectada, mas previnem a progressão da infecção com a produção de partículas víricas isentas dessa propriedade.

A tabela 5 resume as características farmacocinéticas dos seus fármacos representantes, destacando-se, pelo motivo referido acima, as interacções farmacológicas com antifúngicos, anticonvulsivantes, antidislipidémicos e antibacterianos já referidos anteriormente, anti-ácidos, antagonistas dos receptores da histamina H_2, inibidores da bomba de protões, erva de São João, hormonas contraceptivas, benzodiazepinas (acrescentam-se às já mencionadas o oxazepam e temazepam), metadona, inibidores da fosfodiesterase (sildenafil, tadalafil, vardenafil), bloqueadores dos canais de cálcio (diltiazem). A associação darunavir e ritonavir interage especificamente com paroxetina e sertralina, enquanto o indinavir interage com sumo de toranja, o ritonavir com desipramina, trazodona e teofilina e o saquinavir com sumo de toranja e dexametasona.

Tabela 5. Características farmacocinéticas dos inibidores da protease.(50)

INIBIDORES DA PROTEASE				
Fármaco	**Absorção**	**Ligação às proteínas plasmáticas**	**Metabolismo**	**Semi-vida (h)**
Atazanavir	Aumento na presença de alimentos	86,00%	Hepático, via CYP3A4	7
Darunavir	37% (aumento na presença de ritonavir)	95,00%	Hepático, principalmente por via CYP3A	15
Amprenavir[(a)]	Diminuição na presença de alimentos	90%	Hepático via CYP3A4	7,1-10,6
Fosamprenavir	63% (aumento na presença de ritonavir)	90%	Conversão em amprenavir por fosfatases celulares; metabolismo hepático via CYP3A4	7,7
Indinavir	Diminuição na presença de refeições ricas em lípidos	60%	Hepático, via CYP3A4	1,8
Lopinavir / ritonavir	Formulação oral em comprimidos não afectada com a presença de alimentos	98-99%	Hepático, via CYP3A	5-6

INIBIDORES DA PROTEASE				
Fármaco	**Absorção**	**Ligação às proteínas plasmáticas**	**Metabolismo**	**Semi-vida (h)**
Nelfinavir	Aumento de 2 a 3 vezes na presença de alimentos	98%	Hepático, via CYP2C19 e 3A4	3,5-5
Ritonavir	Variável, aumento na presença de alimentos	98-99%	Hepático, via CYP3A4 e 2D6	3-5
Saquinavir	Baixa, aumento na presença de refeições ricas em lípidos	97%	Hepático, via CYP3A4	1-2
Tipranavir	Incompleta (percentagem não estabelecida)	99%	Hepático, via CYP3A4	6

[(a)]Consulta dos respectivos Resumos das Características do Medicamento por falta de informação disponível na literatura referenciada.

- *inibidores da entrada*

Denotando-se uma insuficiente clarificação da classificação ATC, tida em conta até então, relativamente à diferenciação dos inibidores da entrada, foi considerada a distinção desta classe farmacológica em inibidores da fusão, antagonistas do correceptor CCR5 e inibidores da integrase, visível no documento "Boas Práticas de Farmácia Hospitalar no âmbito da Infecção VIH / SIDA", elaborado pela Coordenação Nacional para a Infecção VIH / SIDA, Alto Comissariado da Saúde e Ministério da Saúde.(54)

O enfuvirtide é o primeiro e único composto pertencente a esta classe dos inibidores da fusão. Semelhante ao domínio HR2 da gp41, liga-se ao domínio HR1 da mesma glicoproteína transmembranar, impedindo a ocorrência das alterações conformacionais conducentes à fusão da membrana vírica com a membrana celular.

A sua administração é obrigatoriamente feita por injecção subcutânea, sendo a sua biodisponibilidade de 84%. Este fármaco é metabolizado por hidrólise, não exerce qualquer acção sobre as isoenzimas do citocromo P450 e apresenta uma semi-vida plasmática de 3,8 horas.(50,52,55,56)

No mercado português, estão aprovadas duas novas substâncias com diferentes mecanismos de acção - o antagonista do correceptor CCR5, maraviroc, e o inibidor da integrase, raltegravir.

A descoberta do papel primordial dos receptores das quimiocinas na ligação do vírus ao hospedeiro, a detecção de defeitos na expressão de CCR5 pela célula hospedeira capazes de reduzir a infecção aguda vírica e consequente progressão da

doença e a presença do correceptor CCR5 em mais de 50% das infecções por VIH, fornecem a base sustentável para o desenvolvimento de antagonistas do CCR5. O fármaco maraviroc inibe a ligação das quimiocinas MIP1α, MIP1β e RANTES à membrana das células que expressam CCR5, bloqueia a emissão dos sinais emitidos pelo correceptor após a ligação das quimiocinas, prevenindo a entrada na célula hospedeira. A sua actividade anti-retrovírica decorre em concentrações muito baixas, é absorvido rapidamente e é um substrato do CYP3A4, sendo a sua excreção maioritariamente fecal, sem sofrer alterações.(55,57)

Os inibidores da integrase constituem uma nova classe de anti-retrovíricos que inibem a integração do ADN no genoma do linfócito T $CD4^+$, ligando-se ao centro catalítico da enzima. O fármaco raltegravir tem uma absorção rápida, sendo metabolizado no fígado por glucuronidação.(52,58)

A verdadeira revolução emerge quando se percebe que, combinando, preferencialmente, três fármacos pertencentes a estas classes – terapêutica anti-retrovírica de alta eficácia, HAART(59), o resultado obtido atinge uma eficácia superior, não conducente à erradicação do vírus, mas coincidente com um controlo mais rigoroso, em termos de morbilidade e mortalidade, da evolução da doença. Esta adquire, deste modo, o seu estatuto crónico, denotando-se uma melhoria significativa do bem-estar e qualidade de vida do doente infectado.(2)

Para que o sucesso terapêutico seja a meta alcançada com a manutenção da replicação vírica em níveis abaixo do limiar de detecção e a maximização do número de linfócitos T $CD4^+$, os referidos marcadores imunológico e virológico são preponderantes na decisão da instauração e modificação da terapêutica anti-retrovírica e profilaxia de infecções oportunistas, sendo realizada a sua avaliação periodicamente, juntamente com a monitorização de outros parâmetros laboratoriais e a realização de testes genotípicos e fenotípicos de resistência.(60)

A selecção do regime terapêutico é, então, feita individualmente, tendo em conta, para além dos aspectos referidos, factores sociais, económicos, a existência de comorbilidades como eventuais comportamentos de risco, doenças do foro psiquiátrico, doenças cardiovasculares e hepáticas, a tolerância individual, a comodidade da posologia, a simplicidade do esquema terapêutico, a detecção de potenciais interacções medicamentosas, efeitos adversos e resistências, salientando-se a educação e a participação activa do doente em todo este processo que perdurará ilimitadamente na sua vida e que exigirá uma capacidade de adesão superior a 95%.(2,61,62)

A terapêutica anti-retrovírica deve ser iniciada perante a detecção de uma infecção sintomática com uma contagem de linfócitos T $CD4^+$ inferior a 350 células/mm^3, sendo esta recomendação fortalecida quando a contagem de T $CD4^+$ é inferior a 200 células/mm^3. Por outro lado, deve ser iniciada em determinados grupos de doentes: doentes coinfectados com hepatite B (quando o tratamento para a hepatite B é indicado), doentes com nefropatia associada ao VIH, grávidas, idosos, doentes com carga vírica elevada, em situações de serodiscordância no casal e aquando de uma queda abrupta do número de células T $CD4^+$. Quando o número de células T $CD4^+$ é superior a

350/mm^3, surgem algumas controvérsias na implementação da terapêutica(63) decorrente do balanço entre os potenciais benefícios (manutenção do número de T CD4$^+$ e diminuição dos danos no sistema imunitário, diminuição do aparecimento de doenças oportunistas e não oportunistas, diminuição do risco de transmissão da infecção) e riscos associados (aumento da probabilidade de aparecimento de efeitos adversos, toxicidades e resistências conducentes a uma menor adesão ao tratamento e a possíveis perdas de futuras opções de tratamento).

Segundo as recomendações mais recentes(60,64), a tendência é o início cada vez mais precoce, atendendo à diminuição da morbilidade e mortalidade demonstradas nos estudos realizados bem como o aparecimento dos novos medicamentos, mais eficazes, mais facilmente administrados e mais bem tolerados, capazes de permitirem a construção de novos esquemas terapêuticos, nomeadamente em doentes que apresentam falência ou resistência aos esquemas habituais.(50)

Para doentes que vão iniciar a terapêutica, as combinações actuais a adoptar incluem:

- um inibidor da transcriptase reversa não análogo dos nucleósidos com dois análogos nucleosídicos

ou

- um inibidor da protease (associado, de preferência, com ritonavir) com dois inibidores da transcriptase reversa análogos dos nucleósidos.

Dentro dos inibidores da transcriptase reversa não análogos dos nucleósidos, o fármaco que reúne mais consenso é o efavirenz, excepto no primeiro trimestre da gravidez e em situações de perturbações psiquiátricas, sendo a alternativa a nevirapina cujas precauções de utilização são requeridas em situações de insuficiência hepática e aquando da associação com tenofovir e emtricitabina / lamivudina devido a uma possível falência virológica.

Dentro dos inibidores da protease, as preferências recaem sobre as associações com ritonavir, pela sua capacidade de aumento dos níveis séricos do seu homólogo, reduzindo-se a frequência das administrações diárias. É o caso da co-formulação lopinavir / ritonavir a qual, quando administrada uma única vez ao dia, deve ser evitada na gravidez, principalmente no terceiro trimestre. Salientam-se ainda os fármacos atazanavir (este fármaco deve ser usado com precaução em associação com inibidores da bomba de protões, anti-ácidos e antagonistas dos receptores da histamina H_2), darunavir e fosamprenavir. Os fármacos indinavir, nelfinavir, tipranavir e ritonavir, quando isolados, não são recomendados nos regimes terapêuticos iniciais.

Dentro das combinações de dois inibidores da transcriptase reversa análogos de nucleósidos, a co-formulação tenofovir / emtricitabina é a preferida, sendo de evitar a sua associação com atazanavir (não ligado a ritonavir), e com nevirapina, pelas razões referidas anteriormente, bem como em situações de insuficiência renal. As combinações

alternativas englobam: abacavir / lamivudina (esta co-formulação é de evitar aquando da presença de hipersensibilidade ao abacavir, em situações de carga vírica muito elevada devido ao risco de falência virológica e perante um elevado risco cardiovascular); didanosina / lamivudina ou didanosina / emtricitabina (a esta combinação não se deve associar atazanavir não ligado a ritonavir, sendo também de evitar em situações de toxicidade mitocondrial como no caso de pancreatite e neuropatia periférica), zidovudina / lamivudina (a zidovudina pode influenciar a evolução de anemias e/ou neutropenias). As associações didanosina e estavudina, emtricitabina e lamivudina, estavudina e zidovudina estão contra-indicadas em qualquer regime terapêutico.

Alguns estudos mostram que combinações de três destes fármacos análogos nucleosídicos em substituição dos regimes preferidos, apesar da diminuição de efeitos adversos e interacções medicamentosas, não induzem o efeito desejado na actividade virológica, com excepção das associações abacavir / zidovudina / lamivudina e tenofovir / zidovudina / lamivudina.

Os regimes terapêuticos descritos, recomendados e alternativos, encontram-se representados na tabela 6.

Tabela 6. Regimes terapêuticos anti-retrovíricos aconselhados em doentes em início de tratamento.

REGIME TERAPÊUTICO BASEADO EM INIBIDORES DA TRANSCRIPTASE REVERSA NÃO ANÁLOGOS DE NUCLEÓSIDOS	
Recomendação	**Alternativa**
Efavirenz	Nevirapina
REGIME TERAPÊUTICO BASEADO EM INIBIDORES DA PROTEASE	
Recomendação	**Alternativa**
Atazanavir + ritonavir Darunavir + ritonavir Fosamprenavir + ritonavir Lopinavir + ritonavir	Atazanavir Fosamprenavir Saquinavir + ritonavir
REGIME TERAPÊUTICO BASEADO EM INIBIDORES DA TRANSCRIPTASE REVERSA ANÁLOGOS DE NUCLEÓSIDOS	
Recomendação	**Alternativa**
Tenofovir + emtricitabina	Abacavir + lamivudina Didanosina + (lamivudina ou emtricitabina) Zidovudina + lamivudina
Abacavir + lamivudina + zidovudina Zidovudina + lamivudina + tenofovir	

Associações quádruplas (mega HAART) com os novos fármacos enfuvirtide, etravirina, raltegravir e maraviroc já fazem parte da prática clínica dos Hospitais da Universidade de Coimbra, não existindo ainda dados suficientes acerca da sua eficácia como primeira linha da terapêutica.

Situações especiais como a infecção diagnosticada na gravidez, na infância e na adolescência requerem uma apreciação particular e redobrada com uma maior incidência na educação do doente.

Atendendo à maior vulnerabilidade da mulher à infecção por VIH, já referida, aspectos como a actividade sexual, contracepção e o estabelecimento de uma consulta de planeamento familiar têm de ser discutidos. Sendo o primeiro trimestre da gravidez o período mais crítico, a terapêutica a seguir terá de ter em consideração alterações farmacocinéticas decorrentes da situação fisiológica diferente, potenciais reacções adversas, incluindo a teratogenicidade de alguns fármacos, e o risco de transmissão perinatal, combatido, principalmente na altura do parto, com os procedimentos indicados anteriormente.(65,66)

Graças à terapêutica anti-retrovírica iniciada ou mantida durante a gestação, a mortalidade infantil por infecção por VIH diminuiu drasticamente nos países desenvolvidos, permitindo também o aumento da esperança de vida das crianças infectadas.(67)

A heterogeneidade em termos sociodemográficos, o modo de transmissão do VIH, comportamentos de risco e os estados imunológico, clínico e psicossocial nos adolescentes, equacionam a hipótese de uma monitorização terapêutica, para além da realização de mais estudos nesta faixa etária, para se perceber quais os fármacos e respectivas doses a utilizar com maior efectividade, tendo como objectivo o aumento da adesão à terapêutica.

Uma população a salientar é a utilizadora de drogas injectáveis / toxicodependentes nas quais o regime terapêutico a adoptar terá que primar pela simplicidade de doses e frequência de administração, incluindo fármacos com baixo risco hepático e neuropsiquiátrico e não interactivos com a metadona, estando, muitas vezes, presente a co-infecção com os vírus das hepatites B e C.(68)

De qualquer modo, pode ocorrer uma falência do regime terapêutico instituído influenciada por factores condicionantes de uma fraca adesão tais como(69-72):

- características do doente como a idade, o sexo, o nível de literacia e outros factores sociodemográficos;

- características da doença como a detecção de uma carga vírica elevada, um baixo número de linfócitos T $CD4^+$, uma sintomatologia acentuada associada ao diagnóstico de doenças oportunistas, a presença de doenças concomitantes e respectiva medicação, o uso de drogas ilícitas;

- características do tratamento como início precoce da terapêutica anti-retrovírica com fármacos menos potentes e menos bem tolerados; a detecção de falências virológica e imunológica com tratamentos prévios e de resistências desenvolvidas entretanto ou aquando de mutações geradas em plena replicação vírica nos grandes "santuários" linfo-reticulares, conducentes ao aparecimento de diferentes estirpes na mesma família vírica(73,74); a complexidade dos tratamentos com várias tomas diárias de um elevado número de fármacos com ou sem a ingestão de alimentos e fluidos; o incumprimento da toma da medicação associado à não comparência nas consultas médicas e consequente carência de acompanhamento pela equipa de profissionais de saúde(75); o aparecimento de interacções medicamentosas, toxicidades e reacções adversas.

Assim, a par da continuidade de um pretendido robusto desenvolvimento farmacológico, o estabelecimento do equilíbrio entre a potência, efectividade, segurança e tolerabilidade da terapêutica instituída é crucial para o alcançar dos objectivos traçados em prol do doente.(76,77)

REACÇÕES ADVERSAS DA TERAPÊUTICA ANTI-RETROVÍRICA

Uma das apostas trabalhadas com vista a uma melhoria da adesão da terapêutica prende-se com a explanação das reacções adversas ao doente, muitas vezes, motivo de alteração ou descontinuação da terapêutica.(62,78,79) Um exemplo é a clarificação da terminologia empregue efectuada por Aronson e Ferner(13) ao distinguirem, apesar do fenómeno em causa ser o mesmo, reacção adversa de efeito adverso. Uma reacção adversa é vista sob o ponto de vista do doente, enquanto um efeito adverso é visto sob o ponto de vista do fármaco, uma vez que o doente tem uma reacção e um fármaco provoca um determinado efeito.

O aparecimento de reacções adversas pode resultar de(60,80-82):

- uma predisposição do indivíduo, como a maior propensão das mulheres para o aparecimento de síndroma de Stevens-Johnson e hepatotoxicidade, reacções características da nevirapina, ou de acidose láctica com os análogos nucleosídicos;

- factores genéticos como os associados ao aparecimento de reacções de hipersensibilidade ao abacavir;

- a presença de comorbilidades como o alcoolismo ou hepatites B e C que elevam o risco de hepatotoxicidade;

- a concomitância de outras medicações, indutoras de interacções, como a detectada com a ribavirina e didanosina, cuja toxicidade é aumentada.

A toxicidade mitocondrial, ligada principalmente aos análogos nucleosídicos (destacam-se os fármacos zidovudina, estavudina e didanosina), resulta de um mecanismo de acção secundário à inibição da transcriptase reversa – a inibição da ADN polimerase mitocondrial – que origina uma deficiente síntese de enzimas mitocondriais produtoras de energia na forma de ATP. A intensidade e a frequência dos efeitos verificados, parecem mostrar uma certa especificidade tecidular relacionada com a estrutura farmacológica de cada um dos compostos e com o mecanismo de fosforilação subjacente.

Este tipo de toxicidade, cuja detecção pode ocorrer meses após o início do regime terapêutico instituído, traduz-se no aparecimento de miopatia (mais associada à zidovudina), neuropatia periférica, esteatose hepática e acidose láctica e pancreatite (mais associada à didanosina).

Inicialmente, surgem sintomas gastrintestinais como náuseas, anorexia, perda de peso, vómitos e dores abdominais. Estes podem evoluir para sintomas mais específicos como a fadiga, mialgias, fraqueza muscular, característicos de uma miopatia, para perturbações, ou mesmo, perda de sensibilidade nos dedos e pés e arreflexia, manifestados na presença de uma neuropatia periférica. Podem também progredir, muitas vezes de forma fatal, para insuficiência respiratória, encefalopatia, pancreatite (esta última mais frequente em situações de antecedentes de alcoolismo e de

pancreatite, num estado avançado da infecção por VIH ou perante uma associação com fármacos com toxicidade pancreática), esteatose hepática e acidose láctica.

A função hepática dos doentes submetidos a terapêutica com estes fármacos deve ser avaliada e monitorizada regularmente. Aquando do aparecimento destas reacções, equaciona-se a descontinuação do(s) fármaco(s) ou a substituição por outros análogos nucleosídicos menos propensos a toxicidade mitocondrial, sendo importante uma adequada hidratação e, nalguns casos, o recurso a fármacos como tiamina e riboflavina que mostraram uma rápida diminuição dos níveis de lactato.(84)

Dependendo da dose de zidovudina e da duração do tratamento, a toxicidade mitocondrial associada a este fármaco manifesta-se a nível hematológico com a detecção de macrocitose, anemia, neutropenia, trombocitopenia e diminuição das células precursoras hematopoiéticas.

O fármaco tenofovir mostrou, dependendo da dose e da duração do tratamento, nefrotoxicidade como a sua principal reacção adversa, caracterizada por nefropatia tubular renal e/ou nefrite intersticial (síndroma de Fanconi) com aumento dos níveis de creatinina.

As complicações dermatológicas decorrentes da terapêutica anti-retrovírica sobressaem no campo das reacções adversas.

As reacções de hipersensibilidade ao abacavir, com uma maior predisposição genética em indivíduos com o haplótipo HLA-B5701, surgem logo nas primeiras semanas de tratamento, manifestando-se com febre associada a mal-estar geral, náuseas, vómitos, exantema generalizado e obrigando à suspensão imediata do tratamento sem qualquer hipótese de reintrodução.

A descontinuação do tratamento também se verifica com o fármaco enfuvirtide ao qual se associam reacções de hipersensibilidade detectadas logo nos primeiros dias de tratamento nos locais de administração das injecções subcutâneas, sendo minimizadas com a rotação do local de aplicação ou com o recurso a um injector desenvolvido para o efeito.

Disfunções cutâneas a nível capilar e nas unhas foram atribuídas ao emprego do inibidor da protease indinavir, suspeitando-se da interacção deste fármaco com compostos retinóides. Outras reacções, também características deste fármaco, são a litíase renal, combatida com a ingestão acrescida de fluidos, e a hiperbilirrubinémia conjugada, não representativa de toxicidade hepática.

Ainda que a responsabilidade possa ser de qualquer um dos análogos não nucleosídicos, o risco de aparecimento de exantema maculopapular e eritematoso, com ou sem prurido associado e abrangendo o tronco, face e membros, com carácter evolutivo para formas mais graves como o síndroma de Stevens-Johnson e necrólise epidérmica tóxica, aumenta nos doentes tratados com nevirapina; logo, as estratégias adoptadas para diminuir a sua incidência englobam o início do tratamento com uma

dose mais baixa de nevirapina e a prescrição, controversa na opinião de alguns, de corticosteróides e anti-histamínicos, evitando-se a substituição da mesma por outro fármaco do mesmo grupo.(85)

Durante o tratamento com nevirapina e, em menor escala, com efavirenz, pode ocorrer uma elevação dos níveis de transaminases, conducente a hepatotoxicidade, a qual assume maiores proporções quando existe uma co-infecção com os vírus da hepatite B e C, exigindo uma monitorização regular. Náuseas, vómitos, mialgias, fadiga, dores abdominais e febre são os sintomas iniciais que podem estar associados a rash cutâneo, constituindo o síndroma DRESS, ou mesmo progredir para uma hepatite fulminante.

Ainda acerca dos análogos não nucleosídicos, a administração de efavirenz pode originar algumas reacções no Sistema Nervoso Central logo com as primeiras doses, que incluem perturbações da atenção e da concentração, cefaleias, vertigens, insónias, sonolência, pesadelos, agitação, alucinações, condutas desadequadas, depressão aguda grave, psicoses, exacerbação de doenças psiquiátricas diagnosticadas e ideias suicidas. As soluções a seguir passam pela administração do fármaco ao deitar com o estômago vazio, embora os sintomas tendam a diminuir e mesmo a desaparecer ao fim de algum tempo.(86)

A melhoria da função imunitária, a supressão virológica e a consequente longevidade dos doentes infectados por VIH, características da terapêutica anti-retrovírica de alta eficácia, acarretam uma das principais reacções adversas – as alterações metabólicas – que englobam hiperlipidémias, a insulino-resistência e Diabetes *Mellitus* e lipodistrofia, cuja incidência se tenta minimizar com a selecção do tratamento inicial mais adequado e com eventuais modificações ao longo do tempo.(87)

As hiperlipidémias envolvem uma elevação dos níveis das LDL e VLDL, do colesterol total, dos triglicerídeos e uma diminuição dos níveis das HDL, donde resulta um aumento do risco de doença cardiovascular, como enfarte de miocárdio e acidentes vasculares cerebrais. Estudos levados a cabo, mostram que o aumento do risco relativo de enfarte de miocárdio está associado, para além de certos factores como a idade, o género, a raça, a presença de Diabetes e de hipertensão, ao emprego de inibidores de protease que induzem o aumento dos valores de colesterol e triglicerídeos.(92)

A insulino-resistência surge quando se verifica uma actividade reduzida da insulina circulante no transporte da glicose para o interior das células, contribuindo, possivelmente, para este facto, uma inibição directa do transportador de glicose GLUT-4 e outros mecanismos também relacionados com a lipotoxicidade de ácidos gordos circulantes que interferem na cascata de reacções desencadeada com a ligação da insulina à célula. De acordo com Samaras(91), a resistência à insulina é um estado fisiopatológico que engloba uma história familiar de Diabetes tipo 2 ou uma doença cardiovascular, dados clínicos relativos a obesidade abdominal e hipertensão e a presença de distúrbios no metabolismo da glicose e hiperlipidémias. Nalguns casos, os sintomas detectados incluem poliúria, visão turva, polidipsia, polifagia, fraqueza, perda

de peso e hiperglicémias mais acentuadas, quando a Diabetes já está instalada.(84,91,93-95)

A lipodistrofia consiste num síndroma caracterizado por uma redistribuição anormal da gordura corporal, com deplecção ao nível da face, nádegas e extremidades (lipoatrofia) ou acumulação nas zonas dorsocervical, visceral e mamas (lipohipertrofia).

Sendo a lipoatrofia a situação mais comum nos doentes infectados, os factores de risco subjacentes prendem-se com a idade avançada, a presença de hipertrigliceridémia, o estado avançado da infecção por VIH, um número baixo de linfócitos T $CD4^+$, um baixo índice de massa corporal e a existência de polimorfismos do factor de necrose tumoral α.(85,96)

Alterações na expressão e secreção das interleucinas IL-1β e IL-6, do factor de necrose tumoral α e de adiponectina com influência na diferenciação de linhas celulares de adipócitos foram detectadas sob a acção de inibidores da protease e análogos nucleosídicos como a estavudina.(91,97)

Os distúrbios lipídicos e glucídicos, a hipertensão, a obesidade visceral e o aumento do índice de massa corporal, uma predisposição genética para desregulações metabólicas com o aumento do risco cardiovascular aglomeram-se no síndroma metabólico. Num doente infectado submetido à terapêutica anti-retrovírica, a este síndroma ainda se associam o aumento dos níveis da proteína C reactiva, baixos níveis de adiponectina e um aumento da carga vírica. Esta junção de toxicidades implica, deste modo, modificações do estilo de vida como a cessação tabágica, a perda de peso com uma alimentação variada e equilibrada, a prática regular de exercício físico, bem como, prováveis alterações terapêuticas, quer de fármacos anti-retrovíricos, dependendo do estádio da infecção, quer de outras medicações como antidislipidémicos, atendendo às interacções entre os dois grupos farmacológicos.(88,91,94)

Associados aos inibidores da protease, podem surgir fenómenos hemorrágicos, mais intensos em hemofílicos, complicações reumáticas como a osteoporose e osteopenia, manifestadas sob a forma de necrose da anca e fémur e aumento do risco de fracturas(98), e intolerância gastrintestinal, cujos sintomas mais comuns são a diarreia, vómitos, náuseas e dor abdominal.

Em relação aos fármacos mais recentes no mercado, os dados disponíveis mostram que o maraviroc pode produzir alguma diarreia, náuseas, cefaleias, tosse, tonturas, parestesias, distúrbios do sono, astenia, perda de peso, enquanto o raltegravir pode provocar dor abdominal, flatulência, lipodistrofia, astenia, artralgia e prurido(83). Os estudos realizados com a etravirina mostram que o rash cutâneo é a manifestação mais comum.(51)

O reconhecimento, o tratamento com o regime e doses adequados e a prevenção das reacções adversas são, deste modo, um ponto-chave no processo de adesão do doente à terapêutica anti-retrovírica.(99)

CAPÍTULO II

MEDICINA BASEADA NA EVIDÊNCIA

Desde a década de setenta do século passado e com os avanços científicos verificados que os profissionais de saúde se têm debruçado sobre a Medicina Baseada na Evidência.

Este conceito estendeu-se a outros campos da saúde, como a farmácia(100,101), a enfermagem(102-104), a radiologia(105), a fisioterapia(106), surgindo também a designação de Prática Baseada na Evidência.

A disponibilidade cada vez maior de informação na literatura(107,108) aumentou as expectativas dos consumidores em relação às recomendações levadas a cabo pelos profissionais, sofrendo o equilíbrio ciência – arte alguma "instabilidade" com a importância conferida ao lado científico da informação para além do saber e da intuição de cada profissional.

O médico britânico Archie Cochrane, tendo em conta a sua experiência com doentes, advoga a integração da prática médica com a pesquisa científica através do recurso a ensaios clínicos aleatorizados para avaliação dos métodos de tratamento, sendo o pioneiro na utilização de revisões sistemáticas e meta-análises na Medicina. Por outro lado, a publicação, por um grupo de médicos britânico, de uma revisão da "evidência" sobre a efectividade de cuidados de saúde na gravidez e infância, reforça a necessidade de sistematizar a melhor informação disponível para a tomada de decisões clínicas.

Entretanto, a Universidade de McMaster, no Canadá, integra pela primeira vez este novo conceito nos planos curriculares de educação médica, como indutor de modernização dos serviços de saúde, centrados nas pessoas. Salienta-se também a influência, para a aplicação deste conceito, do desenvolvimento da tecnologia informática e da Internet, demonstrado na capacidade de processamento de bases de dados, no armazenamento compacto e no rápido acesso à informação pretendida.(109)

O conceito de Medicina Baseada na Evidência aparece, então, definido como "o uso consciente, explícito e criterioso da evidência científica actualizada na tomada de decisões clínicas referentes ao doente individual".(110) Trata-se de uma conjugação entre a experiência e capacidade clínicas (evidência interna) e a busca da melhor e mais relevante bibliografia fornecida pela investigação clínica (evidência externa), com resultados frutíferos na precisão e exactidão de diagnósticos, na avaliação do prognóstico e na eficácia e segurança dos regimes terapêuticos daquele doente que, com as suas preocupações, preferências, expectativas, assume um papel activo no processo de decisão.(110-113)

Considerado um paradigma por uns(111-116), e uma moda por outros(117), os relatos antigos da associação da redução da mortalidade à prática de técnicas de assepsia, como a lavagem das mãos, são um exemplo, entre outros, da aplicação deste conceito no quotidiano clínico mais remoto.(118)

A visão simplista(108) de uma boa prática clínica, baseada nos conhecimentos técnicos adquiridos e aplicados na recolha da máxima informação para a obtenção da

história clínica completa e na realização de um cuidadoso exame objectivo(117), é alterada em prol de uma melhor qualidade dos cuidados de saúde prestados com uma possível uniformização de procedimentos.(119) Assim, as dúvidas clínicas, surgidas com o número crescente de consultas diárias(110-113,120,121), determinam a procura, no momento, da evidência existente, especializada, rigorosa e regularmente avaliada, em substituição do recurso ao colega do lado ou do manual estandardizado dos tempos da faculdade.

Deste modo, a creditação da evidência científica encontra, no seu caminho, algumas barreiras difíceis de superar:

- *a desactualização do conhecimento biomédico e a não obtenção de informação relevante em determinadas circunstâncias*, condicionadas pela falta de tempo e pelos avanços científicos, prováveis modificadores da prática clínica dos quais o profissional apenas pretende extrair o que necessita para a sua actividade diária, não colmatadas com a frequência de programas de Educação Médica Contínua, conducentes a uma prática mais deteriorada(11-113,122);

- *a exclusão de certos aspectos mais relacionados com a parte humana do profissional*, determinantes na sua competência e julgamento clínicos, que, obrigatoriamente, têm de fazer sobressair, na relação profissional – doente, um sentimento de confiança e cooperação, sem relutâncias, facilitador na toma da decisão e consequente resolução do problema - a aceitação da dúvida, a limitação dos seus conhecimentos, muitas vezes, a sua falta de experiência, o controlo das emoções sem prepotência, arrogância e superioridade, o saber ouvir, "ler" o doente e responder às suas preferências, necessidades e angústias(123-125);

- *a falta de iniciativa pessoal, a institucionalização de uma certa cultura clínica sem dinâmica de grupo*(126), a rotina quotidiana relativa "à forma como as coisas são feitas", a constante pressão de prestação de serviços, centrados no doente, no mínimo tempo possível, associada a constrangimentos no recrutamento e fixação de recursos humanos, equipamento e financiamentos(118);

- *desconhecimento das bases da evidência* e, ainda, a detecção de grandes hiatos para se saber o que é certo fazer, a quem se aplica, o percurso a seguir, discernindo a evidência pretendida do aglomerado de publicações e, nessa, estudar a sua solidez de forma a poder aplicá-la clara e cuidadosamente; assim, a intervenção, as situações e o contexto em que a investigação é conduzida devem ser tão próximas da realidade quanto possível.(122,127-129)

Embora certas instituições universitárias e hospitalares disponham de Serviços de Informação dotados de recursos humanos especializados e de um conteúdo bibliográfico abrangente(122), tendo-se esta actividade alargado ao mundo *online*(130,131) onde fornece, em suporte documental, a informação solicitada pelos seus utilizadores, é fundamental a aquisição das capacidades e ferramentas necessárias à

localização, avaliação e aplicação da evidência. Dessa forma, o resultado final reflecte-se em mudanças a nível do diagnóstico, da terapêutica, do aconselhamento médico, da redução do tempo de estadia hospitalar, com a consequente diminuição da morbilidade e mortalidade dos doentes e a melhoria da sua qualidade de vida.(122,132)

Para dar a informação certa no tempo certo, a Medicina Baseada na Evidência, na prática, adquire um carácter cíclico, como se mostra na figura 3.

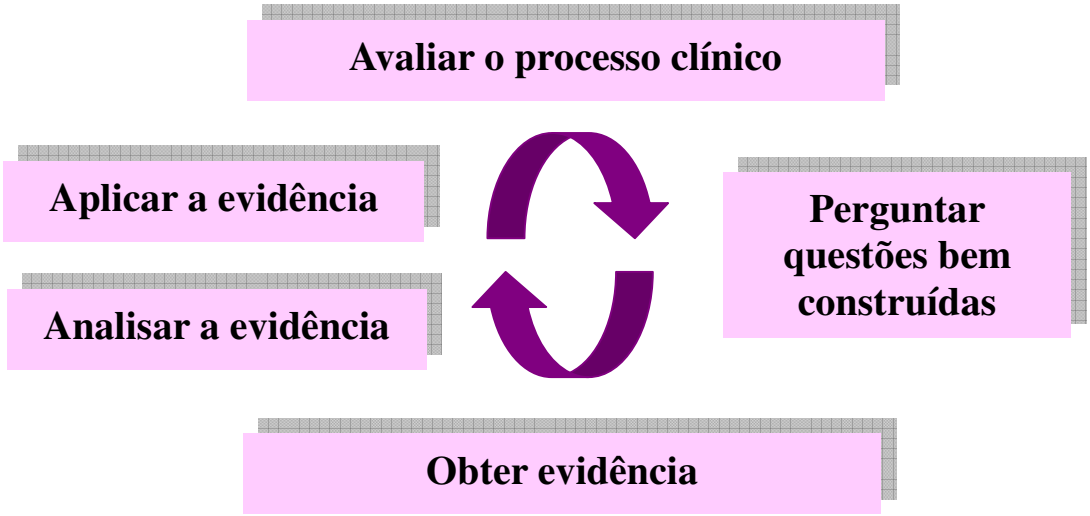


Figura 3. A Medicina Baseada na Evidência, na prática.(133)

Assim, a partir de um determinado cenário clínico, as necessidades de informação são convertidas na formulação de uma questão devidamente focada no problema em causa, procurando-se a melhor evidência disponível que será avaliada de acordo com a sua validade, relevância e tempo requerido na sua busca para aplicação dos resultados obtidos naquele doente particular, tal como a figura 4 demonstra.

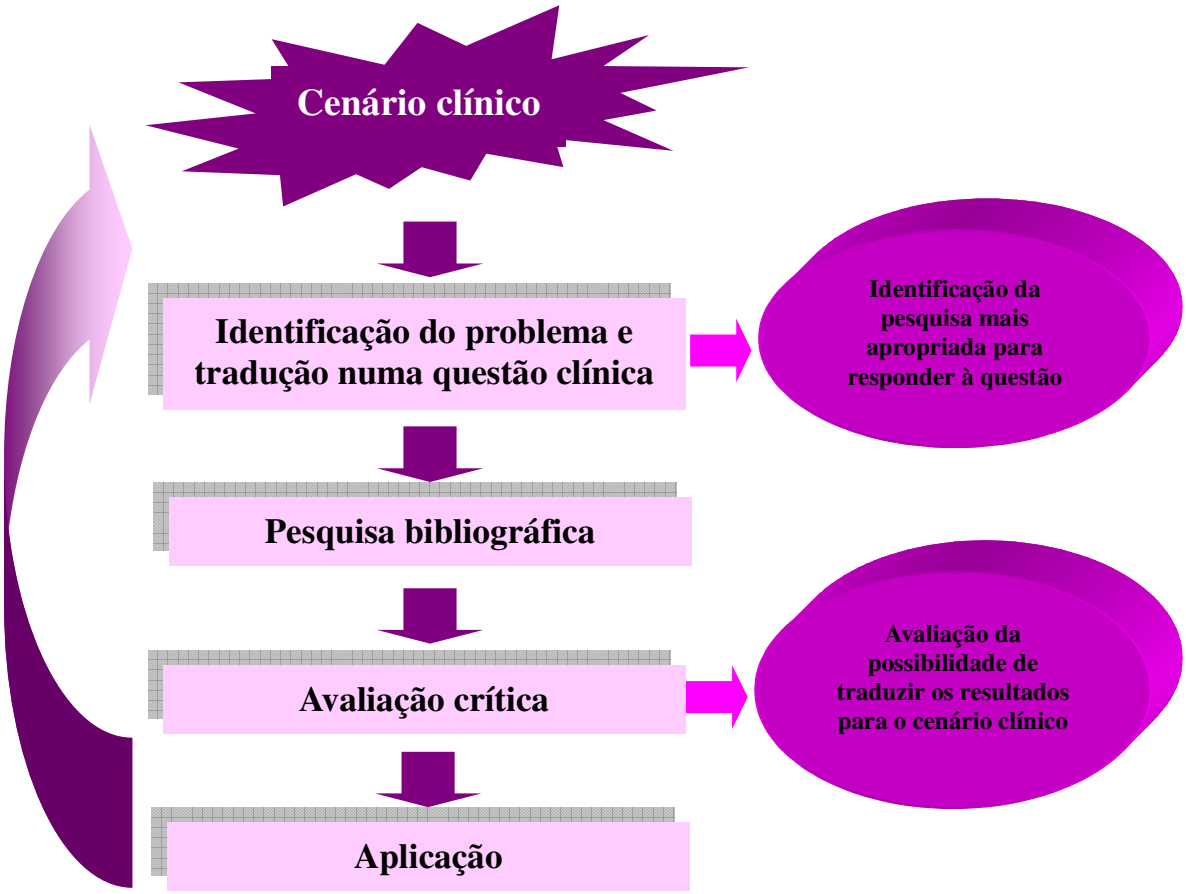


Figura 4. Os passos a seguir na prática da Medicina Baseada na Evidência.(134)

Formulação da questão clínica

A incerteza sobre o modo de acção, a falta de conhecimento ou controvérsia sobre um procedimento ou terapêutica, o surgimento de resultados inesperados no doente, a prática tradicional ou as sugestões dos doentes, constituem necessidades de informação, por vezes, não muito claras, mas que, quando percepcionadas, têm de ser satisfeitas.

Para tal, o ponto-chave de todo este processo reside na formulação cuidada e clarificada da questão clínica que orientará cada um dos passos subsequentes de forma a incorporar a melhor evidência na toma da decisão final. Uma questão mal formulada é responsável pelas dificuldades encontradas no progresso da investigação, como se comprova com os seguintes aspectos a ter em conta:

- pesquisa da evidência relevante

A questão não devidamente focalizada no problema conduz à obtenção de um maior número de referências bibliográficas sem relevância, o que implica mais tempo na procura da informação pretendida.

- selecção da melhor evidência

Com a questão formulada, é possível identificar a evidência científica que forneça a resposta mais apropriada à situação. A qualidade da evidência encontra-se hierarquizada, preferindo-se aquela que se encontra no topo da hierarquia, o que não significa que não se tenha de recorrer à que se encontra na base, quando não existe evidência disponível de melhor qualidade.

- aplicação da evidência

Seguindo os passos estipulados, cabe ao profissional a apreciação dos resultados obtidos, com integração da melhor evidência interna, para aplicação no seu doente, uma vez que, provavelmente não existirá uma coincidência absoluta entre o que a evidência fornece e as características da situação.(135)

A importância deste passo que tem de focar directamente o problema em causa com vista a facilitar a procura de uma resposta precisa, requer prática para a sua formulação. Nesse sentido, o recurso a uma estratégia metodológica, que defina os componentes essenciais a considerar na formulação da questão, optimiza o processo de localização da informação.

A estrutura metodológica tem como referência o modelo PICO ("*Patient or Population / Problem*"; "*Intervention*", "*Comparison*", "*Outcomes*"). A aplicação deste modelo permite focalizar a questão em quatro componentes principais:

- os dados, bem explícitos, sobre o doente ou população envolvidos, como a idade, o sexo, o tipo de doença, a sua gravidade, eventuais comorbilidades, dos quais se concluirá se os resultados obtidos para uma população mais alargada podem ser aplicados àquele doente específico;

- a intervenção levada a cabo, descrita com clareza e objectividade – uma exposição, um método de diagnóstico, um prognóstico, um tratamento;

- uma outra intervenção que sirva como termo de comparação com a anterior, dependendo da questão;

- os resultados clínicos importantes daí obtidos.(123,136,137)

Foi sugerida uma extensão da sigla PICO para PICOTT quando são adicionadas informações relativas ao tipo de questão (terapêutica, etiologia, diagnóstico, prognóstico) e ao tipo de estudo (ensaios clínicos controlados aleatorizados, revisões sistemáticas, meta-análises, estudos de coorte, estudos de casos – controlo, etc.), aumentando a complexidade das estratégias de pesquisa construídas e, por conseguinte, a exactidão e precisão da informação pesquisada.(138)

Pesquisa e selecção de evidência científica

Atendendo ao elevado número de publicações gerais e especializadas que impossibilitam a pesquisa manual, a uma vasta colecção de informação disponível na Internet, não sujeita a controlo da qualidade e a qualquer regulamentação, às constrições de tempo e de pessoas envolvidas na pesquisa e eventuais dificuldades subjacentes, o aparecimento, em vários formatos, de bases de dados que reúnem os artigos pertencentes ao mesmo assunto específico, tem facilitado a procura da melhor literatura, na busca da solução apropriada para a situação clínica em causa.

Estas fontes de informação devem ser seleccionadas de acordo com a sua utilidade, definida com base na sua validade ou rigor científico, na sua relevância, ou seja, na avaliação directa da efectividade dos cuidados médicos prestados ao doente, e no trabalho e tempo requeridos, pretendendo-se obter uma informação o mais válida e relevante, no mínimo espaço de tempo e com o mínimo esforço dispendido.(122,139)

Nesse sentido, a obtenção de uma maior credibilidade da informação necessária para aquele doente, num dado momento, em bases de dados bibliográficas, acessíveis electronicamente e sujeitas ou não a subscrição(140), originou a hierarquização destas fontes de informação nas seguintes categorias(141,142):

- "sistemas computorizados de suporte à decisão", que pretendem compilar mais informação com a conjugação da informação relativa às características individuais de cada doente com a melhor evidência pesquisada para o efeito, encontrando-se, por isso, em fase de desenvolvimento;

- "sumários", fontes integradoras da melhor evidência disponível, geradoras de uma maior dimensão de evidência que envolva as opções de gestão de um determinado problema de saúde; a Clinical Evidence, disponível em www.clinicalevidence.com, é um exemplo;

- "sinopses", descrições sucintas de artigos originais ou revisões individuais, como a revista *American College of Physicians Journal Club* (*ACP Journal Club*) que avalia criticamente os artigos inseridos;

- "sínteses" que incluem revisões sistemáticas com informação mais detalhada como, por exemplo, a colecção de bases de dados independentes da *Cochrane Library*, produzidas pela *Cochrane Collaboration* e compostas por revisões sistemáticas e meta-análises sujeitas a uma selecção, actualização e avaliação mediante critérios rigorosos previamente definidos: a *Cochrane Database of Systematic Reviews* (CDSR), que contém revisões sistemáticas, em texto integral, de ensaios clínicos controlados aleatorizados, a *Database of Abstracts of Reviews of Effectiveness* (DARE), que contém revisões sistemáticas sobre a efectividade dos medicamentos, a *Cochrane Controlled Trials Registry* (CCTR), que contém ensaios clínicos controlados aleatorizados, a *Cochrane Review Methodology Database* (CRMD), que aborda metodologias de revisões sistemáticas, entre outras;

- "estudos originais" que abordam aspectos específicos da gestão do problema, sendo o próprio profissional de saúde o avaliador da evidência encontrada; para facilidade de consulta, estes estudos são indexados em bases de dados bibliográficas, mais extensas, como a EMBASE, uma base de dados de artigos de Medicina produzida na Europa, a *Cumulative Index of Nursing and Allied Health Literature* (CINAHL), uma base de dados de artigos de enfermagem produzida nos Estados Unidos, e a MEDLINE.(111-113,120,134,143,144)

Embora todas as fontes de informação sejam imprescindíveis no fornecimento das respostas às mais variadas questões(121), a análise da sua utilidade e fiabilidade estabelece o início da pesquisa da evidência pelo nível mais elevado, ocupando os "sumários" o lugar de destaque, com a integração da informação contida nas sinopses, sínteses e estudos originais, descendo-se na hierarquia até se encontrar suficiente informação para responder à questão clínica.

A MEDLINE, criada pela *United States National Library of Medicine*, é a base de dados bibliográfica de acesso gratuito na Internet através do operador PubMed ("*Public Medicine*"), mais largamente utilizada, obrigando o seu tamanho, de milhões de referências indexadas, à aplicação de técnicas e capacidades de pesquisa da evidência relevante, tentando evitar a perda de estudos chave e/ou a recuperação de artigos de baixa qualidade. Para o efeito, há que ter em consideração certas orientações na condução do processo de pesquisa:

- preparação da pesquisa com a criação de uma listagem de palavras

Estando devidamente clarificados os componentes da questão clínica, procede-se a uma recolha de um conjunto o mais abrangente possível de palavras descritivas de cada componente, como termos, no singular e plural, sinónimos, expressões, abreviaturas (neste caso, há que ter algum cuidado no seu emprego devido à ligação a terminologias diferentes).

- estudo das ferramentas de pesquisa disponíveis na base de dados

A MEDLINE disponibiliza um conjunto de palavras-chave indexadas ou atribuídas a cada artigo incluído na base de dados pelos respectivos indexadores. Com isto, a pesquisa é facilitada, visto utilizar-se o termo indexado adequado, ao invés de um conjunto de termos possíveis de descrição de um componente da questão; por outro lado, a especificidade obtida com o recurso a estes termos pode significar a perda de artigos relevantes que façam menção ao assunto sem que tenham sido objecto de indexação.

O conjunto de todos estes termos indexados formam um léxico designado d*e Medical Subject Headings* (MeSH) o qual, devido à sua complexidade, se encontra ordenado hierarquicamente, numa estrutura em árvore, em áreas por diferentes assuntos, iniciando-se com termos mais latos ou gerais e terminando com termos mais específicos ou restritos. Um exemplo é a introdução do termo VIH, em 1988, seguida da adição, um ano mais tarde, dos termos VIH-1 e VIH-2 que permite uma pesquisa mais específica.(145)

Os "*subheadings*" consistem em termos relativos a categorias como a prevenção, o diagnóstico, reacções adversas, prognóstico ou epidemiologia, que aumentam ou a precisão do termo MeSH, quando anexado ao mesmo, ou a especificidade da pesquisa, quando se pretende focar um determinado aspecto, sendo escolhidos, para o efeito, os considerados mais apropriados.

Outras ferramentas disponíveis pela base de dados ajudam a refinar a pesquisa a efectuar.

As combinações das palavras e/ou expressões são feitas recorrendo aos operadores booleanos AND, OR e NOT. A utilização do operador AND combina as palavras e/ou expressões para que todas surjam nos artigos obtidos pela pesquisa. Com o operador OR, os artigos contêm umas, outras ou todas as palavras e/ou expressões da estratégia. O operador NOT permite a exclusão de certas palavras e/ou expressões específicas, fazendo com que os artigos que as contenham não sejam identificados o que pode levar à omissão inadvertida de artigos relevantes.

Pode ainda recorrer-se ao símbolo do corte, colocado junto às primeiras letras de uma palavra, para evitar a escrita das várias terminologias da mesma.

- construção da estratégia de pesquisa e obtenção dos resultados da pesquisa

Com todos os elementos pretendidos reunidos segundo a ordem de combinação estipulada para a situação em causa, procede-se à construção da estratégia de pesquisa com as palavras e expressões recolhidas e/ou com o vocabulário MeSH, relativas aos componentes PICO. Com a inclusão da estratégia de pesquisa na base de dados em campo próprio, é aconselhável o registo de todos os passos efectuados, possibilitando a MEDLINE a "conservação" de todo o historial da pesquisa que poderá ser consultado futuramente.

Sendo o objectivo da pesquisa encontrar a informação mais útil e minimizar os artigos irrelevantes, nem sempre isto se verifica, podendo obter-se um elevado número de artigos o que implica a necessidade de reformular a estratégia de pesquisa com a substituição de palavras, expressões ou vocabulário MeSH mais preciso e subtítulos mais específicos ou mesmo a introdução de limites específicos, disponíveis na base de dados, como o ano e tipo de publicação, a faixa etária, a língua, o autor, o periódico, o assunto, etc. A obtenção de um baixo número de artigos pode ser devida à falta de informação disponível, podendo ser alargada com o inconveniente da alteração da sua precisão.(132,134,144,146-150)

Análise crítica da evidência científica

Qualidade, relevância e aplicabilidade são características a ter em conta na apreciação crítica da evidência para responder a uma determinada questão formulada.

As ferramentas usadas nesta etapa do processo consistem num conjunto de questões estruturadas e detalhadas, para cada tipo de questão, que funcionam como critérios de avaliação da qualidade da condução do estudo, da recolha de informação e da utilidade e aplicabilidade dos resultados obtidos ao doente em causa. Isto significa que, tendo sempre em mente que a evidência científica é o produto de uma investigação bem desenhada e bem controlada, a sua apreciação crítica resume-se a três questões chave – é a qualidade do estudo suficientemente boa para usar os resultados?; são os resultados aplicáveis ao contexto em causa?; o que significam os resultados para aquele doente?. A primeira questão centra-se na análise do desenho, métodos e forma como o estudo foi conduzido de modo a gerar resultados imparciais, sem enviesamentos, enquanto a segunda questão se direcciona para a análise da aplicabilidade e a terceira questão para o reflexo da interpretação dos resultados na satisfação das necessidades do doente.

Com o objectivo de minimizar o enviesamento, aplica-se a noção de hierarquia da evidência, explicada atrás, ao tipo de estudo em análise.

A figura 5 mostra, sob a forma de uma pirâmide, que, à medida que se progride da base para o topo, o número de estudos e consequente quantidade de literatura disponível diminui, ao mesmo tempo que a relevância da informação obtida aumenta, embora cada nível da hierarquia contribua para o conhecimento total. Todos os estudos devem ser consultados para efeitos de complementaridade, diversidade ou contraposição de informação com vista à obtenção da informação mais relevante que pode ser encontrada em qualquer situação.(142)

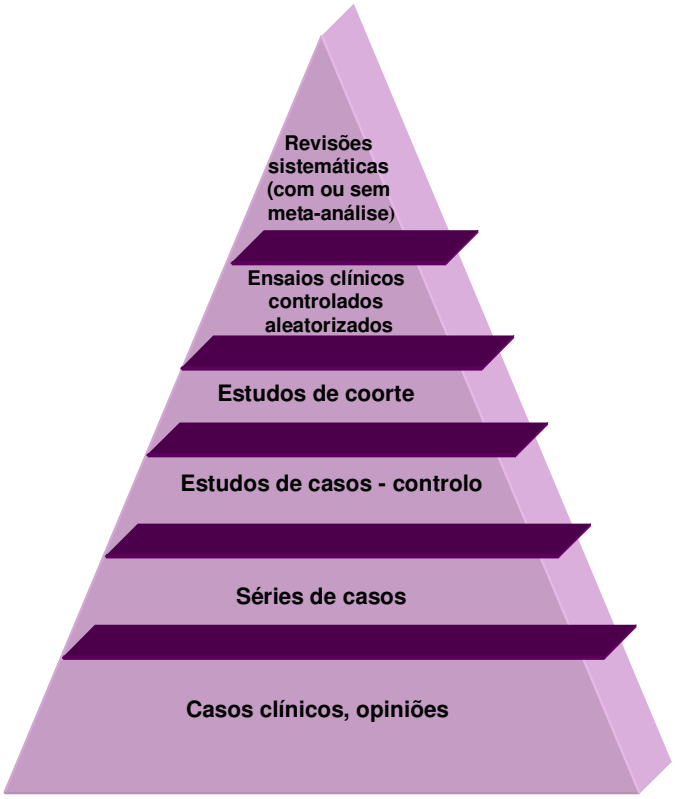


Figura 6. A hierarquia da evidência.(151)

O interesse crescente em revisões sistemáticas como sínteses de evidência, decorre da quantidade de informação publicada conducentes a dificuldades de acessibilidade por parte dos profissionais, bem como a exigências de tempo na busca da solução apropriada e a dificuldades na compreensão das conclusões de estudos relevantes.

Nesse sentido, a maioria das revisões sistemáticas, que pretendem fornecer a informação relevante em áreas clínicas específicas, têm sido desenhadas com ensaios clínicos controlados, com intervenções distintas. Archie Cochrane, em 1979, chamava a atenção para a necessidade da existência de "um sumário crítico organizado, por especialidade ou sub-especialidade, actualizado periodicamente, com todos os ensaios aleatorizados controlados relevantes".(152)

A interferência humana constatada com uma opinião tendenciosa sobre determinado assunto, ou a falta de investimento pessoal na apreciação de evidência trabalhada previamente por parte de revisores reconhecidos na área, a globalização da pesquisa de forma a incluir estudos ainda não publicados ou publicações noutras línguas que não o inglês para não enviesar os resultados, levaram a que se delineassem estratégias na elaboração de revisões sistemáticas.

Definidos claramente os objectivos e hipóteses com que lidará o revisor, este decide os estudos que irá incluir, segundo determinados critérios explícitos de inclusão e exclusão e mediante as características do estudo como o seu desenho e o tipo de participantes, intervenções e resultados. Segue-se a pesquisa global de todas as fontes relevantes e a verificação se os artigos recuperados cumprem os critérios de elegibilidade estabelecidos no passo anterior, processo este efectuado individualmente por mais de um revisor para comparação dos resultados. As características dos estudos que passarão a incluir a revisão são sujeitas a tabulação, como demonstração da concordância entre os revisores, embora as razões de exclusão dos outros artigos tenham de ser explicadas. A qualidade metodológica dos artigos incluídos também é analisada por mais de um revisor, com recurso a um sistema de classificação ou a um conjunto de questões estruturadas, de um modo não enviesado perceptível aquando da coincidência destes resultados com os obtidos com a análise de estudos de todos os padrões de qualidade. A finalização deste processo ocorre com a extracção dos dados, com a exposição das medições feitas e a sua análise estatística, sendo, por conseguinte, as conclusões suportadas pelos resultados.

Consideradas o padrão de ouro na apreciação da eficácia de um tratamento ou intervenção, a qualidade dos métodos utilizados na identificação, apreciação e sistematização da evidência, diferença crucial entre as revisões sistemáticas e as revisões narrativas tradicionais, deve ser avaliada com o cumprimento dos aspectos relacionados com a clareza da finalidade da revisão, com a exposição de uma estratégia de pesquisa sistemática e global, identificativa dos estudos relevantes, com a expressão dos critérios de inclusão e exclusão dos estudos e, consequentemente, se a selecção dos mesmos não foi enviesada, com a apreciação da qualidade dos estudos incluídos, com a combinação sistemática dos resultados dos estudos obtidos e com a fundamentação das conclusões com os dados.(152)

A meta-análise envolve a combinação das análises estatísticas efectuadas com os resultados obtidos em estudos elaborados nos mesmos moldes, incluídos em revisões sistemáticas. À custa da meta-análise, pode determinar-se se a intervenção em causa tem um efeito benéfico ou prejudicial e qual a dimensão do mesmo. Para isso, há que ter em consideração certos conceitos estatísticos:

- risco relativo, definido como a proporção entre o risco no grupo de intervenção e o risco no grupo controlo, entendendo-se por risco a razão entre o número de indivíduos com determinada característica de um grupo e o total de indivíduos desse grupo;

- razão de probabilidade, definida como a comparação entre a probabilidade de ocorrência de um evento no grupo de tratamento, com a probabilidade de ocorrência do mesmo evento no grupo controlo, entendendo-se por probabilidade a razão entre o número de indivíduos de um grupo onde ocorreu determinado evento e o número de indivíduos onde o evento não ocorreu;

- intervalo de confiança, com uma amplitude de 95%, definido como uma expressão da precisão da estimativa do risco relativo ou razão de probabilidade.

Assim, com as revisões sistemáticas disponíveis, autênticas sínteses reprodutíveis das informações sobre determinado tópico, e o poder estatístico das meta-análises, evita-se uma duplicação de esforços na pesquisa e apreciação da evidência com a certeza do seu rigor, crítica e avaliação periódicas.

Relembrando o delineamento do processo de apreciação crítica da evidência, o tipo de questão formulada determina a escolha do tipo de estudo mais apropriado, mais preciso e menos enviesado, sendo a sua qualidade apreciada mediante critérios específicos relativos ao seu desenho, amostra da população, medidas utilizadas, características do investigador, colheita e análise dos dados.

Perante uma questão sobre uma terapêutica ou intervenção, a escolha recai sobre um ensaio comparativo / prospectivo, idealmente controlado e aleatorizado com ocultação da dita aleatoriedade até ocorrer a distribuição o que traduz o rigor da sua condução.

Na apreciação da qualidade do estudo, devem ter-se em consideração determinados aspectos:

- a distribuição aleatória da amostra para o grupo de controlo ou de intervenção, assegurando-se, tanto quanto possível, a semelhança entre os grupos para que a diferença nos resultados seja devida somente à intervenção; de acrescentar a importância do conhecimento de certos detalhes relativos à demografia e estado de saúde dos indivíduos pertencentes aos dois grupos como, por exemplo, idade, presença de comorbilidades, gravidade da doença;

- ocultação aos investigadores, doentes e clínicos do grupo onde se encontra inserido o doente, para evitar enviesamentos dos resultados provocados por alterações de comportamentos face à situação; a ocultação pode abranger um grupo (ocultação única) ou todos os grupos intervenientes (ocultação dupla / tripla);

- fornecimento detalhado da intervenção para futura reprodutibilidade, bem como dos instrumentos de medida e resultados;

- abandono, por parte dos participantes, dos ensaios por morte, não adesão ao tratamento, efeitos adversos do tratamento, etc., devendo as razões ser devidamente investigadas no sentido da sua influência nos resultados.

Este tipo de estudo, no qual se busca um controlo de todas as variáveis, tende a ser caro e longo, impossibilitando, muitas vezes, o rigor subjacente à generalização dos resultados.

Uma questão relativa à eficácia de um teste de diagnóstico ou de um método de apreciação requer um estudo transversal, habitualmente gerador de hipóteses, no qual o investigador compara a exactidão de um teste novo com a de um padrão de referência ("*gold standard*"), em grupos com ou sem as condições definidas.

Na apreciação da qualidade do estudo, os aspectos a ter em conta são:

- o espectro da população com conhecimento dos detalhes e proporções de cada um dos grupos, sendo aplicados ambos os testes a todos os participantes;

- ocultação aos investigadores dos resultados obtidos com a realização do primeiro teste para evitar enviesamento dos resultados finais;

- replicabilidade dos resultados dos testes em indivíduos diferentes ou ao mesmo indivíduo em momentos diferentes, assegurando-se que a variável medida é a mesma.

Quando a questão diz respeito a um prognóstico com vista a se encontrar um padrão provável ou o resultado de uma doença ou problema de saúde particular, o estudo de coorte é o mais apropriado com a exposição (ou não) de indivíduos, sem interferência do investigador na sua selecção, a um determinado factor de risco, durante um período de tempo estabelecido.

A apreciação da qualidade do estudo deve ter em consideração:

- a importância da constituição de uma amostra representativa num ponto comum do curso da sua vida / doença (neste caso, preferencialmente no seu início) para que os resultados não sejam influenciados de forma negativa;

- a adequação da duração do estudo à manifestação dos resultados;

- a investigação das razões da perda do seguimento dos participantes do estudo, que serão tidas em consideração na apresentação dos resultados (uma perda inferior a 5% não produz alterações significativas ao contrário de uma perda que ronde 20%);

- a definição dos resultados com antecedência, pois a medição dos resultados subjectivos pode ser uma fonte de enviesamento, ocultando-se, do investigador, as características clínicas e os factores prognósticos do participante, quando se medem resultados objectivos;

- a presença de variáveis inesperadas, nomeadamente, quando os estudos decorrem durante largos períodos de tempo.

Os estudos de coorte são estudos observacionais, também prospectivos, uma vez que o acompanhamento dos participantes se faz ao longo do tempo, desde o momento zero, com o registo dos resultados observados. Quando a aleatorização dos ensaios clínicos é impraticável ou não ética, são os estudos de coorte que podem fornecer a evidência desejada, apresentando como condicionantes o tempo, quando o estudo é longo, e a falta da referida aleatorização, porque a exposição e o tratamento podem confundir-se com outras variáveis.(153)

Perante uma situação rara ou um período de latência considerável, recorre-se aos estudos de casos – controlo cuja essência se centra num determinado desfecho a partir do qual se faz o retrocesso para se encontrar os factores de risco conducentes àquele final; para isso, compara-se um grupo de indivíduos que apresentem um desfecho similar com um grupo de indivíduos que não o apresente, mas com características semelhantes, podendo denotar-se uma maior susceptibilidade ao aparecimento de erros relacionados com a história da exposição.(154)

As séries de casos e os casos clínicos constituem os estudos encontrados na base da hierarquia da evidência, não estando submetidos a controlo e avaliação regulares, o que não significa que não assumam importância na falta de melhor evidência disponível. De salientar que podem ser um ponto de partida para a formulação de questões clínicas.(151,155-162)

A prática da apreciação crítica faz com que, facilmente, se consiga reconhecer a utilidade de determinado artigo, embora se ressalve que as amostras de população a que se recorre na investigação não são exactamente idênticas ao doente em questão, fazendo com que os resultados credíveis obtidos com os artigos considerados, tentem reflectir contextos suficientemente próximos do real.

Assim, a percepção de como as diferenças detectadas podem afectar os resultados, permite apreciar a sua aplicabilidade ao doente, recorrendo-se a um novo conjunto de questões, independentes da questão formulada e do tipo de estudo considerado, as quais têm em conta os seguintes factores:

- clareza na escolha do tipo de estudo;
- descrição adequada das características dos participantes do estudo, com particular referência para aquelas que podem afectar os resultados, como a idade, sexo, comorbilidades, gravidade da doença;
- ponderação na indicação da viabilidade da intervenção ou teste levado a cabo e mencionado no estudo, susceptível de ocasionar mudanças no contexto real da situação;
- avaliação da relação entre os benefícios das alterações a ponderar e os custos associados;
- avaliação da satisfação dos doentes, por meio dos seus valores e preferências, perante a possibilidade de mudança.

O último passo na apreciação clínica da evidência diz respeito à tradução dos resultados obtidos na literatura, em resultados clinicamente relevantes para o doente.

Nesta fase, a afirmação de William Osler " a Medicina é a arte da incerteza e a ciência da probabilidade"(165) permite explicar a dificuldade detectada na interpretação da forma como os resultados da investigação são apresentados, colmatada com a

caracterização e o cálculo de medidas clinicamente significativas para os diferentes tipos de questão e estudo, utilizando-se, para o efeito, tabelas 2x2 como instrumentos de suporte para uma melhor compreensão destas operações.

Na interpretação dos resultados de estudos relativos a uma terapêutica ou intervenção, os participantes são divididos num grupo experimental e num grupo controlo para avaliação do efeito das mesmas, à custa do cálculo do Número Necessário para Tratar (NNT), uma medida que representa o número de doentes que teriam de receber a terapêutica ou intervenção de modo a obter um resultado benéfico num indivíduo extra que, doutra forma, não o teria beneficiado. Quanto menor fôr esse valor, mais importante é o efeito da terapêutica ou intervenção.(139,166,167)

A tabela 7 ajuda na compreensão dos cálculos subjacentes à interpretação dos resultados.

Tabela 7. Interpretação dos resultados de um estudo de avaliação de um efeito de uma terapêutica ou intervenção.(166)

		EFEITO DA TERAPÊUTICA / INTERVENÇÃO		TOTAIS
		Presente	Ausente	
GRUPOS DE ESTUDO	Grupo experimental	a	b	a + b
	Grupo controlo	c	d	c + d
TOTAIS		a + c	b + d	a + b + c + d

As células **a** e **b** representam o grupo que recebeu a terapêutica ou intervenção e as células **c** e **d** o grupo que não recebeu. As células **a** e **c** evidenciam a presença do resultado em análise, enquanto as células **b** e **d** evidenciam a sua ausência.

O cálculo do Número Necessário para Tratar exige a determinação de outras medidas intermédias como:

- a Taxa de Ocorrência no grupo experimental (TOE), definida como a percentagem de casos nos quais se denota o efeito da terapêutica ou intervenção recebida,

$$TOE = (a / (a + b)) \times 100$$

- a Taxa de Ocorrência no grupo controlo (TOC), definida como a percentagem de casos nos quais está presente o efeito desejado, sem terem recebido a terapêutica ou intervenção,

$$TOC = (c / (c + d)) \times 100$$

A Taxa de Ocorrência no grupo experimental e no grupo controlo representam o Risco Absoluto, ou seja, a percentagem da ocorrência de um evento num determinado grupo de indivíduos.

- a Redução do Risco Absoluto (RRA), o valor necessário para o cálculo do Número Necessário para Tratar, definido como a diferença entre as taxas de ocorrência das duas intervenções,

$$RRA = TOC - TOE$$

obtendo-se o Número Necessário para Tratar através da fórmula matemática,

$$NNT = 1 / RRA$$

Na interpretação dos resultados de estudos relativos a um prognóstico ou a uma condição / dano particular em que são comparados, durante um período de tempo estabelecido, os efeitos de um determinado factor num grupo exposto ao mesmo e num grupo não exposto, os resultados correspondem à diferença entre as proporções ou taxas dos ditos efeitos atribuídas aos grupos constituídos. Determina-se, assim, o Risco Relativo (RR) correspondente à diferença relativa na percentagem atribuída em cada grupo; se o seu valor fôr superior a 3, é pouco provável o enviesamento dos resultados. Também pode ser importante o cálculo do Número Necessário para causar Dano (NND) representativo do número necessário de indivíduos expostos a um determinado factor durante um determinado espaço de tempo para causar um dano extra.(139,166,167)

A tabela 8 ajuda na compreensão dos cálculos subjacentes à interpretação dos resultados.

Tabela 8. Interpretação dos resultados de um estudo de prognóstico ou de uma condição / dano particular.(166)

		EFEITOS DECORRENTES		TAXAS
		Presente	Ausente	
EXPOSIÇÃO AO FACTOR	Grupo exposto	a	b	a / (a + b) (taxa no grupo exposto)
	Grupo não exposto	c	d	c / (c + d) (taxa no grupo não exposto)

As células **a** e **b** representam o grupo exposto a um determinado factor e as células **c** e **d** o grupo não exposto. As células **a** e **c** evidenciam a presença dos efeitos decorrentes da exposição, enquanto as células **b** e **d** evidenciam a sua ausência.

O Risco Relativo calcula-se matematicamente, segundo a fórmula,

$$RR = (a / (a + b)) / (c / (c + d))$$

enquanto que, para o cálculo do Número Necessário para causar Dano, tem de se calcular primariamente, o Aumento do Risco Absoluto (ARA), indicador da dimensão da diferença entre os grupos,

$$ARA = (a / (a + b)) - (c / (c + d))$$

$$NND = 1 / ARA$$

Na interpretação dos resultados de estudos relativos a testes de diagnóstico ou a métodos de apreciação, a realização de medições permite ao profissional avaliar o valor de conjunto de variáveis num ou mais indivíduos e, com isso, elaborar diagnósticos, testar hipóteses, avaliar a dimensão dos problemas de saúde. As duas medidas fundamentais a que se pode recorrer são a sensibilidade e a especificidade.(139,166,167)

A sensibilidade mede a capacidade de detecção de algo que existe; logo, é útil a obtenção de um valor de sensibilidade alta, porque a detecção de um resultado negativo no teste realizado exclui realmente um diagnóstico positivo, havendo uma menor probabilidade de se obterem resultados falsamente negativos.

A especificidade mede a capacidade da não detecção de eventos inexistentes; logo, também é útil a obtenção de um valor de especificidade alta, porque a detecção de um resultado positivo no teste de um doente admite de facto um resultado positivo, havendo uma maior probabilidade da não obtenção de resultados falsamente positivos.

De qualquer forma, apesar da sua utilidade enquanto valores elevados, isso raramente se verifica no mesmo teste, variando ambas as medidas na razão inversa o que, dependendo das circunstâncias, faz recair o interesse sobre uma ou outra.

Para a determinação da sensibilidade e da especificidade, parte-se de um diagnóstico conhecido, sendo dividida a amostra da população representativa num grupo que apresenta a característica de interesse e noutro que não apresenta, para uma

comparação entre um teste em estudo e um teste de referência, também designado de "*gold standard*".

A tabela 9 ajuda na compreensão dos cálculos subjacentes à interpretação dos resultados.

Tabela 9. Interpretação dos resultados de um estudo de um teste de diagnóstico ou método de apreciação.(166)

		MÉTODO PADRÃO ("*GOLD STANDARD*")		TOTAIS
		Positivo	Negativo	
MÉTODO EM ESTUDO	Positivo	a	b	a + b
	Negativo	c	d	c + d
TOTAIS		a + c	b + d	a + b + c + d

A célula **a** representa o conjunto de indivíduos que apresentam a característica em análise no teste em estudo e no teste de referência (verdadeiros positivos). A célula **b** representa o conjunto de indivíduos que não apresentam a característica, apesar do resultado positivo no teste em estudo (falsos positivos). A célula **c** representa os indivíduos que apresentam a característica, embora o teste em estudo não o evidencie (falsos negativos). A célula **d** representa os indivíduos que não apresentam a característica em estudo, resultado mostrado de forma negativa por ambos os testes (verdadeiros negativos). Logo, os indivíduos que realmente apresentam a característica em estudo são representados pelas células **a** e **c**, enquanto que os indivíduos incluídos nas células **b** e **d** não a apresentam.

A sensibilidade (S), como medida da proporção de casos resultantes da concordância dos valores positivos do teste em estudo com os resultados totais do teste de referência, calcula-se como a razão percentual entre os verdadeiros positivos e o total de positivos do teste de referência.

$$S = a / (a + c)$$

A especificidade (E), como medida da proporção de casos resultantes da concordância dos valores negativos do teste em estudo com os resultados totais do teste de referência, calcula-se como a razão percentual entre os verdadeiros negativos e o total de negativos do teste de referência.

$$E = d / (b + d)$$

No cálculo de qualquer medida, as variações das amostras utilizadas influenciam os valores finais, convencionando-se o uso dos intervalos de confiança de 95%, a variação em torno de um ponto estimado num estudo em que o resultado verdadeiro se encontra em 95 de 100 ocasiões, para uma estimativa do valor real destes parâmetros. A precisão da estimativa será tanto maior quanto menor for a diferença destes intervalos de confiança.

Relacionados com os conceitos explicitados, mas numa perspectiva de estimativa da presença ou não da doença, surgem novas medidas – o valor preditivo positivo (VPP), ou seja, a probabilidade de um indivíduo apresentar o evento, dado que o resultado do teste empregue foi positivo, e o valor preditivo negativo (VPN), ou seja, a probabilidade de uma pessoa tem de não apresentar o evento, dado que o resultado do teste foi negativo.

Substituindo na tabela anterior o método de referência pela presença da doença e o método em estudo pelo resultado do teste, estas medidas são calculadas, em percentagem, da seguinte forma,

$$\mathbf{VPP = a / (a + b)}$$

$$\mathbf{VPN = d / (c + d)}$$

e variam com a situação da doença num dado momento ou período, ou seja, com a prevalência do evento no grupo estudado. Quanto maior a prevalência da doença, maior será o valor preditivo positivo do teste e menor o valor preditivo negativo; quanto menor a prevalência da doença, menor será o valor preditivo positivo do teste e maior o valor preditivo negativo.

Para refinar a interpretação do profissional acerca da probabilidade da presença ou não de uma doença num determinado indivíduo, recorre-se, a partir dos valores de sensibilidade e especificidade expressos em proporções e não em percentagens, à determinação da Taxa de Probabilidade Positiva (TPP), a proporção entre os resultados verdadeiros positivos e os falsos positivos, e à determinação da Taxa de Probabilidade Negativa, a proporção entre os resultados verdadeiros negativos e os falsos negativos (TPN).

$$\mathbf{TPP = sensibilidade / (1- especificidade)}$$

TPN = (1- sensibilidade) / especificidade

Quanto maior o valor da Taxa de Probabilidade Positiva associado a um teste, maior é a sua capacidade de diagnóstico de uma doença, enquanto que um valor baixo da Taxa de Probabilidade Negativa corresponde a um baixo nível de suspeição da doença, num doente que apresente um resultado negativo do teste efectuado.

Partindo de uma probabilidade inicial de uma doença, também designada de probabilidade pré-teste, dependente da prevalência bem como de uma avaliação clínica rigorosa, e conhecendo-se a taxa de probabilidade do teste a aplicar, consegue-se determinar, com a ajuda de artifícios como o nomograma de Fagan, a chamada probabilidade pós-teste, o indicador do aumento ou diminuição das possibilidades do doente apresentar um resultado do teste positivo ou negativo.(166-176)

Aplicação prática da evidência

A tomada da decisão clínica culmina com a aplicação dos conhecimentos adquiridos, transmitidos e aprovados pelo doente em causa, permitindo fazer uma avaliação do seu comportamento no momento e durante todo o seu acompanhamento clínico, com eventual alteração ou introdução de outros dados susceptíveis de originar novas questões e, por consequência, novas decisões.(111-113,134,144) Aspectos como a segurança, a tolerabilidade, a efectividade, o preço e a simplicidade, devem ser tidos em conta na comparação entre intervenções.(139)

Neste processo que se inicia com a formulação da questão focalizada, o passo orientador da busca da melhor evidência para a tomada rigorosa de uma decisão clínica, ajustada ao doente e determinante nas suas vivências e expectativas, a individualidade inerente, aparente, tem necessariamente de se estender a todo o corpo estrutural que integra o sistema de saúde de forma a poder instituir-se uma cultura baseada na evidência. Para isso, têm de sobressair novas percepções, atitudes, motivações, iniciativas, incentivos, recursos, competências, conhecimentos, comportamentos com a disseminação e implementação de estratégias e directrizes, flexíveis, actualizadas e adaptadas ao contexto local, inspiradoras e receptivas ao espírito de mudança evidenciado.(177-179)

P A R T E II

Investigação empírica

CAPÍTULO III

MÉTODOS E PROCEDIMENTOS

A escolha da abordagem, como ponto de partida para o estudo levado a cabo centrado em duas partes principais, recaiu sobre os resultados clínicos negativos da terapêutica anti-retrovírica, uma vez que existem algumas reacções adversas resultantes da administração destes fármacos que caracterizam a vivência do doente com infecção VIH / SIDA; por outro lado, a nossa formação académica, mais familiarizada com a iatrogenia medicamentosa, impunha um conhecimento mais aprofundado desta temática.

Na primeira parte, desenvolvida em Junho de 2007 com a informação disponível até então, identificámos e analisámos a prevalência dos resultados clínicos negativos da terapêutica anti-retrovírica na literatura.

A prevalência das reacções adversas na literatura, um dos indicadores de medição de saúde sobre a situação clínica num dado instante ou período(180), foi apreciada com base nas respectivas recomendações internacionais que sintetizam a informação considerada essencial, desejável e relevante para o doente, fármaco(s) e reacções adversas.(181)

Para isso, identificámos as bases de dados electrónicas passíveis de fornecerem relatos de casos clínicos do objecto de estudo em causa:

- DIRLINE, um directório de organizações de saúde, projectos e fontes de investigação, pertencendo também à United States National Library of Medicine, acessível através do operador Gateway em http://dirline.nlm.nih.gov(146);

- Family Physicians Inquiries Network, um projecto de cariz mundial com vista ao desenvolvimento de uma base de dados de questões ligadas aos cuidados primários e respectivas respostas baseadas na evidência, acompanhadas de comentários científicos, acessível em www.fpin.org(120);

- Parkhurst Exchange, uma base de dados semelhante à anterior, existente no Canadá, acessível em www.parkhurstexchange.com(137);

- TRIP Database Plus - Turning Research into Practice Database for Evidence–Based Medicine, uma base de dados especializada em Medicina Baseada na Evidência, acessível em www.tripdatabase.com(140,149);

- MEDLINE, uma base de dados bibliográfica da United States Library of Medicine e National Institutes of Health, acessível gratuitamente através do operador PubMed em www.ncbi.nlm.nih.gov/entrez/query.fcgi.(120,140,146,182,183)

A informação pretendida foi localizada com a combinação das palavras-chave "*AIDS*", "*adverse effects*" e "*case reports*" com o operador booleano AND.

A pesquisa bibliográfica reporta-se exclusivamente à MEDLINE, através da PubMed, com a construção de determinadas equações segundo uma estratégia de pesquisa genérica desenvolvida para a busca de informação relativa a iatrogenia medicamentosa, estruturada segundo as características da base de dados, como se esquematiza na figura 6.

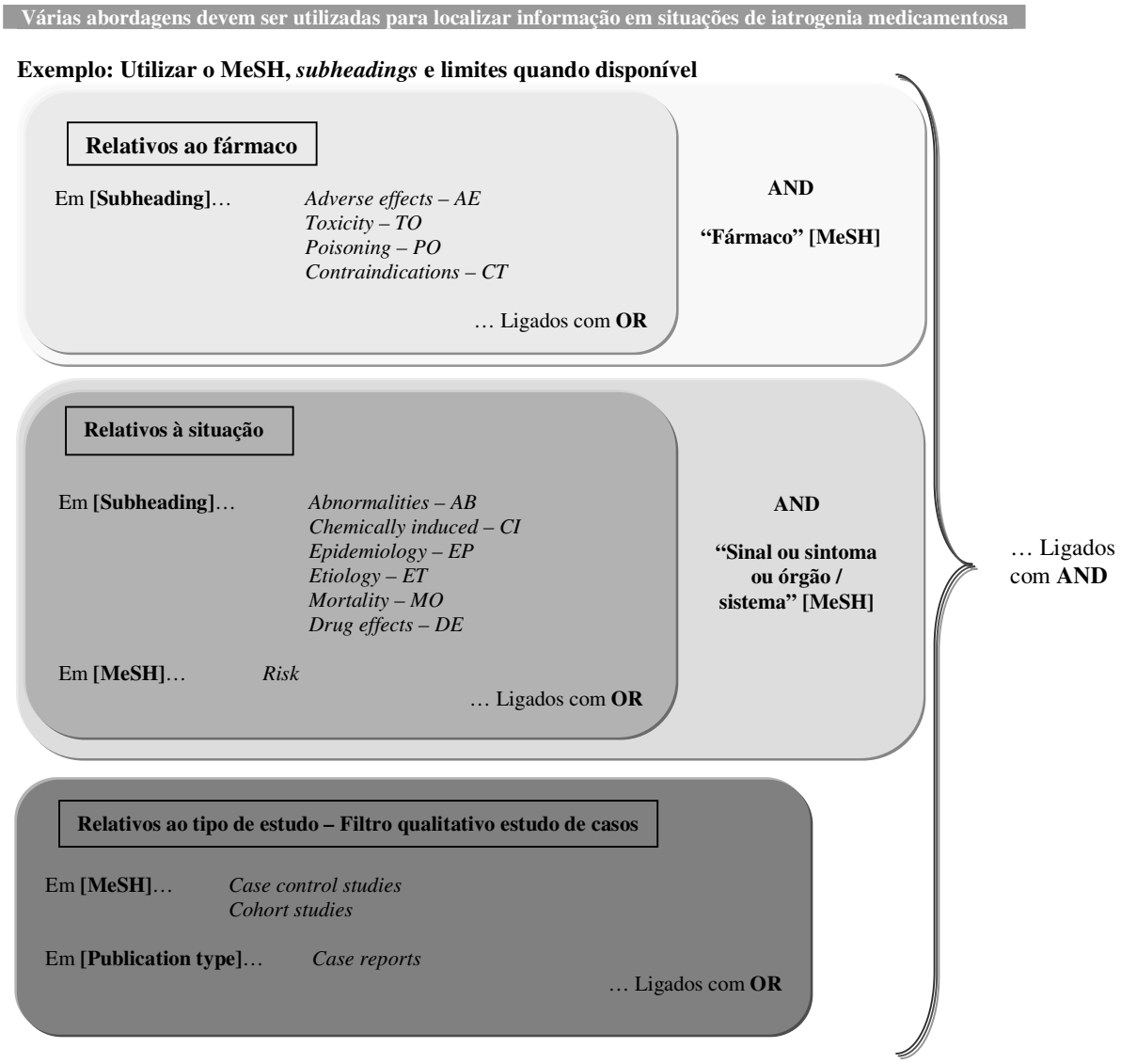


Figura 6. Estratégia de pesquisa desenvolvida para a busca de informação relativa a iatrogenia medicamentosa.(142)

Na construção das equações de pesquisa, recorremos a um vocabulário especial disponível na MEDLINE / PubMed, mais trabalhado e refinado, utilizado na indexação de artigos relevantes, e designado por *Medical Subject Headings* (MeSH).

Desse modo, procedemos à escolha dos termos e / ou expressões relativos às três principais classes farmacológicas de medicamentos anti-retrovíricos comercializados – inibidores da protease, inibidores da transcriptase reversa e inibidores da entrada, concretamente, inibidores da fusão.

A definição original destes termos, encontrada no MeSH, é apresentada na tabela 10.

Tabela 10. Termos MeSH relativos às classes farmacológicas de medicamentos anti-retrovíricos e respectivas definições.

Termo MeSH	Definição
HIV Protease Inhibitors	*Inhibitors of HIV PROTEASE, an enzyme required for production of proteins needed for viral assembly. Year introduced: 1993*
Reverse Transcriptase Inhibitors	*Inhibitors of reverse transcriptase (RNA-DIRECTED DNA POLYMERASE), an enzyme that synthesizes DNA on an RNA template. Year introduced: 1996*
HIV Fusion Inhibitors	*Inhibitors of the fusion of HIV to host cells, preventing viral entry. This includes compounds that block attachment of HIV ENVELOPE PROTEIN GP120 to CD4 RECEPTORS. Year introduced: 2002*

Para além disso, são disponibilizados os chamados "*subheadings*", ou seja, um conjunto de termos e /ou expressões – qualificadores, ainda mais específicos na identificação dos artigos considerados importantes em determinada área, que se relacionam com as situações clínica e farmacológica e outros assuntos.

Os "*subheadings*" utilizados no trabalho em curso são apresentados na tabela 11 bem como as respectivas definições originais, encontradas no MeSH.

Tabela 11. "*Subheadings*" utilizados no trabalho em curso e respectivas definições.

Termo Subheading	Definição
Adverse effects	*Used with drugs, chemicals, or biological agents in accepted dosage - or with physical agents or manufactured products in normal usage - when intended for diagnostic, therapeutic, prophylactic, or anesthetic purposes. It is used also for adverse effects or complications of diagnostic, therapeutic, prophylactic, anesthetic, surgical, or other procedures, but excludes contraindications for which "contraindications" is used.*
Toxicity	*Used with drugs and chemicals for experimental human and animal studies of their ill effects. It includes studies to determine the margin of safety or the reactions accompanying administration at various dose levels. It is used also for exposure to environmental agents. Poisoning should be considered for life-threatening exposure to environmental agents.*
Poisoning	*Used with drugs, chemicals, and industrial materials for human or animal poisoning, acute or chronic, whether the poisoning is accidental, occupational, suicidal, by medication error, or by environmental exposure.*
Contraindications	*Used with drugs, chemicals, and biological and physical agents in any disease or physical state that might render their use improper, undesirable, or inadvisable. Used also with contraindicated diagnostic, therapeutic, prophylactic, anesthetic, surgical or other procedures.*
Abnormalities	*Used with organs for congenital defects producing changes in the morphology of the organ. It is used also for abnormalities in animals.*
Chemically induced	*Used for biological phenomena, diseases, syndromes, congenital abnormalities, or symptoms caused by endogenous or exogenous substances.*
Drug effects	*Used with organs, regions, tissues, or organisms and physiological and psychological processes for the effects of drugs and chemicals.*

Assim, seleccionámos os "*subheadings*" relativos a reacções adversas - "*adverse effects*", "*toxicity*", "*poisoning*", "*contraindications*".

Escolhemos também filtros metodológicos qualitativos, recorrendo a outros qualificadores disponíveis quer no MeSH quer na PubMed, em geral, relativos ao tipo de estudo, neste caso, estudo de casos clínicos - "*case reports*", "*case-control studies*", "*cohort studies*", tal como mostra a Figura 6.

A construção da equação de pesquisa resulta, finalmente, da combinação, com o recurso aos operadores booleanos AND e OR, da combinação dos termos e/ou expressões relativos à classe farmacológica, dos "*subheadings*" relativos a reacções adversas, dos filtros qualitativos e, ainda, de um limite ou "*subset*", disponível na PubMed, o qual impõe a pesquisa de artigos relativos à infecção VIH / SIDA.

Os dados obtidos foram, posteriormente, tratados no sentido de se analisar quais as reacções adversas que surgem mais frequentemente descritas.

Na segunda parte, desenvolvida entre Julho e Agosto de 2008 com a informação disponível na MEDLINE / PubMed até Dezembro de 2007, optimizámos a metodologia de pesquisa com apreciação da sua validade com base na relação entre os instrumentos sensibilidade e especificidade.

Tendo em conta alguns dos passos já descritos, procedemos à construção de novas equações de pesquisa, em três fases escalonadas num nível crescente de complexidade, para posterior comparação dos resultados.

Na primeira fase, construímos equações de pesquisa, associando, com os operadores booleanos AND e OR, os termos e / ou expressões do MeSH relativos às três classes farmacológicas, em separado e em conjunto, e os "*subheadings*" relativos às reacções adversas, utilizados anteriormente.

Os dados relativos a cada equação de pesquisa obtida, foram importados para o programa informático "*Endnote*", promotor de uma maior facilidade de organização das referências bibliográficas em "*libraries*" com exclusão dos artigos duplicados.

Mediante a respectiva análise do título e do corpo do resumo ou "*abstract*", também através do referido programa informático, os artigos foram divididos em dois grupos:

- um grupo de artigos directamente relacionados com reacções adversas que designámos como padrão de ouro ou "*gold standard*",

- um grupo de artigos não relacionados directamente com reacções adversas, abordando assuntos como interacções medicamentosas, infecções oportunistas, profilaxia pós-exposição, opiniões científicas,

para, seguidamente, se calcular, em percentagem, os valores da sensibilidade e especificidade para cada uma das equações de pesquisa. Para tal, o cálculo matemático que tivemos em conta sofreu a devida adaptação ao conceito inerente a estes instrumentos de medida.

Assim sendo, a tabela 12 descreve a aplicação dos passos descritos, com base nas estratégias de pesquisa construídas,

Tabela 12. Aplicação do método descrito, com base nas estratégias de pesquisa construídas, para o cálculo percentual da sensibilidade e especificidade.

		"Gold standard"	
		SIM	**NÃO**
Resultados da estratégia de pesquisa	**SIM**	**a**	**b**
	NÃO	**c**	**d**

a = artigos obtidos na estratégia de pesquisa coincidentes com o grupo "*gold standard*"
b = artigos obtidos na estratégia de pesquisa não coincidentes com o grupo "*gold standard*"
c = artigos pertencentes ao grupo "*gold standard*" não obtidos na estratégia de pesquisa
d = artigos não pertencentes ao grupo "*gold standard"* e não obtidos na estratégia de pesquisa
a+b = número de artigos obtidos para cada estratégia de pesquisa
a+c = número de artigos que se incluem no grupo "*gold standard*"

determinando-se os parâmetros mencionados com as seguintes fórmulas matemáticas,

Sensibilidade = a / (a+c)

Especificidade = d / (b+d)

Nesta primeira fase, ainda recolhemos as palavras-chave relativas à situação clínica, indexadas em MeSH, que aparecem referenciadas mais frequentemente no grupo "*gold standard*" correspondente a cada estratégia de pesquisa, para posterior tratamento. Estes dados foram exportados do programa "*Endnote*" para o programa "*Microsoft Excel 97/2003/XP*".

Na segunda fase, construímos outras equações de pesquisa, que incluem, para além dos termos e / ou expressões relativos à classe farmacológica e dos "*subheadings*" relativos a reacções adversas, o filtro qualitativo relativo ao tipo de estudo – estudo de casos, revisões sistemáticas e ensaios clínicos aleatorizados, recorrendo aos correspondentes qualificadores disponíveis em MeSH e na PubMed, em geral (estudo de casos - "*case reports*", "*case-control studies*", "*cohort studies*"; revisões sistemáticas - "*review literature*", "*review*", "*meta-analysis*", "*systematic*"; ensaios clínicos aleatorizados - "*clinical trials*", "*random allocation*", "*product surveillance, postmarketing*", "*randomized controlled trial*").

A figura 7 complementa a informação relativa ao filtro qualitativo utilizado, mostrada na figura 6.

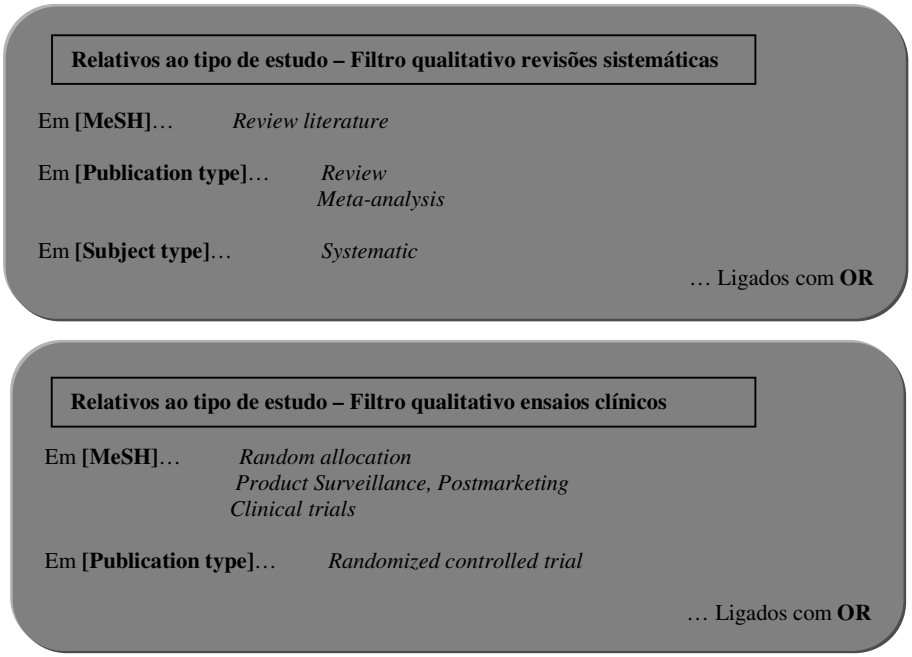


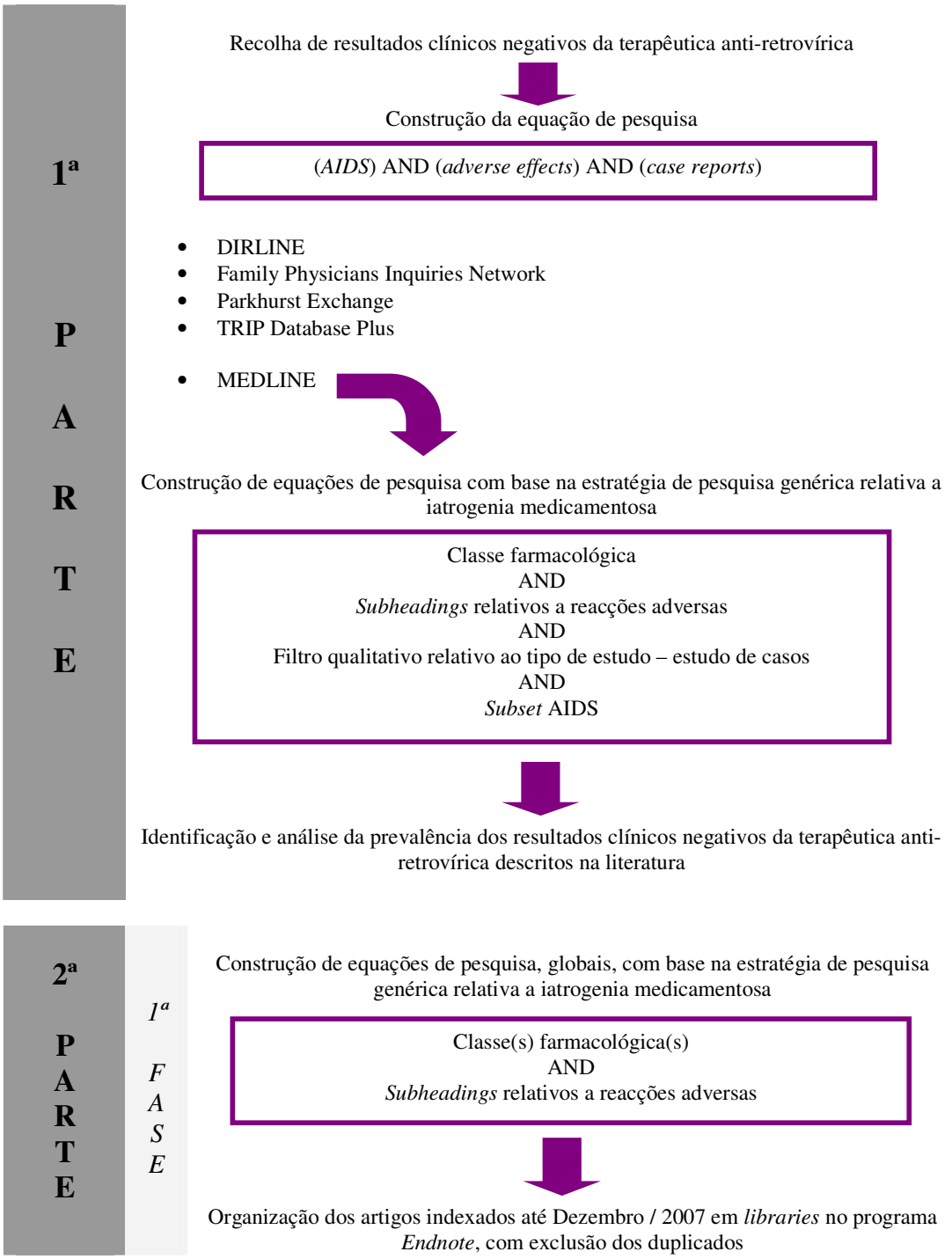
Figura 7. Filtros qualitativos relativos aos tipos de estudo ensaios clínicos aleatorizados e revisões sistemáticas.(142)

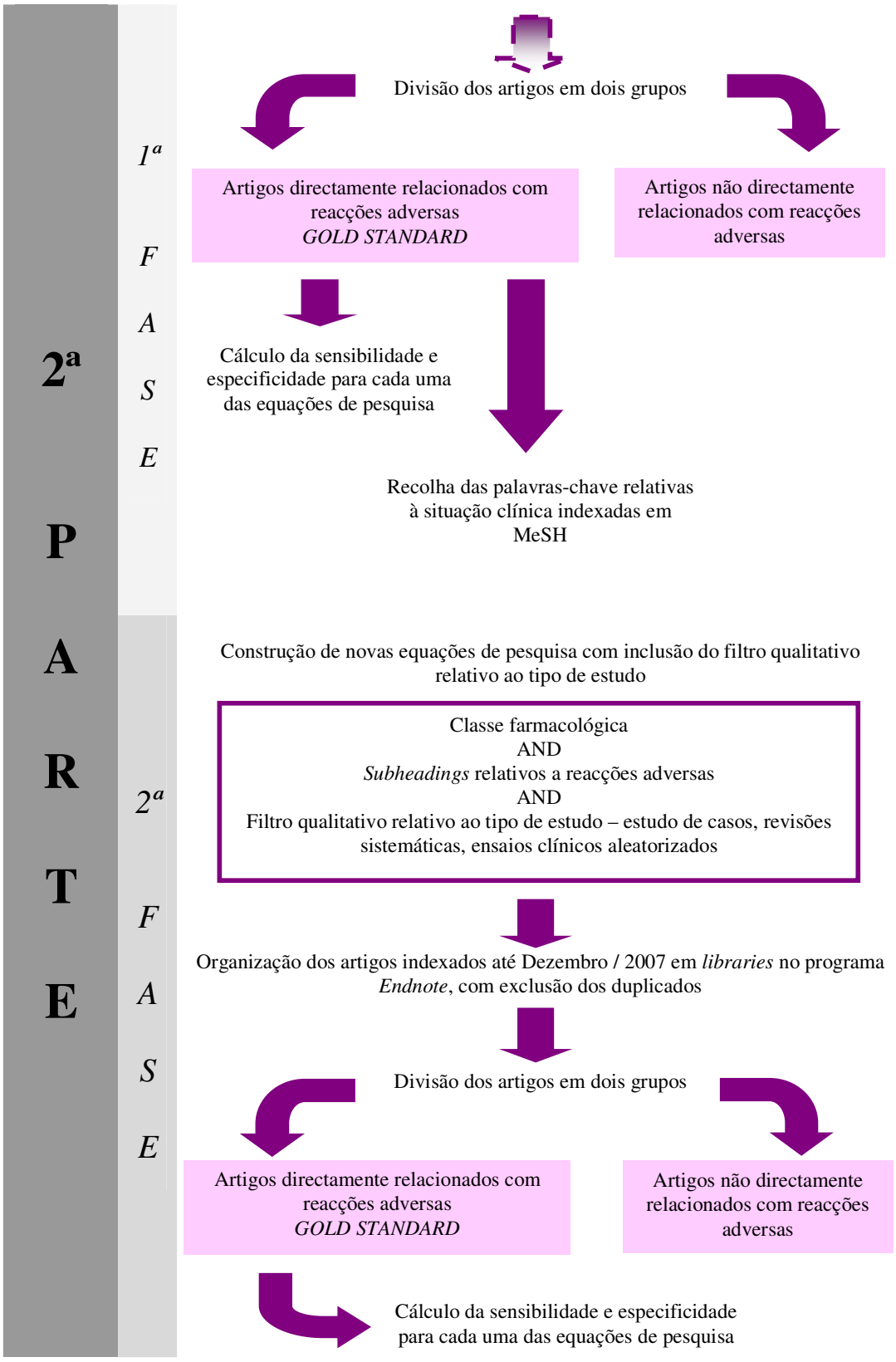
Os passos referentes ao recurso ao programa informático "*Endnote*", a divisão dos artigos nos dois grupos citados e o cálculo percentual da sensibilidade e da especificidade para cada uma destas equações de pesquisa, foram repetidos.

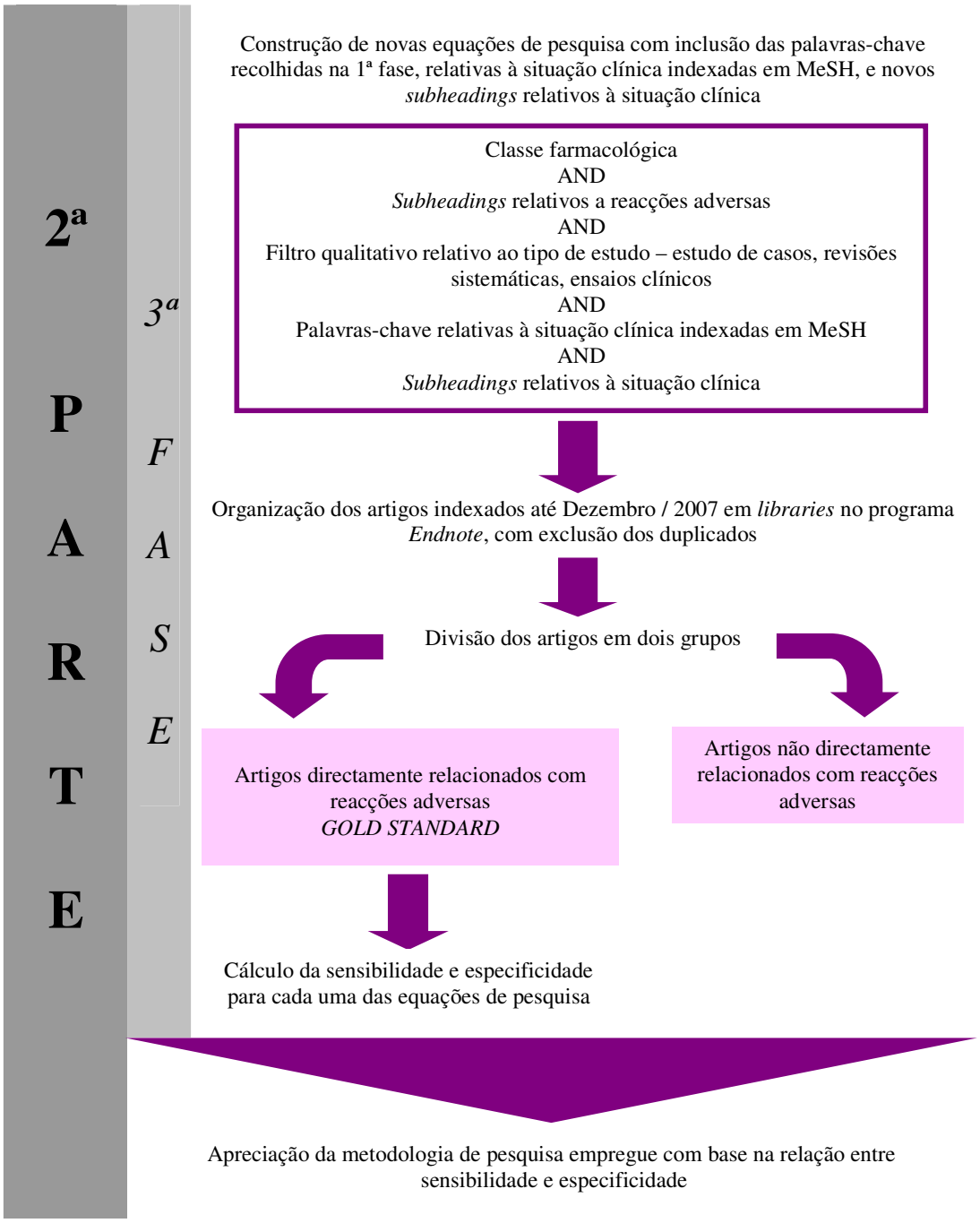
Na terceira fase, construímos novas equações de pesquisa, adicionando aos termos e / ou expressões relativos à classe farmacológica, aos "*subheadings*" relativos a reacções adversas e ao filtro qualitativo relativo ao tipo de estudo, as palavras-chave relativas à situação clínica indexadas em MeSH, recolhidas na primeira fase, e novos "*subheadings*" relacionados com a situação clínica propriamente dita, disponíveis também em MeSH - "*abnormalities*", "*chemically induced*", "*drug effects*".

Mais uma vez, os procedimentos finais englobaram o recurso ao programa informático "*Endnote*", a diferenciação dos artigos nos dois grupos analisados, sendo, ainda, calculados os valores da sensibilidade e especificidade para cada destas equações.

O fluxograma elaborado, apresentado em seguida, simplifica com clareza a descrição do método efectuada.




2ª PARTE
1ª FASE
Divisão dos artigos em dois grupos
Artigos directamente relacionados com reacções adversas GOLD STANDARD
Artigos não directamente relacionados com reacções adversas
Cálculo da sensibilidade e especificidade para cada uma das equações de pesquisa
Recolha das palavras-chave relativas à situação clínica indexadas em MeSH
2ª FASE
Construção de novas equações de pesquisa com inclusão do filtro qualitativo relativo ao tipo de estudo
Classe farmacológica
AND
Subheadings relativos a reacções adversas
AND
Filtro qualitativo relativo ao tipo de estudo – estudo de casos, revisões sistemáticas, ensaios clínicos aleatorizados
Organização dos artigos indexados até Dezembro / 2007 em libraries no programa Endnote, com exclusão dos duplicados
Divisão dos artigos em dois grupos
Artigos directamente relacionados com reacções adversas GOLD STANDARD
Artigos não directamente relacionados com reacções adversas
Cálculo da sensibilidade e especificidade para cada uma das equações de pesquisa


2ª PARTE
3ª FASE
Construção de novas equações de pesquisa com inclusão das palavras-chave recolhidas na 1ª fase, relativas à situação clínica indexadas em MeSH, e novos *subheadings* relativos à situação clínica
Classe farmacológica
AND
Subheadings relativos a reacções adversas
AND
Filtro qualitativo relativo ao tipo de estudo – estudo de casos, revisões sistemáticas, ensaios clínicos
AND
Palavras-chave relativas à situação clínica indexadas em MeSH
AND
Subheadings relativos à situação clínica
Organização dos artigos indexados até Dezembro / 2007 em *libraries* no programa *Endnote*, com exclusão dos duplicados
Divisão dos artigos em dois grupos
Artigos directamente relacionados com reacções adversas
GOLD STANDARD
Artigos não directamente relacionados com reacções adversas
Cálculo da sensibilidade e especificidade para cada uma das equações de pesquisa
Apreciação da metodologia de pesquisa empregue com base na relação entre sensibilidade e especificidade

CAPÍTULO IV

RESULTADOS

O fluxograma elaborado simplifica com clareza os resultados obtidos com o trabalho desenvolvido.

1ª PARTE (Junho de 2007)

Recolha de resultados clínicos negativos da terapêutica anti-retrovírica apenas na MEDLINE

↓

Construção de equações de pesquisa com base na estratégia de pesquisa genérica relativa a iatrogenia medicamentosa – p. 91

↓

Equação 1.	**Equação 2.**	**Equação 3.**
294 artigos	242 artigos	11 artigos

↓

547 artigos

↓

170 artigos em texto integral

↓

Identificação e análise da prevalência dos resultados clínicos negativos da terapêutica anti-retrovírica descritos na literatura

2ª PARTE (Julho / Agosto de 2008)

1ª FASE

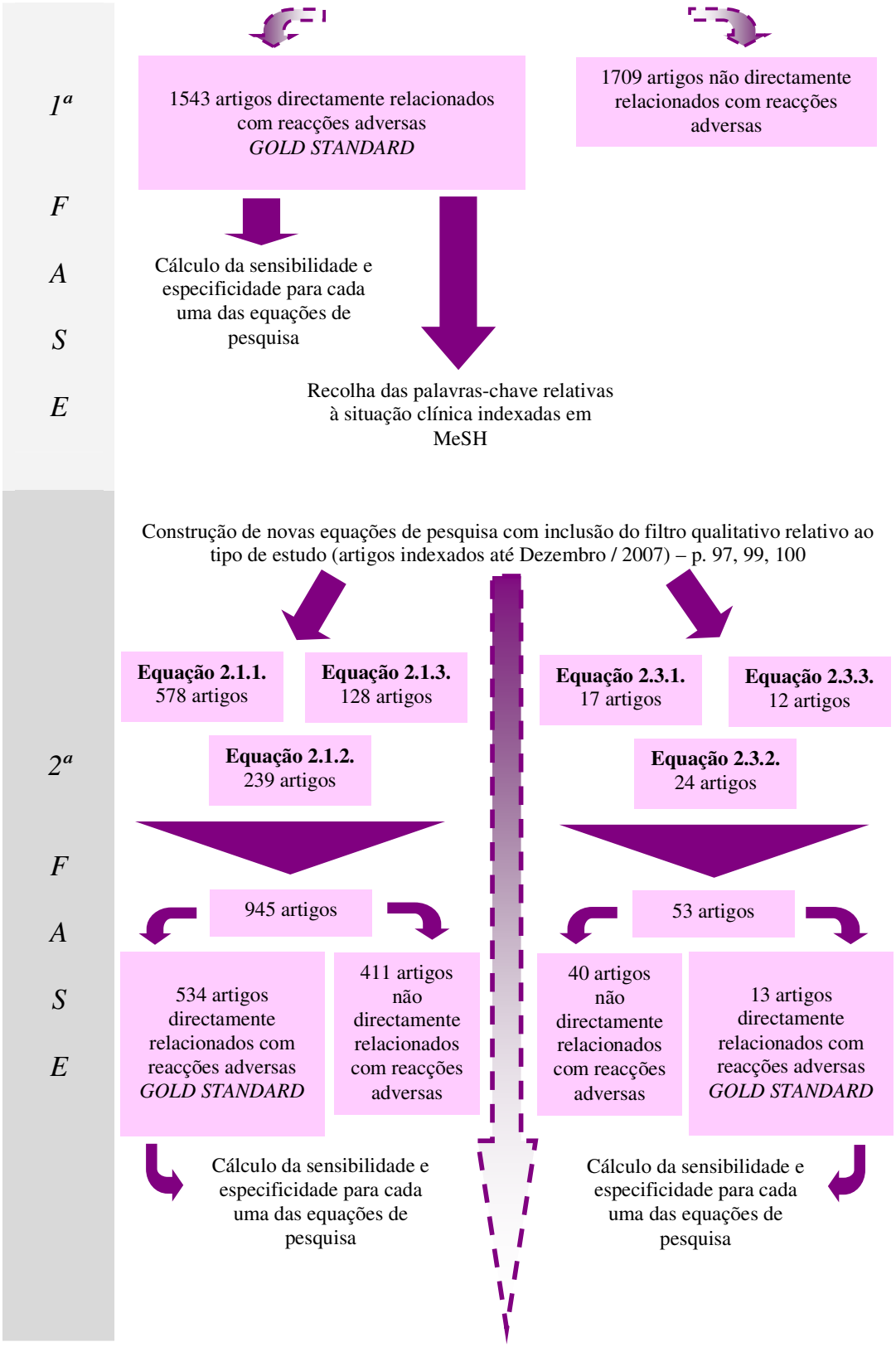
Construção de equações de pesquisa, globais, com base na estratégia de pesquisa genérica relativa a iatrogenia medicamentosa (artigos indexados até Dezembro / 2007) – p. 93

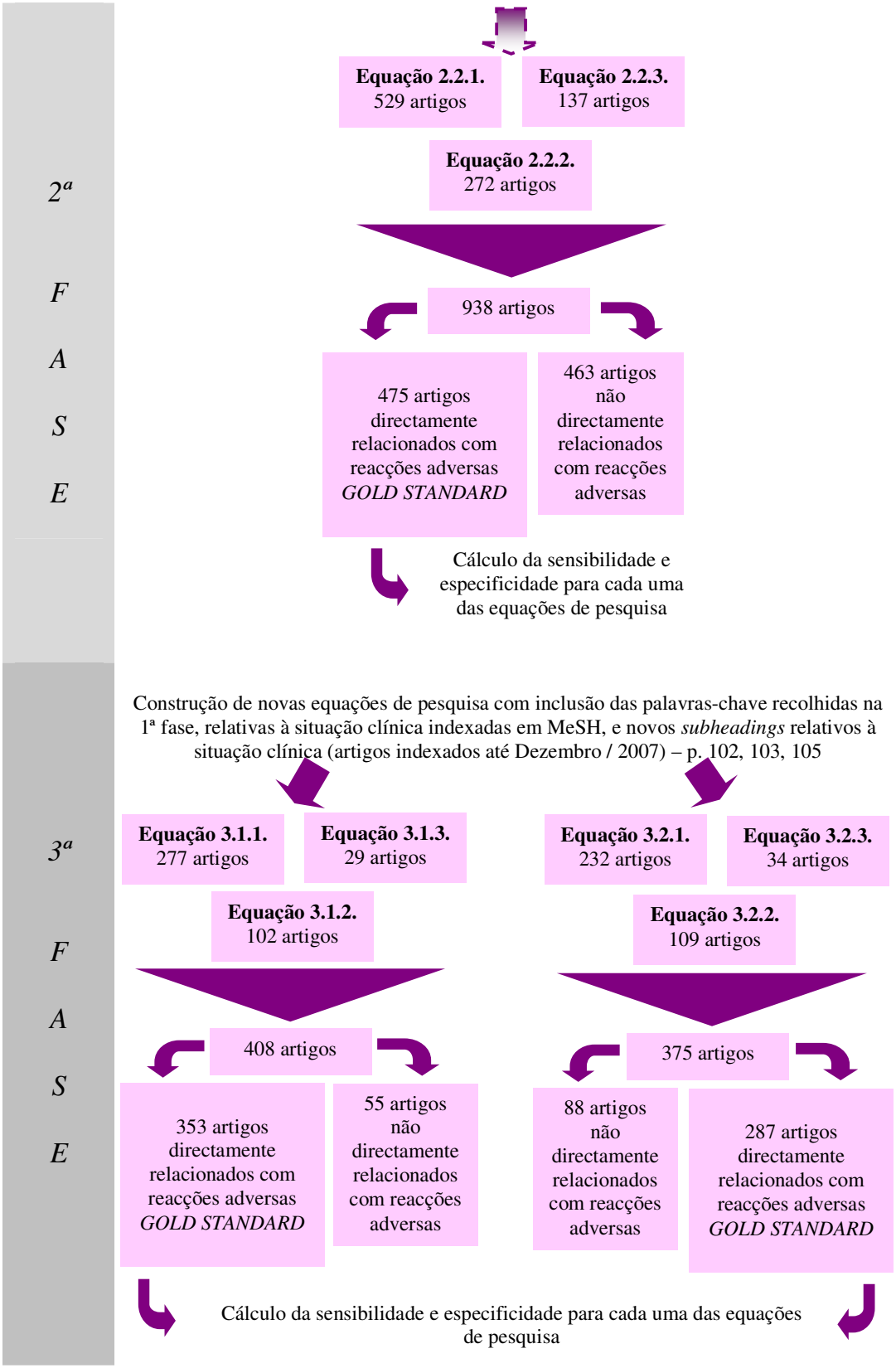
↓

Equação 1.1.	**Equação 1.2.**	**Equação 1.3.**	**Equação global**
1852 artigos	1315 artigos	85 artigos	0 artigos

↓

3252 artigos


1ª FASE
1543 artigos directamente relacionados com reacções adversas GOLD STANDARD
1709 artigos não directamente relacionados com reacções adversas
Cálculo da sensibilidade e especificidade para cada uma das equações de pesquisa
Recolha das palavras-chave relativas à situação clínica indexadas em MeSH
2ª FASE
Construção de novas equações de pesquisa com inclusão do filtro qualitativo relativo ao tipo de estudo (artigos indexados até Dezembro / 2007) – p. 97, 99, 100
Equação 2.1.1. 578 artigos
Equação 2.1.3. 128 artigos
Equação 2.1.2. 239 artigos
Equação 2.3.1. 17 artigos
Equação 2.3.3. 12 artigos
Equação 2.3.2. 24 artigos
945 artigos
53 artigos
534 artigos directamente relacionados com reacções adversas GOLD STANDARD
411 artigos não directamente relacionados com reacções adversas
40 artigos não directamente relacionados com reacções adversas
13 artigos directamente relacionados com reacções adversas GOLD STANDARD
Cálculo da sensibilidade e especificidade para cada uma das equações de pesquisa
Cálculo da sensibilidade e especificidade para cada uma das equações de pesquisa


2ª FASE
Equação 2.2.1.
529 artigos
Equação 2.2.3.
137 artigos
Equação 2.2.2.
272 artigos
938 artigos
475 artigos directamente relacionados com reacções adversas GOLD STANDARD
463 artigos não directamente relacionados com reacções adversas
Cálculo da sensibilidade e especificidade para cada uma das equações de pesquisa
3ª FASE
Construção de novas equações de pesquisa com inclusão das palavras-chave recolhidas na 1ª fase, relativas à situação clínica indexadas em MeSH, e novos subheadings relativos à situação clínica (artigos indexados até Dezembro / 2007) – p. 102, 103, 105
Equação 3.1.1.
277 artigos
Equação 3.1.3.
29 artigos
Equação 3.1.2.
102 artigos
408 artigos
353 artigos directamente relacionados com reacções adversas GOLD STANDARD
55 artigos não directamente relacionados com reacções adversas
Equação 3.2.1.
232 artigos
Equação 3.2.3.
34 artigos
Equação 3.2.2.
109 artigos
375 artigos
88 artigos não directamente relacionados com reacções adversas
287 artigos directamente relacionados com reacções adversas GOLD STANDARD
Cálculo da sensibilidade e especificidade para cada uma das equações de pesquisa

Na primeira parte do trabalho, realizada em Junho de 2007, após a identificação das bases de dados passíveis de fornecerem relatos de casos clínicos com a combinação de palavras descrita

(AIDS) AND (adverse effects) AND (case reports)

apenas se obtiveram resultados na base de dados MEDLINE, através do operador PubMed.

As equações construídas com base na estratégia de pesquisa genérica desenvolvida para a busca de informação relativa a iatrogenia medicamentosa são apresentadas em seguida.

1. ("HIV protease inhibitors" [MeSH]) AND ("Adverse effects" [Subheading] OR "Toxicity" [Subheading] OR "Poisoning" [Subheading] OR "Contraindications" [Subheading]) AND ("case reports" [Publication Type] OR "case control studies" [MeSH] OR "cohort studies" [MeSH]) AND AIDS[Subset]

O número de artigos obtido foi de 294 artigos.

2. ("Reverse transcriptase inhibitors" [MeSH]) AND ("Adverse effects" [Subheading] OR "Toxicity" [Subheading] OR "Poisoning" [Subheading] OR "Contraindications" [Subheading]) AND ("case reports" [Publication Type] OR "case control studies" [MeSH] OR "cohort studies" [MeSH]) AND AIDS[Subset]

O número de artigos obtido foi de 242 artigos.

3. ("HIV fusion inhibitors" [MeSH]) AND ("Adverse effects" [Subheading] OR "Toxicity" [Subheading] OR "Poisoning" [Subheading] OR "Contraindications" [Subheading]) AND ("case reports" [Publication Type] OR "case control studies" [MeSH] OR "cohort studies" [MeSH]) AND AIDS[Subset]

O número de artigos obtido foi de 11 artigos.

Com estas equações, obtivemos um total de 547 artigos, sendo o acesso em texto integral possível em apenas 170 artigos.

Analisando o conteúdo dos 170 documentos, sintetizámos, na tabela 13, as reacções adversas das classes farmacológicas de medicamentos anti-retrovíricos mais frequentemente descritas.

Tabela 13. Reacções adversas relativas à terapêutica anti-retrovírica mais frequentemente descritas na MEDLINE / PubMed.

Efeitos adversos / Grupo farmacológico	Informações a salientar
INIBIDORES ENTRADA (INIBIDORES FUSÃO)	Reacções de hipersensibilidade cutâneas Hepatotoxicidade
INIBIDORES TRANSCRIPTASE REVERSA ANÁLOGOS DE NUCLEÓSIDOS	Sintomas maníacos Reacções de hipersensibilidade Hiperlactatémia / acidose láctica Miopatia Lipodistrofia Ototoxicidade Mielotoxicidade
INIBIDORES TRANSCRIPTASE REVERSA NÃO ANÁLOGOS DE NUCLEÓSIDOS	Lipodistrofia Ginecomastia Sintomas maníacos Complicações hematopoiéticas Hiperlactatémia Reacções cutâneas (rash, DRESS, síndroma Stevens-Johnson)
INIBIDORES TRANSCRIPTASE REVERSA ANÁLOGOS DE NUCLEÓTIDOS	Nefrotoxicidade Osteomalácia Acidose láctica
INIBIDORES PROTEASE	Patologias reumatológicas Hiperpigmentação do cabelo, unhas e pele e outras reacções cutâneas Hiperlipidémia Lipodistrofia Hipertensão e outras alterações cardíacas Atrofia renal, nefropatia tubulointersticial, urolitíase Diabetes *Mellitus* Alterações hematológicas

Na segunda parte do trabalho, realizada em Julho e Agosto de 2008, a optimização da metodologia de pesquisa avaliada com base na relação entre os instrumentos sensibilidade e especificidade atravessou três fases para comparação dos resultados, considerando-se, para o efeito, somente os artigos indexados na MEDLINE / PubMed até Dezembro de 2007.

Na primeira fase, construímos novas equações de pesquisa, com as quais obtivemos, no total, 3252 artigos.

1.1. **("HIV Protease Inhibitors"[MeSH]) AND ("Adverse effects"[Subheading] OR "Toxicity"[Subheading] OR "Poisoning"[Subheading] OR "Contraindications"[Subheading])**

O número total de artigos obtido foi de 1852 artigos.

1.2. **("Reverse transcriptase Inhibitors"[MeSH]) AND ("Adverse effects"[Subheading] OR "Toxicity"[Subheading] OR "Poisoning"[Subheading] OR "Contraindications"[Subheading])**

O número total de artigos obtido foi de 1315 artigos, com exclusão dos artigos duplicados.

1.3. **("HIV fusion Inhibitors"[MeSH]) AND ("Adverse effects[Subheading] OR "Toxicity[Subheading] OR "Poisoning"[Subheading] OR "Contraindications"[Subheading])**

O número total de artigos obtido foi de 85 artigos, com exclusão dos artigos duplicados.

Conjugando as três equações,

("HIV protease inhibitors"[MeSH] OR "Reverse transcriptase inhibitors"[MeSH] OR "HIV fusion Inhibitors"[MeSH]) AND ("Adverse effects"[Subheading] OR "Toxicity"[Subheading] OR "Poisoning"[Subheading] OR "Contraindications"[Subheading])

os artigos obtidos são todos duplicados dos anteriores o que nos levou a trabalhar somente com as equações de pesquisa em que os termos e / ou expressões correspondentes à classe farmacológica de medicamentos anti-retrovíricos aparecem em separado.

Dividindo os 3252 artigos, obtidos com as primeiras três equações de pesquisa, nos dois grupos descritos metodologicamente, obtivemos:

- 1543 artigos directamente relacionados com reacções adversas – grupo "*gold standard*";
- 1709 artigos não directamente relacionados com reacções adversas.

Prosseguindo com o cálculo percentual da sensibilidade e especificidade, para cada uma das estratégias de pesquisa, os resultados obtidos foram os expostos nas tabelas seguintes.

Tabela 14. Valores percentuais de sensibilidade e especificidade para a estratégia de pesquisa 1.1..

INIBIDORES DA PROTEASE				
		"Gold standard"		
		SIM	NÃO	
Resultados da estratégia de pesquisa 1.1.	SIM	931	921	a+b = 1852
	NÃO	612	788	
Sensibilidade = 60,3% Especificidade = 46,1%				

Tabela 15. Valores percentuais de sensibilidade e especificidade para a estratégia de pesquisa 1.2..

INIBIDORES DA TRANSCRIPTASE REVERSA				
		"Gold standard"		
		SIM	NÃO	
Resultados da estratégia de pesquisa 1.2.	SIM	590	725	a+b = 1315
	NÃO	953	984	
Sensibilidade = 38,2% Especificidade = 57,6%				

Tabela 16. Valores percentuais de sensibilidade e especificidade para a estratégia de pesquisa 1.3..

INIBIDORES DA FUSÃO				
		"Gold standard"		
		SIM	NÃO	
Resultados da estratégia de pesquisa 1.3.	SIM	22	63	a+b = 85
	NÃO	1521	1646	
Sensibilidade = 1,4% Especificidade = 96,3%				

A recolha das palavras-chave relativas à situação clínica, indexadas em MeSH, é apresentada, nas tabelas seguintes, por ordem decrescente até a uma frequência de aparecimento superior ou igual a 10 vezes, para cada uma das estratégias de pesquisa,

com excepção das palavras-chave referentes às estratégias de pesquisa que incluem os inibidores da fusão por se apresentarem como as únicas relativas à situação clínica.

Tabela 17. Palavras-chave relativas à situação clínica e respectiva frequência de aparecimento – estratégia de pesquisa 1.1..

INIBIDORES DA PROTEASE	
Palavras – chave relativas à situação clínica	**Frequência**
Lipodystrophy	146
Hyperlipidemias	115
Triglycerides	81
Insulin resistance	79
Cholesterol	70
Adipose tissue	69
HIV-associated lipodystrophy syndrome	59
Body composition	51
Lipids	50
Cardiovascular diseases	42
Diabetes Mellitus	38
Blood glucose	35
Insulin	35
Kidney calculi	34
Hypertriglyceridemia	31
Liver	28
Crystallization	27
Hypercholesterolemia	24
Kidney failure, acute	24
Lipid metabolism	22
Cholesterol, HDL	21
Hyperglycemia	21
Kidney diseases	21
Myocardial infarction	21
Coronary disease	20
Adipocytes	19
Kidney	17
Mitochondria	16
Body mass index	15
Glucose	15
Cholesterol, LDL	14
Urinary calculi	14
Diarrhea	13
Dyslipidemias	13
Metabolic syndrome X	13
Creatinine	12
Lipoproteins	12
Pancreatitis	12
Ureteral calculi	12
Drug eruptions	11
Hemorrhage	11
Hepatitis, toxic	11
Metabolic diseases	11
Nephritis, interstitial	11
Alopecia	10
Body weight	10
Endothelium, vascular	10
Liver diseases	10

Tabela 18. Palavras-chave relativas à situação clínica e respectiva frequência de aparecimento – estratégia de pesquisa 1.2..

INIBIDORES DA TRANSCRIPTASE REVERSA	
Palavras – chave relativas à situação clínica	**Frequência**
Acidosis, lactic	90
Mitochondria	74
DNA, mitochondrial	70
Lipodystrophy	59
Drug hypersensitivity	44
Lactic acid	44
HIV-associated lipodystrophy syndrome	37
Liver	37
Liver diseases	27
Mitochondrial diseases	23
Peripheral Nervous System diseases	22
Adipose tissue	21
Exanthema	20
Body composition	18
Drug eruptions	17
Mitochondria, liver	17
Hepatitis, toxic	16
Lipids	14
Alanine transaminase	12
Fatty liver	12
Kidney diseases	12
Fanconi syndrome	11
Insulin resistance	11
Lactates	11
Creatinine	10
Muscle, skeletal	10

Tabela 19. Palavras-chave relativas à situação clínica e respectiva frequência de aparecimento – estratégia de pesquisa 1.3..

INIBIDORES DA FUSÃO	
Palavras – chave relativas à situação clínica	**Frequência**
Desensitization, immunologic	4
Drug eruptions	4
Drug hypersensitivity	3

Na segunda fase, as equações de pesquisa construídas incluem os itens referidos nas equações anteriores acrescidos da nova fracção correspondente ao filtro qualitativo relativo ao tipo de estudo, propositadamente salientada – estudo de casos, revisões sistemáticas e ensaios clínicos aleatorizados, respectivamente.

Para os inibidores da protease, obtivemos um total de 945 artigos, com as seguintes equações de pesquisa.

2.1.1. ("HIV Protease Inhibitors"[MeSH]) AND ("Adverse effects"[Subheading] OR "Toxicity"[Subheading] OR "Poisoning"[Subheading] OR "Contraindications"[Subheading]) **AND ("case reports"[Publication type] OR "case-control studies"[MeSH] OR "cohort studies"[MeSH])**

O número total de artigos obtido foi de 578 artigos.

2.1.2. ("HIV Protease Inhibitors"[MeSH]) AND ("Adverse effects"[Subheading] OR "Toxicity"[Subheading] OR "Poisoning"[Subheading] OR "Contraindications"[Subheading]) **AND ("review literature"[MeSH] OR "review"[Publication type] OR "meta-analysis"[Publication type] OR "systematic"[Subject Type])**

O número total de artigos obtido foi de 239 artigos, com exclusão dos artigos duplicados.

2.1.3. ("HIV Protease Inhibitors"[MeSH]) AND ("Adverse effects"[Subheading] OR "Toxicity"[Subheading] OR "Poisoning"[Subheading] OR "Contraindications"[Subheading]) **AND ("clinical trials"[MeSH] OR "random allocation"[MeSH] OR "product surveillance, postmarketing"[MeSH] OR "randomized controlled trial"[Publication Type])**

O número total de artigos obtido foi de 128 artigos, com exclusão dos artigos duplicados.

Dividindo os 945 artigos, obtidos com as três equações de pesquisa respeitantes aos inibidores da protease, nos dois grupos descritos metodologicamente, obtivemos:

- 534 artigos directamente relacionados com reacções adversas – grupo "*gold standard*";
- 411 artigos não directamente relacionados com reacções adversas.

Prosseguindo com o cálculo percentual da sensibilidade e especificidade, para cada uma das estratégias de pesquisa, os resultados obtidos foram os expostos nas tabelas seguintes.

Tabela 20. Valores percentuais de sensibilidade e especificidade para a estratégia de pesquisa 2.1.1..

INIBIDORES DA PROTEASE (tipo de estudo: estudo de casos)				
		"Gold standard"		
		SIM	NÃO	
Resultados da estratégia de pesquisa 2.1.1.	SIM	393	185	a+b = 578
	NÃO	141	226	
Sensibilidade = 73,6% Especificidade = 55,0%				

Tabela 21. Valores percentuais de sensibilidade e especificidade para a estratégia de pesquisa 2.1.2..

INIBIDORES DA PROTEASE (tipo de estudo: revisões sistemáticas)				
		"Gold standard"		
		SIM	NÃO	
Resultados da estratégia de pesquisa 2.1.2.	SIM	115	124	a+b = 239
	NÃO	419	287	
Sensibilidade = 21,5% Especificidade = 69,8%				

Tabela 22. Valores percentuais de sensibilidade e especificidade para a estratégia de pesquisa 2.1.3..

INIBIDORES DA PROTEASE (tipo de estudo: ensaios clínicos)				
		"Gold standard"		
		SIM	NÃO	
Resultados da estratégia de pesquisa 2.1.3.	SIM	26	102	a+b = 128
	NÃO	508	309	
Sensibilidade = 4,9% Especificidade = 75,2%				

Para os inibidores da transcriptase reversa, obtivemos um total de 938 artigos, com as seguintes equações de pesquisa.

2.2.1. ("Reverse Transcriptase Inhibitors"[MeSH]) AND ("Adverse effects"[Subheading] OR "Toxicity"[Subheading] OR "Poisoning"[Subheading] OR "Contraindications"[Subheading]) **AND ("case reports"[Publication Type] OR "case-control studies"[MeSH] OR "cohort studies"[MeSH])**

O número total de artigos obtido foi de 529 artigos.

2.2.2. ("Reverse Transcriptase Inhibitors"[MeSH]) AND ("Adverse effects"[Subheading] OR "Toxicity"[Subheading] OR "Poisoning"[Subheading] OR "Contraindications"[Subheading]) **AND ("review literature"[MeSH] OR "review"[Publication Type] OR "meta-analysis"[Publication Type] OR "systematic"[Subject Type])**

O número total de artigos obtido foi de 272 artigos, com exclusão dos artigos duplicados.

2.2.3. ("Reverse Transcriptase Inhibitors"[MeSH]) AND ("Adverse effects"[Subheading] OR "Toxicity"[Subheading] OR "Poisoning"[Subheading] OR "Contraindications"[Subheading]) **AND ("clinical trials"[MeSH] OR "random allocation"[MeSH] OR "product surveillance, postmarketing"[MeSH] OR "randomized controlled trial"[Publication Type])**

O número total de artigos obtido foi de 137 artigos, com exclusão dos artigos duplicados.

Dividindo os 938 artigos, obtidos com as três equações de pesquisa respeitantes aos inibidores da transcriptase reversa, nos dois grupos descritos metodologicamente, obtivemos:

- 475 artigos directamente relacionados com reacções adversas – grupo "*gold standard*";
- 463 artigos não directamente relacionados com reacções adversas.

Prosseguindo com o cálculo percentual da sensibilidade e especificidade, para cada uma das estratégias de pesquisa, os resultados obtidos foram os expostos nas tabelas seguintes.

Tabela 23. Valores percentuais de sensibilidade e especificidade para a estratégia de pesquisa 2.2.1..

INIBIDORES DA TRANSCRIPTASE REVERSA (tipo de estudo: estudo de casos)				
		"*Gold standard*"		
		SIM	**NÃO**	
Resultados da estratégia de pesquisa 2.2.1.	**SIM**	**320**	**209**	**a+b = 529**
	NÃO	**155**	**254**	
Sensibilidade = 67,4% Especificidade = 54,9%				

Tabela 24. Valores percentuais de sensibilidade e especificidade para a estratégia de pesquisa 2.2.2..

INIBIDORES DA TRANSCRIPTASE REVERSA (tipo de estudo: revisões sistemáticas)				
		"Gold standard"		
		SIM	NÃO	
Resultados da estratégia de pesquisa 2.2.2.	SIM	120	152	a+b = 272
	NÃO	355	311	
Sensibilidade = 25,3% Especificidade = 67,2%				

Tabela 25. Valores percentuais de sensibilidade e especificidade para a estratégia de pesquisa 2.2.3..

INIBIDORES DA TRANSCRIPTASE REVERSA (tipo de estudo: ensaios clínicos)				
		"Gold standard"		
		SIM	NÃO	
Resultados da estratégia de pesquisa 2.2.3.	SIM	35	102	a+b = 137
	NÃO	440	361	
Sensibilidade = 7,4% Especificidade = 78,0%				

Para os inibidores da fusão, obtivemos um total de 53 artigos, com as seguintes equações de pesquisa.

2.3.1. ("HIV Fusion Inhibitors"[MeSH]) AND ("Adverse effects"[Subheading] OR "Toxicity"[Subheading] OR "Poisoning"[Subheading] OR "Contraindications"[Subheading]) **AND ("case reports"[Publication Type] OR "case-control studies"[MeSH] OR "cohort studies"[MeSH])**

O número total de artigos obtido foi de 17 artigos.

2.3.2. ("HIV Fusion Inhibitors"[MeSH]) AND ("Adverse effects"[Subheading] OR "Toxicity"[Subheading] OR "Poisoning"[Subheading] OR "Contraindications[Subheading]) **AND ("review literature"[MeSH] OR "review"[Publication Type] OR "meta-analysis"[Publication Type] OR "systematic"[Subject Type])**

O número total de artigos obtido foi de 24 artigos, sem detecção de artigos duplicados.

2.3.3. ("HIV Fusion Inhibitors"[MeSH]) AND ("Adverse effects"[Subheading] OR "Toxicity"[Subheading] OR "Poisoning"[Subheading] OR "Contraindications"[Subheading]) **AND**

("clinical trials"[MeSH] OR "random allocation"[MeSH] OR "product surveillance, postmarketing"[MeSH] OR "randomized controlled trial"[Publication type])

O número total de artigos obtido foi de 12 artigos, com exclusão dos artigos duplicados.

Dividindo os 53 artigos, obtidos com as três equações de pesquisa respeitantes aos inibidores da fusão, nos dois grupos descritos metodologicamente, obtivemos:

- 13 artigos directamente relacionados com reacções adversas – grupo "*gold standard*";
- 40 artigos não directamente relacionados com reacções adversas.

Prosseguindo com o cálculo percentual da sensibilidade e especificidade, para cada uma das estratégias de pesquisa, os resultados obtidos foram os expostos nas tabelas seguintes.

Tabela 26. Valores percentuais de sensibilidade e especificidade para a estratégia de pesquisa 2.3.1..

INIBIDORES DA FUSÃO (tipo de estudo: estudo de casos)				
		"*Gold standard*"		
		SIM	**NÃO**	
Resultados da estratégia de pesquisa 2.3.1.	**SIM**	**10**	**7**	**a+b = 17**
	NÃO	**3**	**33**	
Sensibilidade = 77,0% Especificidade = 82,5%				

Tabela 27. Valores percentuais de sensibilidade e especificidade para a estratégia de pesquisa 2.3.2..

INIBIDORES DA FUSÃO (tipo de estudo: revisões sistemáticas)				
		"*Gold standard*"		
		SIM	**NÃO**	
Resultados da estratégia de pesquisa 2.3.2.	**SIM**	**2**	**22**	**a+b = 24**
	NÃO	**11**	**18**	
Sensibilidade = 15,4% Especificidade = 45,0%				

Tabela 28. Valores percentuais de sensibilidade e especificidade para a estratégia de pesquisa 2.3.3..

INIBIDORES DA FUSÃO (tipo de estudo: ensaios clínicos)				
		"*Gold standard*"		
		SIM	NÃO	
Resultados da estratégia de pesquisa 2.3.3.	SIM	1	11	a+b = 12
	NÃO	12	29	
Sensibilidade = 7,7% **Especificidade = 72,5%**				

Na terceira fase, a máxima complexidade na construção das equações de pesquisa é alcançada com a adição, às equações anteriores, dos dados relativos à situação clínica, ou seja, as palavras-chave relativas à situação clínica mais frequentes, indexadas em MeSH e recolhidas na primeira fase da segunda parte do trabalho e de novos "*subheadings*" relacionados também com a situação clínica, propositadamente salientados.

Com as palavras-chave relativas à situação clínica associadas aos inibidores da protease, obtivemos um total de 408 artigos, com as seguintes equações de pesquisa.

3.1.1. **(("lipodystrophy"[MeSH] OR "hyperlipidemias"[MeSH] OR "triglycerides"[MeSH] OR "insulin resistance"[MeSH] OR "cholesterol"[MeSH] OR "adipose tissue"[MeSH] OR "HIV-associated lipodystrophy syndrome"[MeSH] OR "body composition"[MeSH] OR "lipids"[MeSH] OR "cardiovascular diseases"[MeSH] OR "Diabetes Mellitus"[MeSH] OR "blood glucose"[MeSH] OR "insulin"[MeSH] OR "kidney calculi"[MeSH] OR "hypertriglyceridemia"[MeSH] OR "liver"[MeSH] OR "crystallization"[MeSH] OR "hypercholesterolemia"[MeSH] OR "kidney failure, acute"[MeSH] OR "lipid metabolism"[MeSH] OR "cholesterol, HDL"[MeSH] OR "hyperglycemia"[MeSH] OR "kidney diseases"[MeSH] OR "myocardial infarction"[MeSH] OR "coronary disease"[MeSH] OR "adipocytes"[MeSH] OR "kidney"[MeSH] OR "mitochondria"[MeSH] OR "body mass index"[MeSH] OR "glucose"[MeSH] OR "cholesterol, LDL"[MeSH] OR "urinary calculi"[MeSH] OR "diarrhea"[MeSH] OR "dyslipidemias"[MeSH] OR "metabolic syndrome X"[MeSH] OR "creatinine"[MeSH] OR "lipoproteins"[MeSH] OR "pancreatitis"[MeSH] OR "ureteral calculi"[MeSH] OR "drug eruptions"[MeSH] OR "hemorrhage"[MeSH] OR "hepatitis, toxic"[MeSH] OR "metabolic diseases"[MeSH] OR "nephritis, interstitial"[MeSH] OR "alopecia"[MeSH] OR "body weight"[MeSH] OR "endothelium, vascular"[MeSH] OR "liver diseases"[MeSH]) AND ("abnormalities"[Subheading] OR "chemically induced"[Subheading] OR "drug effects"[Subheading])) AND** (("HIV protease inhibitors"[MeSH]) AND ("Adverse effects"[Subheading] OR "Toxicity"[Subheading] OR "Poisoning"[Subheading] OR "Contraindications"[Subheading])) AND ("case reports"[Publication Type] OR "case-control studies"[MeSH] OR "cohort studies"[MeSH])

O número total de artigos obtido foi de 277 artigos.

3.1.2. **(("lipodystrophy"[MeSH] OR "hyperlipidemias"[MeSH] OR "triglycerides"[MeSH] OR "insulin resistance"[MeSH] OR "cholesterol"[MeSH] OR "adipose tissue"[MeSH] OR "HIV-associated lipodystrophy syndrome"[MeSH] OR "body composition"[MeSH] OR "lipids"[MeSH]**

OR "cardiovascular diseases"[MeSH] OR "Diabetes Mellitus"[MeSH] OR "blood glucose"[MeSH] OR "insulin"[MeSH] OR "kidney calculi"[MeSH] OR "hypertriglyceridemia"[MeSH] OR "liver"[MeSH] OR "crystallization"[MeSH] OR "hypercholesterolemia"[MeSH] OR "kidney failure, acute"[MeSH] OR "lipid metabolism"[MeSH] OR "cholesterol, HDL"[MeSH] OR "hyperglycemia"[MeSH] OR "kidney diseases"[MeSH] OR "myocardial infarction"[MeSH] OR "coronary disease"[MeSH] OR "adipocytes"[MeSH] OR "kidney"[MeSH] OR "mitochondria"[MeSH] OR "body mass index"[MeSH] OR "glucose"[MeSH] OR "cholesterol, LDL"[MeSH] OR "urinary calculi"[MeSH] OR "diarrhea"[MeSH] OR "dyslipidemias"[MeSH] OR "metabolic syndrome X"[MeSH] OR "creatinine"[MeSH] OR "lipoproteins"[MeSH] OR "pancreatitis"[MeSH] OR "ureteral calculi"[MeSH] OR "drug eruptions"[MeSH] OR "hemorrhage"[MeSH] OR "hepatitis, toxic"[MeSH] OR "metabolic diseases"[MeSH] OR "nephritis, interstitial"[MeSH] OR "alopecia"[MeSH] OR "body weight"[MeSH] OR "endothelium, vascular"[MeSH] OR "liver diseases"[MeSH]) AND ("abnormalities"[Subheading] OR "chemically induced"[Subheading] OR "drug effects"[Subheading])) AND (("HIV protease inhibitors"[MeSH]) AND ("Adverse effects"[Subheading] OR "Toxicity"[Subheading] OR "Poisoning"[Subheading] OR "Contraindications"[Subheading])) AND ("review literature"[MeSH] OR "review"[Publication Type] OR "meta-analysis"[Publication Type] OR "systematic"[Subject Type])

O número total de artigos obtido foi de 102 artigos, com exclusão dos artigos duplicados.

3.1.3. (("lipodystrophy"[MeSH] OR "hyperlipidemias"[MeSH] OR "triglycerides"[MeSH] OR "insulin resistance"[MeSH] OR "cholesterol"[MeSH] OR "adipose tissue"[MeSH] OR "HIV-associated lipodystrophy syndrome"[MeSH] OR "body composition"[MeSH] OR "lipids"[MeSH] OR "cardiovascular diseases"[MeSH] OR "Diabetes Mellitus"[MeSH] OR "blood glucose"[MeSH] OR "insulin"[MeSH] OR "kidney calculi"[MeSH] OR "hypertriglyceridemia"[MeSH] OR "liver"[MeSH] OR "crystallization"[MeSH] OR "hypercholesterolemia"[MeSH] OR "kidney failure, acute"[MeSH] OR "lipid metabolism"[MeSH] OR "cholesterol, HDL"[MeSH] OR "hyperglycemia"[MeSH] OR "kidney diseases"[MeSH] OR "myocardial infarction"[MeSH] OR "coronary disease"[MeSH] OR "adipocytes"[MeSH] OR "kidney"[MeSH] OR "mitochondria"[MeSH] OR "body mass index"[MeSH] OR "glucose"[MeSH] OR "cholesterol, LDL"[MeSH] OR "urinary calculi"[MeSH] OR "diarrhea"[MeSH] OR "dyslipidemias"[MeSH] OR "metabolic syndrome X"[MeSH] OR "creatinine"[MeSH] OR "lipoproteins"[MeSH] OR "pancreatitis"[MeSH] OR "ureteral calculi"[MeSH] OR "drug eruptions"[MeSH] OR "hemorrhage"[MeSH] OR "hepatitis, toxic"[MeSH] OR "metabolic diseases"[MeSH] OR "nephritis, interstitial"[MeSH] OR "alopecia"[MeSH] OR "body weight"[MeSH] OR "endothelium, vascular"[MeSH] OR "liver diseases"[MeSH]) AND ("abnormalities"[Subheading] OR "chemically induced"[Subheading] OR "drug effects"[Subheading])) AND** (("HIV protease inhibitors"[MeSH]) AND ("Adverse effects"[Subheading] OR "Toxicity"[Subheading] OR "Poisoning"[Subheading] OR "Contraindications"[Subheading])) AND ("clinical trials"[MeSH] OR "randow allocation"[MeSH] OR "product surveillance, postmarketing"[MeSH] OR "randomized controlled trial"[Publication Type])

O número total de artigos obtido foi de 29 artigos, com exclusão dos artigos duplicados.

Dividindo os 408 artigos, obtidos com as três equações de pesquisa respeitantes aos inibidores da fusão, nos dois grupos descritos metodologicamente, obtivemos:

- 353 artigos directamente relacionados com reacções adversas – grupo "*gold standard*";
- 55 artigos não directamente relacionados com reacções adversas.

Prosseguindo com o cálculo percentual da sensibilidade e especificidade, para cada uma das estratégias de pesquisa, os resultados obtidos foram os expostos nas tabelas seguintes.

Tabela 29. Valores percentuais de sensibilidade e especificidade para a estratégia de pesquisa 3.1.1..

INIBIDORES DA PROTEASE (palavras-chave relativas à situação clínica)				
		"Gold standard"		
		SIM	NÃO	
Resultados da estratégia de pesquisa 3.1.1.	SIM	247	30	a+b = 277
	NÃO	106	25	
Sensibilidade = 70,0% Especificidade = 45,4%				

Tabela 30. Valores percentuais de sensibilidade e especificidade para a estratégia de pesquisa 3.1.2..

INIBIDORES DA PROTEASE (palavras-chave relativas à situação clínica)				
		"Gold standard"		
		SIM	NÃO	
Resultados da estratégia de pesquisa 3.1.2.	SIM	86	16	a+b = 102
	NÃO	267	39	
Sensibilidade = 24,4% Especificidade = 71,0%				

Tabela 31. Valores percentuais de sensibilidade e especificidade para a estratégia de pesquisa 3.1.3..

INIBIDORES DA PROTEASE (palavras-chave relativas à situação clínica)				
		"Gold standard"		
		SIM	NÃO	
Resultados da estratégia de pesquisa 3.1.3.	SIM	20	9	a+b = 29
	NÃO	333	46	
Sensibilidade = 5,7% Especificidade = 83,6%				

Com as palavras-chave relativas à situação clínica associadas aos inibidores da transcriptase reversa, obtivemos um total de 375 artigos, com as seguintes equações de pesquisa.

3.2.1. **(("acidosis, lactic"[MeSH] OR "mitochondria"[MeSH] OR "DNA, mitochondrial"[MeSH] OR "lipodystrophy"[MeSH] OR "drug hypersensitivity"[MeSH] OR "lactic acid"[MeSH] OR "HIV-associated lipodystrophy syndrome"[MeSH] OR "liver"[MeSH] OR "liver diseases"[MeSH] OR "mitochondrial diseases"[MeSH] OR "peripheral nervous system diseases"[MeSH] OR "adipose tissue"[MeSH] OR "exanthema"[MeSH] OR "body composition"[MeSH] OR "drug eruptions"[MeSH] OR "mitochondria, liver"[MeSH] OR "hepatitis, toxic"[MeSH] OR "lipids"[MeSH] OR "alanine, transaminase"[MeSH] OR "fatty liver"[MeSH] OR "kidney diseases"[MeSH] OR "fanconi syndrome"[MeSH] OR "insulin resistance"[MeSH] OR "lactates"[MeSH] OR creatinine[MeSH] OR "muscle, skeletal"[MeSH]) AND ("abnormalities"[Subheading] OR "chemically induced"[Subheading] OR "drug effects"[Subheading])) AND** (("Reverse Transcriptase Inhibitors"[MeSH])) AND ("Adverse effects"[Subheading] OR "Toxicity"[Subheading] OR "Poisoning"[Subheading] OR "Contraindications"[Subheading]) AND ("case reports"[Publication Type] OR "case-control studies"[MeSH] OR "cohort studies"[MeSH])

O número total de artigos obtido foi de 232 artigos.

3.2.2. **(("acidosis, lactic"[MeSH] OR "mitochondria"[MeSH] OR "DNA, mitochondrial"[MeSH] OR "lipodystrophy"[MeSH] OR "drug hypersensitivity"[MeSH] OR "lactic acid"[MeSH] OR "HIV-associated lipodystrophy syndrome"[MeSH] OR "liver"[MeSH] OR "liver diseases"[MeSH] OR "mitochondrial diseases"[MeSH] OR "peripheral nervous system diseases"[MeSH] OR "adipose tissue"[MeSH] OR "exanthema"[MeSH] OR "body composition"[MeSH] OR "drug eruptions"[MeSH] OR "mitochondria, liver"[MeSH] OR "hepatitis, toxic"[MeSH] OR "lipids"[MeSH] OR "alanine, transaminase"[MeSH] OR "fatty liver"[MeSH] OR "kidney diseases"[MeSH] OR "fanconi syndrome"[MeSH] OR "insulin resistance"[MeSH] OR "lactates"[MeSH] OR "creatinine"[MeSH] OR "muscle, skeletal"[MeSH]) AND ("abnormalities"[Subheading] OR "chemically induced"[Subheading] OR "drug effects"[Subheading])) AND** (("Reverse Transcriptase Inhibitors"[MeSH])) AND ("Adverse effects"[Subheading] OR "Toxicity"[Subheading] OR "Poisoning"[Subheading] OR "Contraindications"[Subheading]) AND ("review literature"[MeSH] OR "review"[Publication Type] OR "meta-analysis"[Publication Type] OR "systematic"[Subject Type])

O número total de artigos obtido foi de 109 artigos, com exclusão dos artigos duplicados.

3.2.3. **(("acidosis, lactic"[MeSH] OR "mitochondria"[MeSH] OR "DNA, mitochondrial"[MeSH] OR "lipodystrophy"[MeSH] OR "drug hypersensitivity"[MeSH] OR "lactic acid"[MeSH] OR "HIV-associated lipodystrophy syndrome"[MeSH] OR "liver"[MeSH] OR "liver diseases"[MeSH] OR "mitochondrial diseases"[MeSH] OR "peripheral nervous system diseases"[MeSH] OR "adipose tissue"[MeSH] OR "exanthema"[MeSH] OR "body composition"[MeSH] OR "drug eruptions"[MeSH] OR "mitochondria, liver"[MeSH] OR "hepatitis, toxic"[MeSH] OR "lipids"[MeSH] OR "alanine, transaminase"[MeSH] OR "fatty liver"[MeSH] OR "kidney diseases"[MeSH] OR "fanconi syndrome"[MeSH] OR "insulin resistance"[MeSH] OR "lactates"[Mesh] OR "creatinine"[MeSH] OR "muscle, skeletal"[MeSH]) AND ("abnormalities"[Subheading] OR "chemically induced"[Subheading] OR "drug effects"[Subheading])) AND** (("Reverse Transcriptase Inhibitors"[MeSH])) AND ("Adverse effects"[Subheading] OR "Toxicity"[Subheading] OR "Poisoning"[Subheading] OR "Contraindications"[Subheading]) AND ("clinical trials"[MeSH] OR "randow allocation"[MeSH] OR "product surveillance, postmarketing"[MeSH] OR "randomized controlled trial"[Publication Type])

O número total de artigos obtido foi de 34 artigos, com exclusão dos artigos duplicados.

Dividindo os 375 artigos, obtidos com as três equações de pesquisa respeitantes aos inibidores da transcriptase reversa, nos dois grupos descritos metodologicamente, obtivemos:

- 287 artigos directamente relacionados com reacções adversas – grupo "*gold standard*";
- 88 artigos não directamente relacionados com reacções adversas.

Prosseguindo com o cálculo percentual da sensibilidade e especificidade, para cada uma das estratégias de pesquisa, os resultados obtidos foram os expostos nas tabelas seguintes.

Tabela 32. Valores percentuais de sensibilidade e especificidade para a estratégia de pesquisa 3.2.1..

INIBIDORES DA TRANSCRIPTASE REVERSA (palavras-chave relativas à situação clínica)				
		"*Gold standard*"		
Resultados da estratégia de pesquisa 3.2.1.		**SIM**	**NÃO**	
	SIM	**175**	**57**	**a+b = 232**
	NÃO	**112**	**31**	
Sensibilidade = 61,0% Especificidade = 35,2%				

Tabela 33. Valores percentuais de sensibilidade e especificidade para a estratégia de pesquisa 3.2.2..

INIBIDORES DA TRANSCRIPTASE REVERSA (palavras-chave relativas à situação clínica)				
		"*Gold standard*"		
Resultados da estratégia de pesquisa 3.2.2.		**SIM**	**NÃO**	
	SIM	**87**	**22**	**a+b = 109**
	NÃO	**200**	**66**	
Sensibilidade = 30,3% Especificidade = 75,0%				

Tabela 34. Valores percentuais de sensibilidade e especificidade para a estratégia de pesquisa 3.2.3..

INIBIDORES DA TRANSCRIPTASE REVERSA (palavras-chave relativas à situação clínica)				
		"Gold standard"		
Resultados da estratégia de pesquisa 3.2.3.		**SIM**	**NÃO**	
	SIM	**25**	**9**	**a+b = 34**
	NÃO	**262**	**79**	
Sensibilidade = 8,7% Especificidade = 89,9%				

Com as palavras-chave relativas à situação clínica associadas aos inibidores da fusão, obtivemos um único artigo, com as seguintes equações de pesquisa, tornando impraticáveis os procedimentos habituais subsequentes.

3.3.1. **(("Desensitization, immunologic"[MeSH] OR "drug eruptions"[MeSH] OR "drug hypersensitivity"[MeSH]) AND ("abnormalities"[Subheading] OR "chemically induced"[Subheading] OR "drug effects"[Subheading])) AND** (("HIV fusion Inhibitors"[MeSH]) AND ("Adverse effects"[Subheading] OR "Toxicity"[Subheading] OR "Poisoning"[Subheading] OR "Contraindications"[Subheading])) AND ("case reports"[Publication Type] OR "case-control studies"[MeSH] OR "cohort studies"[MeSH])

3.3.2. **(("Desensitization, immunologic"[MeSH] OR "drug eruptions"[MeSH] OR "drug hypersensitivity"[MeSH]) AND ("abnormalities"[Subheading] OR "chemically induced"[Subheading] OR "drug effects"[Subheading])) AND** (("HIV fusion Inhibitors"[MeSH]) AND ("Adverse effects"[Subheading] OR "Toxicity"[Subheading] OR "Poisoning"[Subheading] OR "Contraindications"[Subheading])) AND ("review literature"[MeSH] OR "review"[Publication Type] OR "meta-analysis"[Publication Type] OR "systematic"[Subject Type])

3.3.3. **(("Desensitization, immunologic"[MeSH] OR "drug eruptions"[MeSH] OR "drug hypersensitivity"[MeSH]) AND ("abnormalities"[Subheading] OR "chemically induced"[Subheading] OR "drug effects"[Subheading])) AND** (("HIV fusion Inhibitors"[MeSH]) AND ("Adverse effects"[Subheading] OR "toxicity"[Subheading] OR "Poisoning"[Subheading] OR "Contraindications"[Subheading])) AND ("clinical trials"[MeSH] OR "random allocation"[MeSH] OR "product surveillance, postmarketing"[MeSH] OR "randomized controlled trial"[Publication Type])

O único artigo disponível com estas equações foi obtido com a equação 3.3.2..

Para efeitos de comparação dos valores da sensibilidade e especificidade obtidos com as diferentes equações de pesquisa para as três classes farmacológicas, sintetizámos os resultados na tabela seguinte.

Tabela 35. Comparação dos valores de sensibilidade e especificidade obtidos com as diferentes equações de pesquisa para as classes farmacológicas.

	1ª Fase	2ª Fase			3ª Fase		
		Casos	*Revisões*	*Ens. Clínicos*	*Sit. + Casos*	*Sit. + Revisões*	*Sit. + Ens. Clínicos*
Inibidores da protease	S = 60,3 E = 46,1	S = 73,6 E = 55,0	S = 21,5 E = 69,8	S = 4,9 E = 75,2	S = 70,0 E = 45,4	S = 24,4 E = 71,0	S = 5,7 E = 83,6
Inibidores da transcriptase reversa	S = 38,2 E = 57,6	S = 67,4 E = 54,9	S = 25,3 E = 67,2	S = 7,4 E = 78,0	S = 61,0 E = 35,2	S = 30,3 E = 75,0	S = 8,7 E = 89,9
Inibidores da fusão	S = 1,4 E = 96,3	S = 77,0 E = 82,5	S = 15,4 E = 45,0	S = 7,7 E = 72,5	Valores não calculados devido a um único artigo obtido		

S = sensibilidade (em percentagem)
E = especificidade (em percentagem)
Casos, Revisões, Ens. Clínicos = filtro qualitativo correspondente aos três tipos de estudo (estudo de casos, revisões sistemáticas, ensaios clínicos aleatorizados)
Sit. = palavras-chave mais frequentes relativas à situação clínica, indexadas em MeSH

DISCUSSÃO DOS RESULTADOS

O desenvolvimento deste trabalho iniciou-se com a necessidade de inclusão de informação clínica relativa a reacções adversas na literatura científica, constatada nos estudos realizados por Blenkinsopp e colaboradores, Loke et colaboradores e Hopewell e colaboradores(184-186), nos quais se realça o papel crucial do doente como detentor deste tipo de informação para que, em caso de suspeição, a reacção adversa seja de imediato comunicada à equipa de profissionais de saúde que o acompanha para se proceder à sua confirmação.

Para facilitar o processo, Kelly e colaboradores(181) esboçaram um conjunto de directrizes para publicação de relatos de casos clínicos na área da segurança, que orientam a recolha dos dados considerados essenciais, desejáveis e relevantes para o doente, para o(s) fármaco(s) e para o(s) efeito(s) adverso(s).

Na primeira parte do trabalho, identificámos e analisámos a prevalência dos resultados clínicos negativos da terapêutica anti-retrovírica descritos em casos clínicos na literatura.

As reacções adversas identificadas correspondem às reacções adversas características dos fármacos anti-retrovíricos. Contudo, corroborando as conclusões dos estudos referidos, a amostra de artigos obtidos é pouco significativa, acentuando-se com a dificuldade no acesso ao seu texto integral. Por outro lado, atendendo à insuficiente clarificação da classificação ATC em relação aos fármacos inibidores da entrada pela sua recente descoberta, apenas foi encontrada a informação pretendida para os fármacos inibidores da fusão.

Loke e colaboradores(187) sugerem, ainda, no seguimento de uma avaliação efectividade *versus* segurança e tolerabilidade de uma intervenção, a referenciar em cada publicação, estratégias para a pesquisa de resultados clínicos negativos. Estas englobam combinações de termos MeSH e "*subheadings*" e palavras recolhidas no título e resumo do artigo, para além de termos relativos ao tipo de estudo, com a pretensão do aumento dos valores da sensibilidade e especificidade.

Na segunda parte do trabalho, pretendemos optimizar uma metodologia de pesquisa dos resultados clínicos negativos da terapêutica anti-retrovírica com a respectiva apreciação baseada nos valores da sensibilidade e especificidade calculados.

Seguindo o método aplicado por Rama(142) na área da segurança em Teratologia que permitiu a obtenção dos resultados previstos, construímos equações de pesquisa, com base numa estratégia de pesquisa genérica para a busca de informação relativa a iatrogenia medicamentosa. A construção das equações de pesquisa decorreu em três fases, num nível crescente de complexidade, com a introdução e combinação de termos MeSH correspondentes às classes de fármacos anti-retrovíricos, "*subheadings*" relativos a reacções adversas, filtros qualitativos relativos ao tipo de estudo (estudo de casos, revisões sistemáticas e ensaios clínicos aleatorizados), palavras-chave relativas à situação clínica indexadas em MeSH e "*subheadings*" relativos à situação clínica.

Tal como na primeira parte, a pesquisa bibliográfica cingiu-se à MEDLINE, através do operador PubMed, visto tratar-se de uma base de dados bibliográfica de acesso gratuito.

As classes farmacológicas de fármacos anti-retrovíricos que compuseram as equações de pesquisa construídas, englobaram os inibidores da protease, os inibidores da transcriptase reversa e os inibidores da fusão, uma vez que não foram encontrados resultados relativos aos novos fármacos inibidores da entrada comercializados. Em relação aos inibidores da transcriptase reversa, não efectuámos a sua diferenciação em análogos dos nucleósidos, análogos dos nucleótidos e não análogos dos nucleósidos.

Os artigos considerados são os publicados até Dezembro de 2007, visto as publicações datadas de 2008 poderem ainda não estar indexadas na MEDLINE.

Ao longo das três fases da segunda parte do trabalho, verificámos uma diminuição considerável do número de artigos à medida que a complexidade associada à construção das estratégias de pesquisa aumenta.

O número de artigos relativos às reacções adversas associadas aos fármacos inibidores da fusão é muito mais reduzido comparativamente ao número de artigos relativos às reacções adversas associadas aos fármacos inibidores da protease e aos fármacos inibidores da transcriptase reversa, podendo atribuir-se esse facto ao seu aparecimento mais recente no mercado.

Após a construção das equações de pesquisa e consequente obtenção de um determinado número de artigos, o passo crucial do método aplicado consiste no cálculo percentual da sensibilidade e especificidade para cada uma das equações.

Para isso, os artigos foram divididos em dois grupos, um que inclui os artigos directamente relacionados com reacções adversas ("*gold standard*") e outro que inclui os artigos não directamente relacionados com reacções adversas.

Com excepção da primeira fase, na qual a quantidade analisada é muito elevada, o número de artigos directamente relacionados com reacções adversas excedeu o número de artigos não directamente relacionados com reacções adversas.

Para além da subjectividade inerente, a divisão efectuada pode ter originado uma omissão inadvertida de artigos importantes devida à selecção dos "*subheadings*" relativos à situação clínica, dentro de um conjunto mais alargado de opções.

A maior sensibilidade obtida correspondeu à equação de pesquisa que inclui a classe farmacológica referente aos fármacos inibidores da fusão e o tipo de estudo referente a estudo de casos (77,0%).

A maior especificidade obtida correspondeu à equação de pesquisa construída com a classe farmacológica referente aos fármacos inibidores da fusão (96,3%).

Na primeira fase, a maior sensibilidade foi obtida com a equação de pesquisa construída com a classe farmacológica referente aos fármacos inibidores da protease (60,3%) e a maior especificidade foi obtida com a equação de pesquisa construída com a classe farmacológica referente aos fármacos inibidores da fusão (96,3%), embora a esta equação esteja associada a menor sensibilidade obtida em todo o trabalho (1,4%).

Na segunda fase, a maior sensibilidade (77,0%) e a maior especificidade (82,5%) foram obtidas com a equação de pesquisa que combina a classe farmacológica referente aos fármacos inibidores da fusão e o tipo de estudo referente a estudo de casos.

Na terceira fase, a maior sensibilidade foi obtida com a equação de pesquisa que combina a classe farmacológica referente aos fármacos inibidores da protease, o tipo de estudo referente a estudo de casos e as palavras-chave relativas à situação clínica referente aos inibidores da protease (70,0%). A maior especificidade foi obtida com a equação de pesquisa que combina a classe farmacológica referente aos fármacos inibidores da transcriptase reversa, o tipo de estudo referente a ensaios clínicos aleatorizados e as palavras-chave relativas à situação clínica referente aos inibidores da transcriptase reversa (89,9%).

Os valores relativos à sensibilidade sofrem uma maior variação (1,4% a 77%) comparativamente aos valores relativos da especificidade (35,2% a 96,3%).

Os valores relativos à sensibilidade atingem o seu máximo nas equações de pesquisa que incluem o tipo de estudo referente a estudo de casos. Nas equações de pesquisa que combinam o tipo de estudo referente a estudo de casos e as palavras-chave relativas à situação clínica, os valores da sensibilidade permanecem altos, mas mais baixos que na situação anterior.

A especificidade aumenta crescentemente nas equações de pesquisa que incluem o tipo de estudo, segundo a ordem estudo de casos < revisões sistemáticas < ensaios clínicos aleatorizados, com excepção das equações de pesquisa construídas, na segunda fase, com a classe farmacológica referente aos fármacos inibidores da fusão, nas quais a especificidade correspondente à equação que inclui o tipo de estudo referente a estudo de casos é mais elevada. A mesma evolução é verificada aquando da introdução das palavras-chave relativas à situação clínica nas equações de pesquisa, sendo os valores obtidos mais elevados comparativamente à situação anterior, com excepção da equação que inclui o tipo de estudo referente a estudo de casos.

Dada a originalidade do trabalho desenvolvido, não encontrámos literatura que aborde, simultaneamente, o mesmo objecto de estudo e a mesma metodologia de pesquisa para comparação e discussão mais detalhada dos resultados.

O recurso à metodologia utilizada foi visível nalguns estudos nos quais se destaca a criação do grupo "*gold standard*" e a obtenção de melhores resultados no que diz respeito à sensibilidade e especificidade. De qualquer modo, observámos múltiplas diferenças: as equações de pesquisa construídas incluem termos MeSH, termos e/ou

expressões recolhidos no título e resumo dos artigos, termos relativos a um único tipo de estudo e o emprego de outros "*subheadings*"; o número de artigos analisados é muito inferior; as bases de dados bibliográficas utilizadas são diferentes e não tão vastas como a MEDLINE, ou quando se recorre a esta, o operador em causa não é a PubMed; o objecto de estudo do trabalho é uma reacção adversa específica de um determinado fármaco, diferente dos fármacos anti-retrovíricos; a validação da metodologia inclui outros instrumentos, como a precisão; entre outros aspectos.

O estudo levado a cabo por Indritz e Artz(188) pretende fazer uma avaliação do "valor" da profissão farmacêutica, com a descrição e documentação desse conceito com cuidados prestados e a informação a outros profissionais de saúde, recorrendo a um método de revisão bibliográfica na MEDLINE e *International Pharmaceutical Abstracts* baseado em combinações de palavras-chave recolhidas em artigos publicados durante um certo período de tempo e na criação de grupos "*gold standard*" para avaliação de determinados itens relacionados com o objecto de estudo.

Wilczynski e colaboradores(189) realizaram um estudo transversal para identificação e avaliação da informação clinicamente relevante de artigos referentes a estudos de prognóstico, comparando a informação obtida, na MEDLINE (operador OVID), através da construção de equações de pesquisa com termos MeSH e palavras do texto, incluídas no título ou resumo do artigo, com uma revisão manual dos artigos presentes em 161 jornais do ano 2000 ("*gold standard*"). Os valores da sensibilidade, especificidade, precisão e exactidão foram calculados, tendo-se atingido picos de sensibilidade e de especificidade da ordem de 90%. Ainda em 2004, os mesmos autores(190) optimizaram uma metodologia de pesquisa de artigos relacionados com estudos de pesquisa de serviços de saúde, com base na adequabilidade, avaliação do processo e do resultado, directrizes da prática clínica, custos e economia da saúde, comparando a pesquisa de termos ou expressões metodológicas na MEDLINE com a pesquisa manual da literatura relativa ao assunto em 68 jornais do ano 2000 ("*gold standard*"). Os valores da sensibilidade, especificidade e precisão foram calculados, tendo-se obtidos valores de sensibilidade que variaram entre 88,1% e 100%, e valores de especificidade que variaram entre 88,8% e 99,8%.

Em 2005, Wilczynski e colaboradores(191) descreveram o desenho e o método de um estudo referente ao desenvolvimento de equações de pesquisa capazes de recuperar informação clinicamente relevante de estudos clínicos de doenças em bases de dados bibliográficas de grandes dimensões como a MEDLINE, EMBASE, CINAHL e PsycINFO. Assim, tendo em conta certos aspectos como o formato do artigo, o seu interesse para os cuidados de saúde, a apresentação dos dados em artigos de revisão, a idade dos indivíduos, o objectivo do artigo e o rigor metodológico, analisaram comparativamente os resultados da pesquisa manual realizada em 170 jornais de 2000 ("*gold standard*") com a pesquisa realizada nas bases de dados referidas à custa de termos indexados e palavras do texto, para, após o cálculo da sensibilidade, especificidade, precisão e exactidão, criarem uma nova base de dados usada para o desenvolvimento e validação das equações de pesquisa.

Tendo mostrado, em 2003(192), que as revisões sistemáticas são mais citadas que as revisões narrativas, sendo poucos os jornais que publicam a maioria das revisões sistemáticas, Montori e colaboradores(193) publicaram um estudo transversal referente à optimização de uma metodologia de pesquisa para recuperação de revisões sistemáticas na MEDLINE (operador OVID), documentando o artigo os termos utilizados aos quais se associa a melhor sensibilidade, especificidade e precisão. Desse modo, foram calculados os referidos parâmetros, após uma pesquisa de revisões sistemáticas na MEDLINE com equações de pesquisa construídas com combinações de um a cinco termos, e uma pesquisa manual de todos os artigos de 161 jornais publicados no ano 2000 e indexados à MEDLINE ("*gold standard*"). Apesar da percentagem de revisões sistemáticas obtida ter sido baixa, a sensibilidade atingiu um máximo de 99,9% e a especificidade atingiu um máximo de 99,5%.

Recorrendo a revisões da *Cochrane*, Zhang e colaboradores(194) desenvolveram uma metodologia de pesquisa para identificação de ensaios clínicos aleatorizados na MEDLINE, tentando encontrar a melhor equação, ou seja, aquela que apresentasse uma elevada sensibilidade e precisão.

Haynes e colaboradores desenvolveram uma metodologia de pesquisa na MEDLINE (operador OVID) para recuperação de estudos clínicos relativos ao diagnóstico(195) e estudos de prevenção e tratamento de doenças(196), recorrendo à pesquisa manual de 161 jornais publicados em 2000 e indexados na MEDLINE ("*gold standard*") e ao cálculo da sensibilidade, especificidade, precisão e exactidão de equações de pesquisa com termos isolados ou combinações de termos. Em relação aos estudos de diagnóstico, a maior sensibilidade obtida foi 98,6% e a maior especificidade foi 98,4%, enquanto que, nos estudos de prevenção e tratamento, a maior sensibilidade obtida foi 99,3% e a maior especificidade foi 97,4%.

Golder e colaboradores(197-200) direccionaram a sua investigação para as reacções adversas relatadas em casos clínicos, visto considerarem a pesquisa de informação em relação a reacções adversas problemática e existir pouca evidência acerca dos métodos mais apropriados para o fazer, estando esta mais limitada à informação encontrada em ensaios clínicos controlados aleatorizados.

Num primeiro estudo analisado no qual se denota a necessidade da melhoria no relato de reacções adversas e da sua indexação(197), o objectivo consistiu na avaliação da *performance*, com base na determinação da sensibilidade e precisão, de diferentes abordagens para identificação de estudos relacionados com reacções adversas na MEDLINE e EMBASE (a EMBASE foi escolhida porque pesquisas anteriores mostraram que se trata de uma das melhores bases de dados para obtenção deste tipo de estudo; a MEDLINE foi escolhida devido à grande cobertura de literatura relacionada com este tema e pelo acesso por parte dos profissionais):

- recurso a reacções adversas específicas;

- recurso a "*subheadings*" usados em separado ou em conjunto com o nome do fármaco indexado (no caso da MEDLINE, os usados foram "*adverse effects*",

"*toxicity*", "*poisoning*" em conjunto com o nome do fármaco, sendo ainda utilizados, em separado, "*drug effects*" e "*complications*");

- recurso a palavras do texto obtidas no título e resumo dos artigos;
- recurso a termos indexadores para "*adverse effects*" (na MEDLINE, foi usado "*drug toxicity*");
- pesquisa para tipos de estudo específicos ("*case-control studies*", "*cohort studies*", "*clinical trials*", no caso da MEDLINE, através da OVID).

A sensibilidade e a precisão destas cinco abordagens e das suas combinações foram comparadas, usando, para o efeito, uma revisão sistemática referente às reacções adversas de sete anti-epilépticos (os resultados de uma única revisão sistemática de um tópico específico constituiu uma limitação do estudo).

Na MEDLINE, a mais alta sensibilidade (89,7%) foi obtida com os "*subheadings*" não indexados ao nome do fármaco, sendo "*adverse effects*" o mais significativo. A combinação com maior sensibilidade associada (97%) inclui uma combinação de termos para reacções adversas específicas, "*subheadings*" não indexados ("*adverse effects*", "*complications*", "*drug effects*") e palavras do texto relativas a "*adverse effects*". Uma das razões para não se ter atingido uma sensibilidade de 100% relaciona-se com o facto da MEDLINE não incluir os nomes dos fármacos.

Na EMBASE, a combinação de termos para reacções adversas específicas e palavras do texto relativas a "*adverse effects*" foi a estratégia com maior sensibilidade (98,6%).

Num segundo estudo publicado por estes autores(198), efectuou-se uma pesquisa metodológica de revisões sistemáticas nas quais o principal assunto diz respeito a uma ou várias reacções adversas, já conhecidas ou suspeitas de o serem, associadas com a intervenção, levada a cabo na DARE (*Database of Abstracts of Reviews of Effects*) e CDSR (*Cochrane Database of Systematic Reviews*), entre 1994 e 2005, tendo sido escolhidas estas bases de dados por abarcarem maior número de revisões sistemáticas.

As estratégias de pesquisa incluíram combinações de palavras de texto recolhidas no título e resumo dos artigos, termos MeSH e "*subheadings*" ("*adverse effects*", "*poisoning*", "*drug effects*", "*complications*", "*toxicity*", "*chemically induced*"), não tendo sido estabelecidos quaisquer restrições em relação à língua.

Os resultados das pesquisas foram introduzidos no programa "*Endnote*", tendo sido removidos os duplicados e seleccionados os artigos para inclusão no estudo (dos 3635 artigos obtidos, apenas 257 respeitavam os critérios de inclusão). A suspeita da perda de revisões relevantes com estas estratégias levou a que os artigos não recuperados também fossem analisados, tendo também sido feita uma pesquisa manual na DARE.

Estabelecido o "*gold standard*", foram calculados os valores da sensibilidade e precisão.

A equação de pesquisa construída com os "*subheadings*" referidos obteve a maior sensibilidade (85% na DARE e 64% na CDSR), sendo a precisão de todas as estratégias mais elevada na DARE (16 a 71%) do que na CDSR (0 a 3%).

As estratégias mais sensíveis incluíam, na DARE, uma combinação de palavras de texto, termos MeSH e "*subheadings*" (94% de sensibilidade e 16% de precisão) e incluíam, na CDSR, a combinação "*adverse effects"* com "*adverse near/20 objectives*" (79% de sensibilidade e 3% de precisão).

As pesquisas manuais na DARE e a análise dos artigos não recuperados confirmaram a suspeita de que foram perdidas revisões relevantes.

As sensibilidades de muitas destas combinações foram comparadas com as encontradas noutros estudos, como é o caso do artigo anterior; sensibilidades similares foram obtidas com a pesquisa com os "*subheadings*" (salienta-se "*adverse effects*") e termos indexadores, sendo atribuídas as diferenças ao tipo de estudo empregue.

A pesquisa de revisões sistemáticas relativas a reacções adversas, nas principais bases de dados de revisões sistemáticas, mostrou, assim, uma maior dificuldade comparativamente à prevista, devido à falta de terminologia usada pelos autores, indexações inadequadas e variações entre bases de dados.

Nesse sentido, os mesmos autores dos dois artigos anteriores(199) pretenderam determinar quais os aspectos da pesquisa metodológica a ter mais em conta para melhorar as revisões sistemáticas relativas a reacções adversas, fazendo uma análise descritiva das revisões anteriores, tendo em conta o tipo de intervenção estudada, as reacções adversas, as fontes pesquisadas, equações de pesquisa, fontes de dados incluídas nas revisões, avaliação da qualidade dos estudos primários e a natureza da análise dos dados, mostrando este novo estudo uma necessidade óbvia de melhorar a metodologia e o relato de reacções adversas (os aspectos relacionados com a identificação das reacções adversas e a avaliação da qualidade dos estudos são os mais preocupantes). Mais recentemente(200), apresentaram uma avaliação dos métodos usados para identificação de revisões sistemáticas relativas a reacções adversas feita independentemente por dois profissionais com base em 277 revisões da DARE e CDSR que cumprem os critérios de inclusão. Esta investigação mostra variações nos métodos de pesquisa utilizados e enfatiza o relato mais pormenorizado das reacções adversas para melhor compreensão dos leitores para posteriores replicações do processo de pesquisa e uma possível criação de directrizes.

Num último estudo analisado, atendendo à constatação por parte dos autores de que os estudos observacionais (estudos de casos – controlo, estudos de coorte e casos clínicos) se referem a reacções adversas raras ou cujo aparecimento demora muito tempo, Wieland e Dickersin(201) pretenderam explorar o desenvolvimento de possíveis

metodologias de construção de estratégias de pesquisa para identificação de estudos observacionais referentes à associação entre contraceptivos orais e cancro da mama (considerado uma reacção adversa da terapêutica referida), na MEDLINE, considerada uma importante base de dados internacional passível de identificar este tipo de estudo.

Este estudo aborda, assim, reacções adversas específicas, embora, segundo os autores, se possam construir estratégias de pesquisa mais extensas, quando se trata genericamente de reacções adversas.

O "*gold standard*" considerado continha 58 artigos de uma revisão sistemática, publicados antes de 1996 (porque as publicações de 1996 podiam ainda não estar disponíveis na MEDLINE), donde recolheram palavras ou expressões, contidas no título e resumo, e termos MeSH, relacionados com a intervenção, reacções adversas e tipo de estudo. As equações de pesquisa foram, então, construídas, com as palavras do texto e com os termos MeSH, em separado e em associação, sob várias formas, tendo-se também estudado a contribuição do tipo de estudo e da intervenção com a construção de novas estratégias que omitiam os termos referentes a tais itens.

O texto integral de cada artigo não obtido com as estratégias de pesquisa foi também examinado com vista à possível determinação da sua forma de recuperação.

O cálculo da sensibilidade e precisão foi efectuado para cada uma das estratégias de pesquisa.

A equação de pesquisa mais precisa (11% com termos MeSH e 39% com palavras do texto) incluiu a combinação com termos relativos à intervenção, reacção adversa e tipo de estudo, mas a mais sensível (100% com termos MeSH e palavras do texto) foi a equação onde se omite termos relativos à intervenção. As equações que contêm palavras do texto são menos precisas que aquelas que contêm termos MeSH. As combinações de termos MeSH e palavras do texto não melhoram a sensibilidade. Estudando a contribuição da intervenção e tipo de estudo, nas equações onde se omite o tipo de estudo, a precisão diminui sem melhorar a sensibilidade e, naquelas onde se omite a intervenção, a precisão também diminui, mas alcança-se 100% de sensibilidade.

Como limitações do estudo, são referidas a indexação limitada de termos MeSH relativos à intervenção e a publicação incompleta de dados nos estudos observacionais.

Mais uma vez, os autores recomendam a necessidade de uma melhoria do relato dos dados relativos à intervenção e reacções adversas nos estudos observacionais para um fortalecimento da transparência, replicabilidade e validade das revisões sistemáticas de reacções adversas, acreditando que a criação de orientações direccionadas para este assunto possa ser benéfica (apesar de, neste estudo, a identificação dos estudos relevantes com as equações de pesquisa utilizadas ter sido possível, é necessária mais investigação para uma possível generalização).

CAPÍTULO V

CONCLUSÕES

Os valores de sensibilidade e especificidade obtidos com as diferentes equações de pesquisa construídas mostram que os objectivos propostos de optimização de uma metodologia sistematizada de pesquisa bibliográfica relativa a resultados clínicos negativos da terapêutica anti-retrovírica foram cumpridos, salientando-se a importância do filtro qualitativo relativo ao tipo de estudo, uma vez que a informação pretendida é encontrada, fundamentalmente, em casos clínicos referenciados na literatura.

O trabalho desenvolvido, inédito na área da infecção VIH / SIDA, vem comprovar e reforçar a real necessidade de uma gestão do risco dos resultados clínicos negativos da terapêutica, dependente grandemente da relação estabelecida entre o profissional de saúde e o doente.

Possíveis passos a seguir com vista à melhoria dos resultados obtidos seriam a consulta dos processos clínicos dos doentes acompanhados numa determinada instituição hospitalar para análise das reacções adversas relatadas, e o contacto directo com os profissionais de saúde especializados nesta área para obtenção de sugestões de termos ou expressões empregues na sua prática diária, a utilizar futuramente na construção de equações de pesquisa mais sofisticadas, nas quais se pudesse incluir também novos filtros metodológicos.

A maior disponibilidade de informação contribui para uma avaliação criteriosa da qualidade da literatura científica traduzida na sua fiabilidade, clareza, objectividade, validade e aplicabilidade; daí a importância crescente do conhecimento e aprendizagem da procura da evidência em fontes credíveis que, conjugada com o sentido crítico individual, serve de suporte à decisão clínica, reflexo do serviço prestado ao doente.

REFERÊNCIAS BIBLIOGRÁFICAS

1. Laprega MR. Processo Saúde-Doença e Níveis de Prevenção. In: Franco LJ, Passos ADC, editors. Fundamentos de Epidemiologia: Manole; 2005. p. 1-28.

2. Chesney M. Adherence to HAART regimens. AIDS Patient Care and STDs. 2003;17(4):169-77. 56.

3. Cichocki M. The history of HIV / AIDS - where have we been... where are we going? 23/07/2007 [cited 2009 16/04/2009]; Disponível em: http://aids.about.com/od/newlydiagnosed/a/hivtimeline.htm

4. Fenton KA, Valdisseri RO. Twenty-five years of HIV-AIDS -- United States, 1981-2006. Morbidity and Mortality Weekly Report. 2006 Jun;55(21):585-89.

5. Levy JA. HIV pathogenesis: knowledge gained after two decades of research. Adv Dent Res. 2006;19(10):10-6.

6. Manavi K. A review on infection with human immunodeficiency virus. Best Practice and Research Clinical Obstetrics and Gynaecology. 2006;20(6):923-40.

7. Wyatt CM, Klotman PE. HIV-1 and HIV-associated nephropathy 25 years later. Clin J Am Soc Nephrol. 2007;2:20-4.

8. Where did HIV come from? 2009 02/03/2009 [cited 16/04/2009]; Disponível em: www.cdc.gov/hiv/resources/qa/qa3.htm

9. Chapter 2: Status of the global HIV epidemic *In* 2008 Report on the global AIDS epidemic. 2008 Aug [cited 19/04/2009]; Disponível em: http://data.unaids.org/pub/GlobalReport/2008/jc-1510_2008_global_report_pp29_62_en.pdf

10. Relatório UNAIDS sobre a epidemia global da SIDA - 2008. 2008 [cited 19/04/2009]; Disponível em: http://www.farmacologiaclinicahiv.org/aids/defaultArticleViewOne.asp?artID=1528

11. Infecção VIH - SIDA - a situação em Portugal a 31 de Dezembro de 2008. 2009 [cited 2009 26/05/2009]; Disponível em: http://www.sida.pt/

12. Pita JR. Farmácia e Medicamento - Noções Gerais. Coimbra: Minerva Coimbra; 1993.

13. Aronson JK, Ferner RE. Clarification of terminology in drug safety. Drug Safety. 2005;28(10):851-70.

14. Duque V. Formas genéticas da infecção HIV-1: classificação e distribuição geográfica. Subtipos genéticos e resistência do HIV-1: Edições Minerva Coimbra; 2005. p. 15-176.

15. Azevedo-Pereira JM, Santos-Costa Q, Taveira N, Veríssimo J, Moniz-Pereira J. Construction and characterization of CD4-independent infectious recombinant HIV-2 molecular clones. Virus Research. 2003;97:159-63.

16. Azevedo-Pereira JM, Santos-Costa Q, Moniz-Pereira J. HIV-2 infection and chemokine receptors usage - clues to reduced virulence of HIV-2. Current HIV Research. 2005;3:3-16.

17. Azevedo-Pereira JM, Santos-Costa Q. Os Receptores das Quimiocinas e a sua importância no Ciclo Replicativo do Vírus da Imunodeficiência Humana - Implicações Clínicas e Terapêuticas. Acta Médica Portuguesa. 2008:497-504.

18. Soares MA. A origem do Vírus da AIDS. Ciência Hoje. 1999:28-33.

19. Sharp PM, Bailes E, Chaudhuri RR, Rodenburg CM, Santiago MO, Hahn BH. The origins of acquired immune deficiency syndrome: where and when? Phil Trans R Soc Lond. 2001;356:867-76.

20. Girard MP, Osmanov SK, Kieny MP. A review of vaccine research and development: the human immunodeficiency virus (HIV). Vaccine. 2006;24:4062-81.

21. Pinto ME, Struchiner CJ. A diversidade do HIV-1: uma ferramenta para o estudo da pandemia. Cad Saúde Pública, Rio de Janeiro. 2006;22(3):473-84.

22. Agnoli MM. Immune Reconstitution in the HAART Era, Part 1: Immune Abnormalities in HIV/AIDS. Journal of the Association of Nurses in AIDS Care. 2000;11(1):78-81.

23. Stevenson M. Developments in Basic Science Research. Topics in HIV Medicine. 2003;11(3):70-5.

24. Stevenson M. Developments in Basic Science Research. Topics in HIV Medicine. 2006;14(1):4-7.

25. Nisole S, Saïb A. Early steps of retrovirus replicative cycle. Retrovirology. 2004;1(9).

26. Srivastava IK, Ulmer JB, Barnett SW. Neutralizing antibody responses to HIV: role in protective immunity and challenges for vaccine design. Expert Rev Vaccines. 2004;3(4 Suppl).

27. Nielsen MH, Pedersen FS, Kjems J. Molecular strategies to inhibit HIV-1 replication. Retrovirology. 2005;2(10).

28. Sierra S, Kupfer B, Kaiser R. Basics of the virology of HIV-1 and its replication. Journal of Clinical Virology. 2005;34:233-44.

29. Tripathi P, Agrawal S. Immunobiology of Human Immunodeficiency Virus Infection. Indian Journal of Medical Microbiology. 2007;25(4):311-22.

30. Sharma SK, Kadhiravan T. Management of the Patient with HIV Disease. Dis Mon. 2008;54:162-95.

31. Wainberg MA, Jeang K-T. 25 years of HIV-1 research – progress and perspectives. BMC Medicine. 2008;6(31).

32. Fonseca MGP, Bastos FI. Twenty-five years of the AIDS epidemic in Brazil: principal epidemiological findings, 1980-2005. Cad Saúde Pública (Rio de Janeiro). 2007;23 Sup:S333-4.

33. Hariri S, McKenna MT. Epidemiology of Human Immunodeficiency Virus in the United States. Clinical Microbiology Reviews. 2007 Jul;20(3):478-88.

34. Infecção VIH/SIDA – A Situação em Portugal a 31 de Dezembro de 2007. 2007 Dec [cited 19/04/2009]; Disponível em: http://www.farmacologiaclinicahiv.org/aids/defaultArticleViewOne.asp?artID=1529

35. Canavarro MC. Gravidez e Maternidade - representações e tarefas de desenvolvimento. In: Quarteto, editor. Psicologia da Gravidez e da Maternidade. Coimbra; 2001. p. 17-49.

36. Gayle HD, Hill GL. Global Impact of Human Immunodeficiency Virus and AIDS. Clinical Microbiology Reviews. 2001 Apr;14(2):327-35.

37. Manfredi R. HIV infection and advanced age - Emerging epidemiological, clinical, and management issues. Ageing Research Reviews. 2004;3:31-54.

38. Shetty AK. Perinatally Acquired HIV-1 Infection: Prevention and Evaluation of HIV-Exposed Infants. Seminars in Pediatric Infectious Diseases. 2005;16:282-95.

39. Schumarry MC. The HIV landscape in a managed care environment: current challenges and potential solutions. J Manag Care Pharm. 2006;12(7 (Suppl s-b)):S2-5.

40. Alimonti JB, Ball TB, Fowke KR. Mechanisms of CD4+ T lymphocyte cell death in human immunodeficiency virus infection and AIDS. Journal of General Virology. 2003;84:1649-61.

41. Mota-Miranda A. Evolução natural da infecção por VIH - aspectos clínicos. Rev Port Clin Geral. 2003;19:587-97.

42. Antunes F, Doroana M. Infecção VIH - SIDA. In: Antunes F, editor. Manual sobre Doenças Infecciosas: Permanyer Portugal; 2003. p. 179-234.

43. Hicks CB, Gay C, Ferrari G. Acute HIV infection: the impact of anti-retroviral treatment on cellular immune responses. Clinical and Experimental Immunology. 2007;149:211-6.

44. Shen L, Siliciano RF. Viral reservoirs, residual viremia, and the potential of highly active antiretroviral therapy to eradicate HIV infection. J Allergy Clin Immunol. 2008;122(1):22-8.

45. Wei Q, Robinson M, Fu-jie Z. Factors influencing the natural history of HIV-1 infection. Chinese Medical Journal. 2008;121(24):2613-21.

46. Safrin S. Agentes antivirais. In: Katzung B, editor. Farmacologia Básica e Clínica: McGraw-Hill; 2008. p. 715-35.

47. Wynn GH, Zapor MJ, Smith BH, Wortmann G, Oesterheld JR, Armstrong SC, et al. Antiretrovirals, Part I:overview, history, and focus on protease inhibitors. Psychosomatics. 2004;45(3):262-70.

48. Zapor MJ, Cozza KL, Wynn GH, Wortmann GW, Armstrong SC. Antiretrovirals, Part II: focus on Non-Protease Inhibitor Antiretrovirals (NRTIs, NNRTIs, and Fusion Inhibitors). Psychosomatics. 2004;45(6):524-35.

49. Mota A. Antivíricos. In: Guimarães S, Moura D, Silva PS, editors. Terapêutica Medicamentosa e suas Bases Farmacológicas: Porto Editora; 2006. p. 776-85.

50. Warnke D, Barreto J, Temesgen Z. Antiretroviral drugs. J Clin Pharmacol. 2007;47(12):1570-9.

51. Deeks ED, Keating GM. Etravirine. Drugs. 2008;68(16):2357-72.

52. Hughes A, Barber T, Nelson M. New treatment options for HIV salvage patients: an overview of second generation PIs, NNRTIs, integrase inhibitors and CCR5 antagonists. J Infect 2008;57(1):1-10.

53. Kehr HA, Olin JL, Love BL. Etravirine. Formulary. 2008;43:105-14.

54. Boas Práticas de Farmácia Hospitalar no âmbito da Infecção VIH / SIDA: Coordenação Nacional Para a Infecção VIH / SIDA; Alto Comissariado da Saúde; Ministério da Saúde; 2009.

55. Esté JA, Telenti A. HIV entry inhibitors. Lancet. 2007;370(9581):81-8.

56. Boyd M, Pett S. HIV fusion inhibitors: a review. Aust Prescr. 2008;31:66-9.

57. MacArthur RD, Novak RM. Reviews of anti-infective agents: maraviroc: the first of a new class of antiretroviral agents. Clin Infect Dis. 2008;47(2):236-41.

58. Correll T, Klibanov OM. Integrase inhibitors: a new treatment option for patients with human immunodeficiency virus infection. Pharmacotherapy. 2008;28(1):90-101.

59. Chen L, Hoy J, Lewin S. Ten years of highly active antiretroviral therapy for HIV infection. Med J Austr. 2007;186:146-51.

60. Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the use of antiretroviral agents in HIV-1-infected adults and adolescents. 2008 03/11/2008 [cited 2009 11/05/2009]; Disponível em: http://www.aidsinfo.nih.gov/ContentFiles/AdultandAdolescentGL.pdf

61. Stone VE, Jordan J, Tolson J, Miller R, Pilon T. Perspectives on adherence and simplicity for HIV-infected patients on antiretroviral therapy: self-report of the relative importance of multiple attributes of highly active antiretroviral therapy (HAART) regimens in predicting adherence. J Acquir Immune Defic Syndr. 2004;36(3):808-16.

62. Battaglioli-DeNero AM. Strategies for improving patient adherence to therapy and long-term patient outcomes. J Assoc Nurses AIDS Care. 2007;18 Suppl 1:S17-22.

63. Phillips AN, Gazzard BG, Clumeck N, Losso MH, Lundgren JD. When should antiretroviral therapy for HIV be started? BMJ. 2007;334:76-8.

64. Management of antiretroviral-naive patients. 2009 Conference on Retroviruses and Opportunistic Infections 2009 February 8-11 [cited 2009 12/05/2009]; Disponível em: http://www.clinicaloptions.com/HIV/Conference%20Coverage/Retroviruses%202009/Tracks/Naive.aspx

65. Carvalho-Almeida V. Transmissão materno-infantil do Vírus da Imunodeficiência Humana: manejo do binômio mãe-filho. In: Trindade AF, Carvalho M, Lopes JMA, editors. Avanços em Perinatologia: Guanabara Koogan; 2005. p. 121-30.

66. Perinatal HIV Guidelines Working Group. Public Health Service Task Force Recommendations for Use of Antiretroviral Drugs in Pregnant HIV-Infected Women for Maternal Health and Interventions to Reduce Perinatal HIV Transmission in the United States. 2009 29/04/2009 [cited 2009 12/05/2009]; Disponível em: http://aidsinfo.nih.gov/ContentFiles/PerinatalGL.pdf

67. Working Group on Antiretroviral Therapy and Medical Management of HIV-Infected Children. Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection. 2009 23/02/2009 [cited 2009 12/05/2009]; Disponível em: http://aidsinfo.nih.gov/ContentFiles/PediatricGuidelines.pdf

68. Lert F, Kazatchkine MD. Antiretroviral HIV treatment and care for injecting drug users: an evidence-based overview. Int J Drug Policy. 2007;18(4):255-61.

69. Turner BJ. Adherence to Antiretroviral Therapy by Human Immunodeficiency Virus-Infected Patients. J Infect Dis. 2002;185 Suppl 2:S143-51.

70. Gonçalves G. Factores de adesão à terapêutica anti-retroviral. Mundo Médico. 2003:103-4.

71. Goldmeier MK. Dificuldade de adesão à terapia anti-retroviral sob um olhar de um profissional de enfermagem. Boletim de Saúde. 2003;17(2):55-60.

72. Patel A, Patel K. Future implications: compliance and failure with antiretroviral treatment. J Postgrad Med. 2006;52(3):197-200.

73. Duque V. Resistência e dinâmica da infecção VIH-1. Subtipos genéticos e resistência do HIV-1: Edições Minerva Coimbra; 2005. p. 183-9.

74. Águas MJM. Terapêutica da infecção por VIH / SIDA - implicações devido à resistência. III Reunião Interdisciplinar sobre infecção por VIH / SIDA: Informação SIDA e outras doenças infecciosas; 1999.

75. Ceccato MdGB, Acurcio FA, Bonolo PdF, Rocha GM, Guimarães MDC. Compreensão de informações relativas ao tratamento anti-retroviral entre indivíduos infectados pelo HIV. Cad Saúde Pública. 2004;20(5):1388-97.

76. Kress KD. HIV update: emerging clinical evidence and a review of recommendations for the use of highly active antiretroviral therapy. Am J Health Syst Pharm. 2004;61 Suppl 3:S3-14.

77. Conway B. The role of adherence to antiretroviral therapy in the management of HIV infection. J Acquir Immune Defic Syndr. 2007;45 Suppl 1:S14-8.

78. Machtinger EL, Bangsberg DR. Seven steps to better adherence: a practical approach to promoting adherence to antiretroviral therapy. AIDS Read. 2007;17(1):43-51.

79. Herrmann S, McKinnon E, John M, Hyland N, Martinez OP, Cain A, et al. Evidence-based, multifactorial approach to adressing non-adherence to antiretroviral therapy and improving standards of care. Intern Med J. 2008;38(1):8-15.

80. Montessori V, Press N, Harris M, Akagi L, Montaner JSG. Adverse effects of antiretroviral therapy for HIV infection. Canadian Medical Association Journal. 2004;170(2):229-38.

81. Calmy A, Hirschel B, Cooper DA, Carr A. Clinical update: adverse effects of antiretroviral therapy. Lancet. 2007;370(9581):12-4.

82. Fármacos antiretrovirales: aspectos prácticos para atención primaria. Infac. 2007:13-8.

83. British National Formulary nº 56. London: BMJ Publishing Group Ltd and RPS Publishing; 2008.

84. Carr A, Cooper DA. Adverse effects of antiretroviral therapy. Lancet. 2000;356:1423-30.

85. Dermatological reactions to antiretrovirals extend beyond drug-specific reactions. Drug Ther Perspect. 2008;24(4):23-6.

86. Raines C, Radcliffe O, Treisman GJ. Neurologic and Psychiatric Complications of Antiretroviral Agents. Journal of the Association of Nurses in AIDS Care. 2005;16(5):35-48.

87. Gallagher DM. Current Clinical Issues Impacting the Lives of Patients Living With HIV/AIDS. Journal of the Association of Nurses in AIDS Care. 2007;18(1):S11-6.

88. Calza L, Manfredi R, Pocaterra D, Chiodo F. Risk of premature atherosclerosis and ischemic heart disease associated with HIV infection and antiretroviral therapy. J Infect. 2008;57(1):16-32.

89. Khunnawat C, Mukerji S, Havlichek D, Touma R, Abela GS. Cardiovascular manifestations in human immunodeficiency virus-infected patients. Am J Cardiol. 2008;102:635-42.

90. Kotler DP. HIV and antiretroviral therapy: lipid abnormalities and associated cardiovascular risk in HIV-infected patients. J Acquir Immune Defic Syndr. 2008;49 Suppl 2:S79-85.

91. Samaras K. Metabolic consequences and therapeutic options in highly active antiretroviral therapy in human immunodeficiency virus-1 infection. Journal of Antimicrobial Chemotherapy. 2008;61:238-45.

92. Analysis of SMART data consistent with D.A.D.: findings that abacavir is associated with increased risk for cardiovascular events. 2008 International AIDS Conference 2008 08/08/2008 [cited 13/05/2009]; Disponível em: http://www.clinicaloptions.com/hiv

93. Aboud M, Elgalib A, Kulasegaram R, Peters B. Insulin resistance and HIV infection: a review. Int J Clin Pract. 2007;61(6):463-72.

94. Moyle G. Metabolic issues associated with protease inhibitors. J Acquir Immune Defic Syndr. 2007;45 Suppl 1:S19-26.

95. Tebas P. Insulin resistance and Diabetes Mellitus associated with antiretroviral use in HIV-infected patients: pathogenesis, prevention, and treatment options. J Acquir Immune Defic Syndr. 2008;49 Suppl 2:S86-92.

96. Waters L, Nelson M. Long-term complications of antiretroviral therapy: lipoatrophy. Int J Clin Pract. 2007;61(6):999-1014.

97. Phillips DR, Hay P. Current perspectives on the management and prevention of antiretroviral - associated lipoatrophy. Antimicrob Chemother. 2008;62(5):866-71.

98. Reveille JD, Williams FM. Rheumatologic complications of HIV infection. Best Practice & Research Clinical Rheumatology. 2006;20(6):1159-79.

99. Pádua CAM, César CC, Bonolo PF, Acurcio FA, Guimarães MDC. High incidence of adverse reactions to initial antiretroviral therapy in Brazil. Brazilian Journal of Medical and Biological Research. 2006;39(4):495-505.

100. Silcock J, Moffett JK, Edmondson H, Waddell G, Burton AK. Do community pharmacists have the attitudes and knowledge to support evidence based self-management of low back pain? BMC Musculoskeletal Disorders. 2007;8(10).

101. Tiralongo E, Wallis M. Integrating Complementary and Alternative Medicine Education Into the Pharmacy Curriculum. American Journal of Pharmaceutical Education. 2008;72(4):1-9.

102. Grable JC, Ternullo S. Deixar de fumar, conselhos no consultório e na enfermaria: uma abordagem prática, baseada ne evidência. Postgraduate Medicine. 2004;22(4):33-44.

103. Doorenbos AZ, Berger AM, Brohard-Holbert C, Eaton L, Kozachik S, LoBiondo-Wood G, et al. Oncology Nursing Society Putting Evidence Into Practice® Resources: Where Are We Now and What Is Next? Clinical Journal of Oncology Nursing. 2008;12(6):965-70.

104. Hilton S, Bedford H, Calnan M, Hunt K. Competency, confidence and conflicting evidence: key issues affecting health visitors' use of research evidence in practice. BMC Nursing. 2009;8(4).

105. Dodd JD. Evidence-based Practice in Radiology: Steps 3 and 4 — Appraise and Apply Diagnostic Radiology Literature. Radiology. 2007;242(2):342-54.

106. Antunes P, Lopes AA, Filipe E. Prática Baseada na Evidência: fisioterapeutas a trabalhar em hospitais da região de saúde da Grande Lisboa e Vale do Tejo. Re(habilitar) - Revista da Escola Superior de Saúde de Alcoitão. 2007:11-33.

107. Wyatt JC, Sullivan F. What is health information? BMJ. 2005;331:566-68.

108. Evidence-Based Medicine: a new approach to teaching the practice of Medicine. JAMA. 1992;268(17):2420-25.

109. Flesner MK, Miller L, McDaniel R, Rantz M. From nursing process to nursing synthesis: evidence-based nursing education. In: Malloch K, Porter-O'Grady T, editors. Introduction to Evidence-Based Practice in Nursing and Health Care: Jones and Bartlett; 2004. p. 65-85.

110. Sackett DL, Rosenberg WMC, Gray JAM, Haynes RB, Richardson WS. Evidence based medicine: what it is and what it isn't. BMJ. 1996;312:71-2.

111. Carneiro AV. Medicina Baseada na Evidência. Um novo paradigma para a prática médica. Acta Médica Portuguesa. 1997;11:717-37.

112. Carneiro AV. Um instrumento para a mudança da prática médica: a "Medicina Baseada na Evidência". Medicina Interna. 1998;5(2):133-8.

113. Carneiro AV. A Medicina Baseada na Evidência Científica (Evidence - Based Medicine) e a prática da gastrenterologia. Jornal Português de Gastrenterologia. 1999;6(4):230-33.

114. Póvoa ED, Castiel LD. Medicina Baseada em Evidências: "novo paradigma assistencial e pedagógico"? Interface - Comunicação, Saúde, Educação. 2002;6(11):117-32.

115. Castiel LD, Vasconcellos-Silva PR. Proliferação das rupturas paradigmáticas: o caso da medicina baseada em evidências. Revista de Saúde Pública. 2005;39(3):498-506.

116. Medicina Baseada na Evidência e Humanismo Médico Acção Médica; 2006. p. 56-8.

117. Moreno R, Caixinha JP, Matos R, Fevereiro T. Medicina baseada na evidência e meta-análise: à procura do Santo Graal. Medicina Interna. 1998;5(2):139-41.

118. Pearson M, Craig JV. Prática baseada na evidência em enfermagem. In: Craig JV, Smith RL, editors. Prática Baseada na Evidência - Manual para Enfermeiros: Lusociência; 2004. p. 3-21.

119. Jacobson LD, Edwards AGK, Granier SK, Butler CC. Evidence - based medicine and general practice. British Journal of General Practice. 1997;47(420):449-52.

120. Grandage KK, Slawson DC, Shaughnessy AF. When less is more: a practical approach to searching for evidence-based answers. J Med Libr Assoc. 2002 July;90(3):298-304.

121. Patel MR, Schardt CM, Sanders LL, Keitz SA. Randomized trials for answers to clinical questions: Evaluating a pre-appraised versus a MEDLINE search protocol. Journal of the Medical Library Association. 2006;94(4):382-86.

122. Smith R. What clinical information do doctors need? BMJ. 1996;313:1062-8.

123. Nobre MRC, Bernardo WM, Jatene FB. A Prática Clínica Baseada em Evidências. Parte I - questões clínicas bem construídas. Rev Assoc Med Bras. 2003;49(4):445-9.

124. Say RE, Thomson R. The importance of patient preferences in treatment decisions - challenges for doctors. BMJ. 2003;327:542-45.

125. Kennedy JG. "Doc, tell me what I need to know" - a doctor's perspective. BMJ. 2003;327:862-63.

126. Green ML, Ruff TR. Why do residents fail to answer their clinical questions? A qualitative study of barriers to practising evidence-based medicine. Acad Med. 2005;80(2):176-82.

127. Gardner M. Information retrieval for patient care. BMJ. 1997;314.

128. Ely JW, Osheroff JA, Ebell MH, Bergus GR, Levy BT, Chambliss ML, et al. Analysis of questions asked by family doctors regarding patient care. BMJ. 1999;319:358-61.

129. Ely JW, Osheroff JA, Ebell MH, Chambliss ML, Vinson DC, Stevermer JJ, et al. Obstacles to answering doctors' questions about patient care with evidence: qualitative study. BMJ. 2002;324:710-16.

130. Crowley SD, Owens TA, Schardt CM, Wardell SI, Peterson J, Garrison S, et al. A Web-based compendium of clinical questions and medical evidence to educate internal medicine residents. Acad Med. 2003;78(3):270-4.

131. Schwartz A, Millam G. A web-based library consult service for evidence-vased medicine: technical development. BMC Medical Informatics and Decision Making. 2006;6(16).

132. Schilling K, Wiecha J, Polineni D, Khalil S. An interactive Web-based Curriculum on Evidence-based Medicine: design and efectiveness. Fam Med. 2006;38(2):126-32.

133. Hayward R. Evidence - based information cycle. 15/08/2007 [cited 18/05/2009]; Disponível em: http://www.cche.net/info.asp

134. Abalos E, Carroli G, Mackey ME. The tools and techniques of evidence-based medicine. Best Practice & Research Clinical Obstretics and Gynaecology. 2005;19(1):15-26.

135. Craig JV. Como fazer a pergunta certa. In: Craig JV, Smyth RL, editors. Prática Baseada na Evidência - Manual para Enfermeiros: Lusociência; 2004. p. 25-46.

136. Lopes AA. Medicina Baseada em Evidências: a arte de aplicar o conhecimento científico na prática clínica. Rev Ass Med Bras. 2000;46(3):285-88.

137. Huang X, Lin J, Demner-Fushman D. Evaluation of PICO as a knowledge representation for clinical questions. AMIA Annual Symposium Proceedings. 2006:359-63.

138. Schardt C, Adams MB, Owens T, Keitz S, Fontelo P. Utilization of the PICO framework to improve searching PubMed for clinical questions. BMC Medical Informatics and Decision Making. 2007;7(16).

139. Using evidence to guide practice. MeRec Briefing Publications, National Prescribing Centre. 2005(30).

140. Bartkowiak BA. Searching for Evidence-Based Medicine in the literature. Part 2: resources. Clinical Medicine and Research. 2005;3(1):39-40.

141. Haynes RB. Of studies, syntheses, synopses, summaries, and systems: the "5S" evolution of information services for evidence-based health care decisions. American College of Physicians Journal Club. 2006;145(3):A8-A9.

142. Rama AC. Procedimentos Operativos Normalizados para a Resposta a Questões Clínicas. Aplicabilidade à Área da Segurança em Teratologia. Coimbra: Coimbra; 2008.

143. Hunt DL, Haynes RB, Browman GP. Searching the medical literature for the best evidence to solve clinical questions. Annals of Oncology. 1998;9:377-83.

144. Akobeng AK. Principles of evidence based medicine. Archives of Disease in Childhood. 2005;90(8):837-40.

145. Coletti MH, Bleich HL. Medical Subject Headings Used to Search the Biomedical Literature. J Am Med Inform Assoc. 2001;8:317-23.

146. Sutherland SE. Evidence-based dentistry: Part II: Searching for answers to clinical questions: how to use MEDLINE. Journal Canadian Dental Association. 2001 May;67(5):277-80.

147. Hersh WR, Crabtree K, Hickam DH, Sacherek L, Friedman CP, Tidmarsh P, et al. Factors associated with success in searching MEDLINE and applying evidence to answer clinical questions. J Am Med Inform Assoc. 2002;9(3):283-93.

148. Forrest JL, Miller SA. Evidence-Based Decision Making in Action: Part 1 - Finding the Best Clinical Evidence. The Journal of Contemporary Dental Practice. 2002;3(3).

149. Beaven O. Pesquisa da literatura. In: Craig JV, Smyth RL, editors. Prática Baseada na Evidência - Manual para Enfermeiros: Lusociência; 2004. p. 47-85.

150. Bernardo WM, Nobre MC, Jatene FB. A Prática Clínica Baseada em Evidências. Parte II - buscando as evidências em fontes de informação. Rev Assoc Med Bras. 2004;50(1):104-8.

151. Newman M, Roberts T. Apreciação crítica 1: é a qualidade do estudo suficientemente boa para utilizar os resultados? In: Craig JV, Smyth RL, editors. Prática Baseada na Evidência - Manual para Enfermeiros: Lusociência; 2004. p. 86-112.

152. Smyth RL. Revisões sistemáticas: o que são e como podem ser utilizadas? In: Craig JV, Smyth RL, editors. Prática Baseada na Evidência - Manual para Enfermeiros: Lusociência; 2004. p. 164-83.

153. Grimes DA, Schulz KF. Cohort studies: marching towards outcomes. Lancet. 2002;359:341-45.

154. Schulz KF, Grimes DA. Case-control studies: research in reverse. Lancet. 2002;359:431-34.

155. Sutherland SE. Evidence-based Dentistry: Part VI. Critical appraisal of the dental literature: papers about diagnosis, etiology and prognosis. J Can Dent Assoc. 2001;67(10):582-5.

156. Forrest JL, Miller SA. Evidence-Based Decision Making in Action: Part 2 - Evaluating and Applying the Clinical Evidence. The Journal of Contemporary Dental Practice. 2003;4(1).

157. Nobre MRC, Bernardo WM, Jatene FB. A Prática Clínica Baseada em Evidências: Parte III - avaliação crítica das informações de pesquisas clínicas. Rev Assoc Med Bras. 2004;50(2):221-8.

158. Moreira MEL. Neonatologia baseada em evidências. In: Trindade AF, Carvalho M, Lopes JMA, editors. Avanços em Perinatologia: Guanabara Koogan; 2005. p. 131-9.

159. Passos ADC, Ruffino-Netto A. Estudos Experimentais. In: Franco LJ, Passos ADC, editors. Fundamentos de Epidemiologia: Manole; 2005. p. 211-23.

160. Passos ADC, Ruffino-Netto A. Estudos de Coorte. In: Franco LJ, Passos ADC, editors. Fundamentos de Epidemiologia: Manole; 2005. p. 225-40.

161. Passos ADC, Ruffino-Netto A. Estudos Caso-Controle. In: Franco LJ, Passos ADC, editors. Fundamentos de Epidemiologia: Manole; 2005. p. 241-59.

162. Passos ADC, Ruffino-Netto A. Estudos Transversais. In: Franco LJ, Passos ADC, editors. Fundamentos de Epidemiologia: Manole; 2005. p. 259-85.

163. Bhandari M, Giannoudis PV. Evidence-based medicine: what it is and what it is not. International Journal of the Care of the Injured. 2006;37:302-6.

164. Users' Guides to Evidence-Based Practice. 15/08/2007 [cited 2009 20/05/2009]; Disponível em: http://www.cche.net/usersguides/main.asp

165. Abramson JH. Making sense of data. A self-instruction manual of the interpretation of epidemiological data: Oxford University Press; 1994.

166. Newman M, Roberts T. Apreciação crítica 2: pode a evidência ser aplicada no seu contexto? In: Craig JV, Smyth RL, editors. Prática Baseada na Evidência - Manual para Enfermeiros: Lusociência; 2004. p. 114-35.

167. Using evidence to guide practice - Supplement. MeRec Briefing Publications, National Prescribing Centre. 2005(S30).

168. Schoenfeld P, Guyatt G, Hamilton F, Laine L, Cook D, Bjorkman D, et al. An Evidence-Based Approach to Gastroenterology Diagnosis. Gastroenterology. 1999;116:1230-37.

169. Eckert SE, Goldstein GR, Koka S. Evidence-based Dentistry Series - How to evaluate a diagnostic test? The Journal of Prosthetic Dentistry. 2000;83(4):386-91.

170. Grimes DA, Schulz KF. Uses and abuses of screening tests. Lancet. 2002;359:881-84.

171. Cámara AG. Todo lo que el neurólogo quiere saber sobre sensibilidad, especificidad y valores predictivos. Neurología. 2003;18 Supl 2:S11-8.

172. Sá EB, Santos I. A prevenção da doença baseada na evidência. Postgraduate Medicine. 2004;21(2):77-85.

173. Flores RE. A Medicina Baseada em Evidências e o Diagnóstico Laboratorial. NewsLab. 2005;73:92-103.

174. Gomes UA. Características dos Instrumentos de Medida. In: Franco LJ, Passos ADC, editors. Fundamentos de Epidemiologia: Manole; 2005. p. 151-64.

175. Grimes DA, Schulz KF. Refining clinical diagnosis with likelihood ratios. Lancet. 2005;365:1500-5.

176. Bellmunt-Montoya S. Validación de pruebas diagnósticas. Angiología. 2007;59(6):433-38.

177. Pearson M, Craig JV. Directrizes baseadas na evidência. In: Craig JV, Smyth RL, editors. Prática Baseada na Evidência - Manual para Enfermeiros: Lusociência; 2004. p. 187-210.

178. Thompson C, Learmonth M. Como podemos desenvolver uma cultura baseada na evidência. In: Craig JV, Smyth RL, editors. Prática Baseada na Evidência - Manual para Enfermeiros: Lusociência; 2004. p. 211-39.

179. Atallah AN. Medicina Baseada em Evidências: o elo entre a boa ciência e a boa prática clínica. In: Franco LJ, Passos ADC, editors. Fundamentos de Epidemiologia: Manole; 2005. p. 355-72.

180. Laprega MR, Fabbro AL. Coeficientes e índices mais usados em epidemiologia. In: Franco LJ, Passos ADC, editors. Fundamentos de Epidemiologia: Manole; 2005. p. 119-50.

181. Kelly WN, Arellano FM, Barnes J, Bergman U, Edwards RJ, Fernandez AM, et al. Guidelines for submitting adverse event reports for publication. Drug Safety. 2007;30(5):367-73.

182. Demner-Fushman D, Hauser SE, Humphrey SM, Ford GM, Jacobs JL, Thoma GR. MEDLINE as a source of just-in-time answers to clinical questions. AMIA Ann Symp Proc. 2006:190-4.

183. Finding evidence in PubMed. 2007 03/08/2007 [cited 2009 09/04/2009]; Disponível em: http://www.med.yale.edu/library/education/guides/page/71

184. Blenkinsopp A, Wilkie P, Wang M, Routledge PA. Patient reporting of suspected adverse drug reactions: a review of published literature and international experience. British Journal of Clinical Pharmacology. 2006;63(2):148-56.

185. Loke YK, Price D, Derry S, Aronson JK. Case reports of suspected adverse drug reactions—systematic literature survey of follow-up. BMJ. 2006;332:335-39.

186. Hopewell S, Wolfenden L, Clarke M. Reporting of adverse events in systematic reviews can be improved: survey results. Journal of Clinical Epidemiology. 2008;60:597-602.

187. Loke YK, Price D, Herxheimer A. Systematic reviews of adverse effects: framework for a structured approach. BMC Medical Research Methodology. 2007;7(32).

188. Indritz MES, Artz MB. Value added to health by pharmacists. Social Science and Medicine. 1999;48:647-60.

189. Wilczynski NL, Haynes RB. Developing optimal search strategies for detecting clinically sound prognostic studies in MEDLINE: an analytical survey. BMC Medicine. 2004;2(23).

190. Wilczynski NL, Haynes RB, Lavis JN, Ramkissoonsingh R. Optimal search strategies for detecting health services research studies in MEDLINE. Canadian Medical Association Journal. 2004;171(10):1179-85.

191. Wilczynski NL, Morgan D, Haynes RB. An overview of the design and methods for retrieving high - quality studies for clinical care. BMC Medical Informatics and Decision Making. 2005;5(20).

192. Montori VM, Wilczynski NL, Morgan D, Haynes RB. Systematic reviews: a cross-sectional study of location and citation counts. BMC Medicine. 2003;1(2).

193. Montori VM, Wilczynski NL, Morgan D, Haynes RB. Optimal search strategies for retrieving systematic reviews from Medline: analytical survey. BMJ. 2005;330:68-73.

194. Zhang L, Ajiferuke I, Sampson M. Optimizing search strategies to identify randomized controlled trials in MEDLINE. BMC Medical Research Methodology. 2006;6(23).

195. Haynes RB, Wilczynski NL. Optimal search strategies for retrieving scientifically strong studies of diagnosis from Medline: analytical survey. BMJ. 2004;328:1040-44.

196. Haynes RB, McKibbon KA, Wilczynski NL, Walter SD, Werre SR. Optimal search strategies for retrieving scientifically strong studies of treatment from Medline: analytical survey. BMJ. 2005;330:1179-83.

197. Golder S, McIntosh HM, Duffy S, Glanville J. Developing efficient search strategies to identify reports of adverse effects in MEDLINE and EMBASE. Health Information and Libraries Journal. 2006;23:3-12.

198. Golder S, McIntosh HM, Loke Y. Identifying systematic reviews of the adverse effects of health care interventions. BMC Medical Research Methodology. 2006;6(22).

199. Golder S, Loke Y, McIntosh HM. Room for improvement? A survey of the methods used in systematic reviews of adverse effects. BMC Medical Research Methodology. 2006;6(3).

200. Golder S, Loke Y, McIntosh HM. Poor reporting and inadequate searches were apparent in systematic reviews of adverse effects. Journal of Clinical Epidemiology. 2008;61:440-48.

201. Wieland S, Dickersin K. Selective exposure reporting and Medline indexing limited the search sensitivity for observational studies of the adverse effects of oral contraceptives. Journal of Clinical Epidemiology. 2005;58:560-67.

REFERÊNCIAS BIBLIOGRÁFICAS – INVESTIGAÇÃO EMPÍRICA
1ª Parte

1. Serious adverse events attributed to nevirapine regimens for postexposure prophylaxis after HIV exposures - Worldwide, 1997-2000. The Journal of American Medical Association. 2001 Jan;285(4):402-3.

2. Abraham PE, Sorensen SJ, Baker WH, Cushing HE. Nelfinavir desensitization. The Annals of Pharmacotherapy. 2001 May;35(5):553-6.

3. Albrecht D, Vieler T, Horst HA. Rash-associated severe neutropenia as a side-effect of indinavir in HIV postexposure prophylaxis. AIDS. 2002 Oct;16(15):2098-9.

4. Ananworanich J, Phanuphak N, Nuesch R, Apateerapong W, Rojhuckarin P, Ubolyam S, et al. Recurring thrombocytopenia associated with structured treatment interruption in patients with Human Immunodeficiency Virus infection. Clinical Infectious Diseases. 2003 Sep;37(5):723-25.

5. Antoniou T, Weisdorf T, Gough K. Symptomatic hyperlactatemia in an HIV-positive patient: a case report and discussion. Canadian Medical Association. 2003 Jan;168(2):195-8.

6. Aquilina C, Mularczyk M, Lucas F, Viraben R. Unusual clinical presentation of hypersensitivity reaction to abacavir. AIDS. 2003 Nov;17(16):2403-4.

7. Aschkenazi S, Rochelson B, Bernasko J, Kaplan J. Insulin resistance complicating pregnancy in a Human Immunodeficiency Virus-infected patient treated with protease inhibitors and corticosteroids. Obstretics and Gynecology. 2003 Nov;102(5 (parte 2)):1210-2.

8. Begovac J, Bayer K, Krpan D, Kusec V. Osteosclerosis and periostal new bone formation during indinavir therapy. AIDS. 2002 Mar;16(5):803-4.

9. Besson C, Jubault V, Viard JP, Pialoux G. Ketoacidosis associated with protease inhibitor therapy. AIDS. 1998 Jul;12(11):1399-400.

10. Biagio AD, Bassetti M, Briozzo A, Ferrazin A, Rosso R, Gatti G, et al. Tenofovir use in a patient with a severe renal impairment. HIV Medicine. 2004 Nov;5(6):450-1.

11. Blanch J, Corbella B, García F, Parellada E, Gatell JM. Manic syndrome associated with efavirenz overdose. Clinical Infectious Diseases. 2001 Jul;33(2):270-1.

12. Blanche P, Silberman B, Barreto L, Gombert B, Sicard D. Reversible zidovudine-induced pure red cell aplasia. AIDS. 1999 Aug;13(12):1586-7.

13. Bongiovanni M, Chiesa E, Monforte AA, Bini T. Hair loss in an HIV-1 infected woman receiving lopinavir plus ritonavir therapy as first line HAART. Dermatology Online Journal. 2003 Dec;9(5):28.

14. Boscacci RT, Buclin T, H F, Fux CA. A case of voluntary intoxication with efavirenz and lamivudine. AIDS. 2006 Jun;20(9):1352-4.

15. Bossi P, Colin D, Bricaire F, Caumes E. Hypersensitivity syndrome associated with efavirenz therapy. Clinical Infectious Diseases. 2000 Jan;30(1):227-8.

16. Boumis E, Chinello P, Conte A, Noto P, Cicalini S, Grillo LR, et al. Rhino-orbital zygomycosis secondary to diabetic ketoacidosis in an HIV-positive patient: case report and literature review. AIDS. 2006 Jan;20(1):136-8.

17. Brewer DD, Potterat JJ, Brody S. Skin rash associated with atazanavir: report of three cases. AIDS. 2006 May;20(8):1207-8.

18. Brooks JI, Gallicano K, Garber G, Angel JB. Acute monoarthritis complicating therapy with indinavir. AIDS. 2000 Sep;14(13):2064-5.

19. Brouilette M-J, Routy J-P. Abacavir sulfate and mania in HIV. Am J Psychiatry. 2007 June;164:979-80.

20. Burman W, Orr L. Carbamazepine toxicity after starting combination antiretroviral therapy including ritonavir and efavirenz. AIDS. 2000 Dec;14(17):2793-4.

21. Caballero-Granado FJ, Viciana P, Cordero E, Gómez-Vera MJ, Nozal M, López-Cortés LF. Ergotism related to concurrent administration of ergotamine tartrate and ritonavir in an AIDS patient. Antimicrobial Agents and Chemotherapy. 1997 May;41(5):1207.

22. Calista D. Maculo-papular rash induced by lopinavir / ritonavir. European Journal of Dermatology. 2005 Mar - April;15(2):97-8.

23. Carr A, Cooper DA. Lipodystrophy associated with an HIV-protease inhibitor. New England Journal of Medicine. 1998 Oct;339(18):1296.

24. Caso JAA, Prieto JM, Casas E, Sanz J. Gynecomastia without lipodystrophy syndrome in HIV-infected men treated with efavirenz. AIDS. 2001 Jul;15(11):1447-8.

25. Cattelan AM, Trevenzoli M, Naso A, Meneghetti F, Cadrobbi P. Severe hypertension and renal atrophy associated with indinavir. Clinical Infectious Diseases. 2000 Mar;30(3):619-21.

26. Cattelan AM, Trevenzoli M, Sasset L, Sgarabotto D, Lanzafame M, Meneghetti F. Toxic epidermal necrolysis induced by nevirapine therapy: description of two cases and review of the literature. Journal of Infection. 2001 Nov;43(4):246-9.

27. Claessens YE, Cariou A, Chiche JD, Dauriat G, Dhainaut JF. L-carnitine as a treatment of life.threatening lactic acidosis induced by nucleoside analogues. AIDS. 2000 Mar;14(4):472-3.

28. Clotet EP, Oncins MTR, Sendra AS, Losada EJM. Tratamiento antirretroviral con nelfinavir en un paciente infectado por el VIH y diabetes mellitus secundaria a indinavir. Medicina Clinica (Barcelona). 2002 Sep;119(10):398-99.

29. Coghlan ME, Sommadossi J-P, Jhala NC, Many WJ, Saag MS, Johnson VA. Symptomatic lactic acidosis in hospitalized antiretroviral-treated patients wiyh Human Immunodeficiency Virus infection: a report of 12 cases. Clinical Infectious Diseases. 2001 Dec;33(11):1914-21.

30. Colebunders R, Schacht CD, Vanwolleghem T, Callens S. Lopinavir/ritonavir- and indinavir-induced thrombocytopenia in a patient with HIV infection. International Journal of Infectious Diseases. 2004 Sep;8(5):815-6.

31. Conn J, Colman P, Brown G, Street A, Bate K. Nephrogenic diabetes insipidus associated with foscarnet - a case report. Journal of Antimicrobial Chemotherapy. 1996 Jun;37(6):1179-81.

32. Cornejo-Juárez P, Sierra-Madero J, Volkow-Fernández P. Metabolic acidosis and hepatic steatosis in two HIV-infected patients on stavudine (d4T) treatment. Archives of Medical Research. 2003 Jan-Feb;34(1):64-9.

33. Côté HC, Brumme ZL, Chan JW, Guillemi S, Montaner JSG, Harrigan PR. HIV therapy, hepatitis C virus infection, antibiotics and obesity, a mitochondria killer mix? AIDS. 2006 Jun;20(9):1343-5.

34. Dargère S, Verdon R, Bouhier K, Bazin C. Disseminated intravascular coagulation as a manifestation of abacavir hypersensitivity reaction. AIDS. 2002 Aug;16(12):1696-7.

35. Daudén E, Alvarez S, García-Diez A. Eruptive angiolipomas associated with antiretroviral therapy. AIDS. 2002 Mar;16(5):805-6.

36. DeSimone JA, Ojha A, Pathak R, Cohn J. Successful desensitization to enfuvirtide after a hypersensitivity reaction in an HIV-1-infected man. Clinical Infectious Diseases. 2004;39:110-2.

37. Dimantas MA, Finamor LP, Ewert V, Nakanami C, Muccioli C. Retinite por Citomegalovírus em pacientes pediátricos infectados pelo Vírus da Imunodeficiência Humana em tratamento com "Highly Active Antiretrovirus therapy". Revista da Associação Médica Brasileira. 2004 Jul-Sep;50(3):320-3.

38. Doco-Lecompte T, Garrec A, Thomas L, Trechot P, May T, Rabaud C. Lopinavir-ritonavir (Kaletra) and lithiasis: seven cases. AIDS. 2004 Mar;18(4):705-6.

39. Dodi F, Alessandrini A, Camera M, Gaffuri L, Morandi N, Pagano G. Stevens-Johnson syndrome in HIV patients treated with nevirapine: two case reports. AIDS. 2002 May;16(8):1197-8.

40. Duval X, Peytavin G, Fouqueray B, Leport C, Vildé JL. Renin-angiotensin system inhibition in a patient having an overdose of HIV protease inhibitor. AIDS. 1999 Oct;13(14):1983-4.

41. Ebright JR, Stellini MA, Tselis AC. Spinal epidural lipomatosis in a Human Immunodeficiency Virus-positive patient receiving steroids and protease inhibitor therapy. Clinical Infectious Diseases. 2001 Mar;32(5):90-1.

42. Echevarria KL, Hardin TC, Smith JA. Hyperlipidemia associated with protease inhibitor therapy. The Annals of Pharmacotherapy. 1999 Jul-Aug;1999 Jul-Aug(7-8):859-63.

43. Eholié SP, Lacombe K, Serfaty L, Wendum D, Girard PM. Acute hepatic cytolysis in an HIV-infected patient taking atazanavir. AIDS. 2004 Jul;18(11):1610-1.

44. Endo T, Sakai T, Fujimoto K, Yamamoto S, Takashima H, Haseyama Y, et al. A possible role for lamivudine as prophylaxis against hepatitis B reactivation in carriers of hepatitis B who undergo chemotherapy and autologous peripheral blood stem cell transplantation for non-Hodgkin's lymphoma. Bone Marrow Transplantation. 2001 Feb;27(4):433-6.

45. Eng KT, Liu ES, Silverman MS, Berger AR. Lipemia retinalis in Acquired Immunodeficiency Syndrome treated with protease inhibitors. Archives of Ophtalmology. 2000 Mar;118(3):425-26.

46. Escaut L, Liotier JY, Albengres E, Cheminot N, Vittecoq D. Abacavir rechallenge has to be avoided in case of hypersensitivity reaction. AIDS. 1999 Jul;13(11):1419-20.

47. Estrada V, Villar NGPd, Serrano-Ríos M. Reacciones adversas cutáneas asociadas al tratamiento con nevirapina y vacunación antineumocócica en pacientes con infección por el vírus de la inmunodeficiencia humana. Medicina Clinica (Barcelona). 2001 Mar;116(12):479.

48. Eyer-Silva WA, Neves-Motta R, Pinto JF, Morais-de-Sá CA. Inflammatory oedema associated with lopinavir-including HAART regimens in advanced HIV-1 infection: report of 3 cases. AIDS. 2002 Mar;16(4):673-4.

49. Filippini P, Scolastico C, Battaglia M, Nacca C, Coppola N, Rossi G, et al. Lipodystrophy and serum lipid abnormalities in HIV-positive sub-Saharan population on ART. Journal of Infection. 2006 Jul;53(1):29-33.

50. Florence E, Schrooten W, Verdonck K, Dreezen C, Colebunders R. Rheumatological complications associated with the use of indinavir and other protease inhibitors. Annals of the Rheumatic Diseases. 2002 Jan;61(1):82-4.

51. Fox PA, Boag FC, Hawkins DA, Francis N. Acute porphyria following commencement of indinavir. AIDS. 1999 Apr;13(5):622-3.

52. Freercks RJ, Mehta U, Stead DF, Meintjes GA. Haemolytic anaemia associated with efavirenz. AIDS. 2006 May;20(8):1212-3.

53. Frissen PHJ, Vries J, Weigel HM, Brinkman K. Severe anaphylactic shock after rechallenge with abacavir without preceding hypersensitivity. AIDS. 2001 Jan;15(2):289.

54. Fundarò C, Genovese O, Rendeli C, Tamburrini E, Salvaggio E. Myelomeningocele in a child with intrauterine exposure to efavirenz. AIDS. 2002 Jan;16(2):299-300.

55. Gallet B, Pulik M, Genet P, Chedin P, Hiltgen M. Vascular complications associated with use of HIV protease inhibitors. Lancet. 1998 Jun;351(9120):1958-9.

56. García-Benayas T, Blanco F, Gómez-Viera JM, Barrios A, Soriano V, González-Lahoz J. Lipodystrophy body-shape changes in a patient undergoing zidovudine monotherapy. AIDS. 2002 May;16(7):1087-9.

57. Garza CLSdl, Paoletti-Duarte S, García-Martín C, Gutiérrez-Casares JR. Efavirenz-induced psychosis. AIDS. 2001 Sep;15(14):1911-2.

58. Guaraldi G, Ventura P, Albuzza M, Orlando G, Bedini A, Amorico G, et al. Pathological fractures in AIDS patients with osteopenia and osteoporosis induced by antiretroviral therapy. AIDS. 2001 Jan;15(1):137-8.

59. Gupta SK, Dubé MP. Exogenous Cushing syndrome mimicking Human Immunodeficiency Virus lipodystrophy. Clinical Infectious Diseases. 2002 Sep;35(6):69-71.

60. Guyot S, Hayoz D, Telenti A, Cavassini M. Peripheral oedema and high arterial blood flow as a complication of antiretroviral therapy. AIDS. 2004 Jan;18(2):356-8.

61. Hamm M, Wawroschek F, Rathert P. Urinary cytology changes in protease inhibitor induced urolithiasis. The Journal of Urology. 2000 Apr;163(4):1249-50.

62. Hare CB, Vu MP, Grunfeld C, Lampiris HW. Simvastatin-nelfinavir interaction implicated in rhabdomyolysis and death. Clinical Infectious Diseases. 2002 Nov;35(10):111-2.

63. Harris M, Larsen G, Valyi M, Walker E, Montaner JS. Transient neuropathy after needle-free injection outside of recommended sites. AIDS. 2006 Mar 21;20(5):784-5.

64. Haznedar R, Yagci M. Lamivudine therapy for acute hepatitis B infection following peripheral blood stem cell transplantation. American Journal of Hematology. 2002 Feb;69(2):151.

65. Herring SJ, Krieger AC. Acute respiratory manifestation of the abacavir hypersensitivity reaction. AIDS. 2006 Jan;20(2):301-2.

66. Hillebrand-Haverkort ME, Prummel MF, Veen JHt. Ritonavir-induced Cushing's syndrome in a patient treated with nasal fluticasone. AIDS. 1999 Sep;13(13):1803.

67. Honda M, Yasuoka A, Aoki M, Oka S. A generalized seizure following initiation of nelfinavir in a patient with Human Immunodeficiency Virus type 1 infection, suspected due to interaction between nelfinavir and phenytoin. Internal Medicine (Tokyo, Japan). 1999 Mar;38(3):302-3.

68. Hussain S, Khayat A, Tolaymat A, Rathore MH. Nephrotoxicity in a child with perinatal HIV on tenofovir, didanosine and lopinavir / ritonavir. Pediatric Nephrology. 2006 Jul;21(7):1034-6.

69. Iannitto E, Minardi V, Calvaruso G, Mulè A, Ammatuna E, Trapani RD, et al. Hepatitis B virus reactivation and alemtuzumab therapy. European Journal of Haematology. 2005 Mar;74(3):254-8.

70. Isidro MVT, Benayas TG, Martínez MDVG, Gallardo FG, Pisonero NG, Miguel SC, et al. Utilidad de la gammagrafia ósea en el diagnóstico de osteomalacia secundaria en un paciente en tratamiento con tenofovir. Revista Española de Medicina Nuclear. 2006 Mar;25(2):103-6.

71. Izzedine H, Launay-Vacher V, Deray G. Fanconi syndrome associated with didanosine therapy. AIDS. 2005 May;149(8):844-5.

72. Jiménez FJ, Pinilla J, Repiso M, Labarga P. Bloqueo auriculoventricular completo en paciente tratado con lopinavir/ritonavir. Enfermedades Infecciosas y Microbiologia Clínica. 2002 Oct;20(8):418.

73. Johnson S, Baraboutis JG. Adverse effects associated with use of nevirapine in HIV postexposure prophylaxis for 2 health care workers. The Journal of American Medical Association. 2000 Dec;284(21):2722-3.

74. Jover F, Cuadrado JM, Roig P, Rodríguez M, Andreu L, Merino J. Efavirenz-associated gynecomastia: report of five cases and review of the literature. Breast Journal. 2004 May-Jun;10(3):244-6.

75. Jover-Sáenz A, Porcel-Pérez JM, Madroñero-Vuelta AB, Bielsa-Martín S. Nefritis intersticial aguda por rifampicina. Enfermedades Infecciosas y Microbiologia Clínica. 2006 Jan;24(1):64-6.

76. Jülg B, Bogner JR, Goebel FD. Severe hepatotoxicity associated with the combination of enfuvirtide and tipranavir / ritonavir: case report. AIDS. 2006 Jul;20(11):1563.

77. Kan VL, Nylen ES. Diabetic ketoacidosis in an HIV patient: a new mechanism of HIV protease inhibitor-induced glucose intolerance. AIDS. 1999 Oct;13(14):1987-9.

78. Koh M-T. Unrecognized near-fatal hyperlactatemia in an HIV-infected infant exposed to nucleoside reverse transcriptase inhibitors. International Journal of Infectious Diseases. 2007 Jan;11(1):85-6.

79. Koppel K, Bratt G, Rajs J. Sudden cardiac death in a patient on 2 years of highly active antiretroviral treatment: a case report. AIDS. 1999 Oct;13(14):1993-4.

80. Lascaux AS, Lesprit P, Bertocchi M, Levy Y. Inflammatory oedema of the legs: a new side-effect of lopinavir. AIDS. 2001 Apr;15(6):819.

81. Lee EC, Walmsley S, Fantus IG. New-onset diabetes mellitus associated with protease inhibitor therapy in an HIV-positive patient: case report and review. Canadian Medical Association Journal. 1999 Jul;161(2):161-4.

82. Lee Y-C. Emergence of YMDD mutant hepatitis B virus after allogeneic stem cell transplantation from a HBsAg-positive donor during lamivudine prophylaxis. Haematologica / The Hematology Journal. 2004 Apr;89(3):30-1.

83. Liechty CA, Solberg P, Mwima G, Were W, Weidle PJ, Mermin J. Nevirapine-induced Stevens-Johnson syndrome in a mother and son. AIDS. 2005 Jun;19(9):993-4.

84. Locutura J, Lorenzo JF, Miján A. Trombosis portal en una paciente tratada con inhibidores de la proteasa. Medicina Clinica (Barcelona). 1999 Mar;112(9):359.

85. Lonergan JT, Behling C, Pfander H, Hassanein TI, Mathews WC. Hyperlactatemia ans hepatic abnormalities in 10 human immunodeficiency virus-infected patients receiving nucleoside analogue combination regimens. Clinical Infectious Diseases. 2000 Jul;31(1):162-6.

86. Lozano F, León EM, Mira JA, Corzo JE, Gómez-Mateos JM. Relapsing blepharitis in patients under highly active antiretroviral therapy including indinavir. AIDS. 2004 Jan;18(2):354-6.

87. Luis DA, Aller R, Rachiller P, Ignacio JT. Reversibilidad de hiperlipemia intensa secundaria a indinavir con fenofibrato micronizado. Medicina Clinica. 1999 Nov;113(18):716-7.

88. Luque PB, Flores AM, Llorente MdH, Cañadas CN. Síndrome de abstinencia a metadona inducido por nevirapina. Medicina Clinica. 2000 Mar;114(10):399-400.

89. Luzhansky JZ, Pierce AB, Hoy JF, Hall AJH. Leber's hereditary optic neuropathy in the setting of nucleoside analogue toxicity. AIDS. 2001 Aug;15(12):1588-9.

90. Ly T, Ruiz ME. Prolonged QT interval and Torsades de Pointes associated with atazanavir therapy. Clinical Infectious Diseases. 2007 Mar;44(6):67-8.

91. Mackie NE, Fidler S, Tamm N, Clarke JR, Back D, Weber JN, et al. Clinical implications of stopping nevirapine-based antiretroviral therapy: relative pharmacokinetics and avoidance of drug resistance. HIV Medicine. 2004 May;5(3):180-4.

92. Malik A, Abraham P, Malik N. Acute renal failure and Fanconi syndrome in an AIDS patient on tenofovir treatment - case report and review of literature. Journal of Infection. 2005 Aug;51(2):61-5.

93. Manegold C, Hannoun C, Wywiol A, Dietrich M, Polywka S, Chiwakata CB, et al. Reactivation of hepatitis B virus replication accompanied by acute hepatitis in patients receiving highly active antiretroviral therapy. Clinical Infectious Diseases. 2001 Jan;32(1):144-8.

94. Manero FJ, Sesma J, Arazo P. Osteonecrosis bilateral de caderas, corticoides e inhibidores de la proteasa del virus de la inmudeficiencia humana. Enfermedades Infecciosas y Microbiologia Clínica. 2001 Jan;19(1):34-5.

95. Martinez F, Mommeja-Marín H, Estepa-Maurice L, Beaufils H, Bochet M, Daudon M, et al. Indinavir crystal deposits associated with tubulointerstitial nephropathy. Nephrology Dialysis Transplantation. 1998 Mar;13(3):750-3.

96. Martino VD, Ezenfis J, Benhamou Y, Bernard B, Opolon P, Bricaire F, et al. Severe acute pancreatitis related to the use of nelfinavir in HIV infection: report of a case with positive rechallenge. AIDS. 1999 Jul;13(11):1421-3.

97. Marzano A, Ciancio A, Salizzoni M, Rizzetto M, Negro F. Hepatitis B virus subtypes and lamivudine resistance. Lancet. 2001 Jul;358(9276):153-4.

98. Marzolini C, Troillet N, Telenti A, Baumann P, Decosterd AL, Eap CB. Efavirenz decreases methadone blood concentrations. AIDS. 2000 Jun;14(9):1291-2.

99. Mastroianni CM, d'Étorre G, Forcina G, Lichtner M, Corpolongo A, Coletta S, et al. Rhabdomyolysis after cerivastatin-gemfibrozil therapy in an HIV-infected patient with protease inhibitor-related hyperlipidemia. AIDS. 2001 Apr;15(6):820-1.

100. Mauss S, Wolf E, Jaeger H. Reversal of protease inhibitor-related visceral abdominal fat accumulation with recombinant human growth hormone. Ann Internal Medicine. 1999 Aug;131(4):313-4.

101. McCance-Katz EF, Farber S, Selwyn PA, O'Connor A. Decrease in methadone levels with nelfinavir mesylate. The American Journal of Psychiatry. 2000 Mar;157(3):481.

102. McNabb JC, Cappa JA, Ross JW. Disorders of iron metabolism associated with protease inhibitor therapy. Clinical Infectious Diseases. 2001 Aug;33(3):413-4.

103. Mellor-Pita S, Yebra-Bango M, Alfaro-Martínez J, Suárez E. Acanthosis Nigricans: a new manifestation of insulin resistance in patients receiving treatment with protease inhibitors. Clinical Infectious Diseases. 2002 Mar;34(5):716-7.

104. Mercié P, Viallard JF, Thiébaut R, Faure I, Rispal P, Leng B, et al. Efavirenz-associated breast hypertrophy in HIV-infected patients. AIDS. 2001 Jan;15(1):126-9.

105. Meyer D, Behrens G, Schmidt RE, Stoll M. Osteonecrosis of the femoral head in patients receiving HIV protease inhibitors. AIDS. 1999 Jun;13(9):1147-8.

106. Minguez C, Roca B, Usó J, Andrés J. Dislipemias por ritonavir. Medicina Clinica. 1999 May;112(17):677.

107. Miyake Y, Iwasaki Y, Ishikawa S, Tatsukawa M, Nawa T, Kato J, et al. A homosexual japanese man with acute hepatitis due to hepatitis B virus genotype Ae, concurrent with amebic colitis. Acta Medica Okayama. 2007;61(1):35-9.

108. Mokrzycki MH, Harris C, May H, Laut J, Palmisano J. Lactic acidosis associated with stavudine administration: a report of five cases. Clinical Infectious Diseases. 2000 Jan;30(1):198-200.

109. Monsuez JJ, Vittecoq D, Musset L, Alemanni M, Dussaix E, Autran B. Arthralgias and cryoglobulinemia during protease inhibitor therapy in a patient infected with Human Immunodeficiency Virus and hepatitis C virus. Arthritis and Rheumatism. 1998 Apr;41(4):740-3.

110. Moreno A, Labelle C, Samet JH. Recurrence of post-traumatic stress disorder symptoms after initiation of antiretrovirals including efavirenz: a report of two cases. HIV Medicine. 2003 Jul;4(3):302-4.

111. Morlese JF, Qazi NA, Gazzard BG, Nelson MR. Nevirapine-induced neuropsychiatric complications, a class effect of non-nucleoside reverse transcriptase inhibitors? AIDS. 2002 Sep;16(13):1840-1.

112. Morris AAM, Baudouin SV, Snow MH. Renal tubular acidosis and hypophosphataemia after treatment with nucleoside reverse transcriptase inhibitors. AIDS. 2001 Jan;15(1):140-1.

113. Muñoz RP, González JS, García RB, Solero MM. Exantema en un paciente infectado por el vírus de la inmunodeficiencia humana tras iniciar tratamiento antirretrovírico. Revista Clínica Española. 2000 Nov:635-6.

114. Nakagawa M, Simizu Y, Suemura M, Sato B. Sucessful long-term control with lamivudine against reactivated hepatitis B infection following intensive chemotherapy and autologous peripheral blood stem cell transplantation in Non-Hodgkin's Lymphoma: experience of 2 cases. American Journal of Hematology. 2002 May;70(1):60-3.

115. Nerad JL, Kessler HA. Hypercholesterolemia in a health care worker receiving thyroxine after postexposure prophylaxis for Human Immunodeficiency Virus infection. Clinical Infectious Diseases. 2001 Jun;32(11):1635-6.

116. Niesters HGM, Man RA, Pas SD, Fries E, Osterhaus ADME. Identification of a new variant in the YMDD motif of the hepatitis B virus polymerase gene selected during lamivudine therapy. Journal of Medical Microbiology. 2002 Aug;51(8):695-9.

117. Olivé A, Salavert A, Mauriquez M, Clotet B, Moragas A. Parotid lipomatosis in HIV positive patients: a new clinical disorder associated with protease inhibitors. Annals of the Rheumatic Diseases. 1998 Dec;57(12):749.

118. Padberg J, Schürmann D, Grobusch M, Bergmann F. Drug interaction of isotretinoin and protease inhibitors: support for the cellular retinoic acid-binding protein-1 theory of lipodystrophy? AIDS. 1999 Feb;13(2):284-5.

119. Panos G, Kopterides P, Falagas ME. Hyperlactatemia due to nevirapine. Ann Internal Medicine. 2006 Dec 5;145(11):867-8.

120. Paterson DL, Singh N. Exacerbated hyperglycemia associated with nelfinavir. The Annals of Pharmacotherapy. 1998 May;32(5):609-10.

121. Peyriere H, Mauboussin J, Rouanet I, Merle C, Sotto A, Arnaud A, et al. Report of gynecomastia in five male patients during antiretroviral therapy for HIV infection. AIDS. 1999 Oct;13(15):2167-9.

122. Peyriere H, Mauboussin JM, Rouanet I, Fabre J, Reynes J, Hillaire-Buys D. Management of sudden psychiatric disorders related to efavirenz. AIDS. 2001 Jul;15(10):1323-4.

123. Peyriere H, Mauboussin JM, Rouanet I, Rouveroux P, Hillaire-Buys D, Balmes P. Frozen shoulder in HIV patients treated with indinavir: report of three cases. AIDS. 1999 Nov;13(16):2305-6.

124. Picard O, Rosmorduc O, Cabane J. Hepatotoxicity associated with ritonavir. Ann Internal Medicine. 1998 Oct;129(8):670-1.

125. Podzamczer D, Consiglio E, Ferrer E, Gudiol F. Efavirenz associated with corticosteroids in patients with previous severe hypersensitivity reaction due to nevirapine. AIDS. 2000 Feb;14(3):331-2.

126. Prada FJdl, Prados AM, Tugores A, Uriol M, Saus C, Morey A. Insuficiencia renal aguda y disfunción tubular proximal en paciente diagnosticado de infección VIH tratado con tenofovir. Nefrología. 2006;26(5):626-30.

127. Rickerts V, Bickel M, Tews J, Jacobi V, Staszewski S. A case of lipodystrophy after the initiation of zidovudine, lamivudine and efavirenz in an asymptomatic HIV-1-infected patient. HIV Medicine. 2000 Jul;1(3):164-5.

128. Rosenfeldt FL, Mijch A, McCrystal G, Sweeney C, Pepe S, Nicholls M, et al. Skeletal myopathy associated with nucleoside reverse transcriptase inhibitor therapy: potential benefit of coenzyme Q10 therapy. International Journal of STD and AIDS. 2005 Dec;16(12):827-9.

129. Rossum AMv, Dieleman JP, Fraaij PL, Cransberg K, Hartwig NG, Gyssens IC, et al. Indinavir-associated asymptomatic nephrolithiasis and renal cortex atrophy in two HIV-1 infected children. AIDS. 2001 Sep;15(13):1745-7.

130. Sabato S, Wesselingh S, Fuller A, Ray J, Mijch A. Efavirenz-induced catatonia. AIDS. 2002 Sep;16(13):1841-2.

131. Sagir A, Wettstein M, Oette M, Erhardt A, Haussinger D. Budesonide-induced acute hepatitis in an HIV-positive patient with ritonavir as a co-medication. AIDS. 2002 May;16(8):1191-2.

132. Saif MW, Little RF, Hamilton JM, Allegra CJ, Wilson WH. Reactivation of chronic hepatitis B infection following intensive chemotherapy and successful treatment with lamivudine: a case report and review of the literature. Annals of Oncology. 2001 Jan;12(1):123-9.

133. Samaras K, Pett S, Gowers A, McMurchie M, Cooper DA. Iatrogenic Cushing's syndrome with osteoporosis and secondary adrenal failure in HUman Immunodeficiency Virus - infected patients receiving inhaled corticosteroids and ritonavir-boosted protease inhibitors: six cases. The Journal of Clinical Endocrinology Metabolism. 2005 Jul;90(7):4394-8.

134. Sankatsing UCS, Prins JM. Agranulocytosis and fever seven weeks after starting abacavir. AIDS. 2001 Dec;15(18):2464-5.

135. Sarcletti M, Petter A, Zangerle R. Indinavir and interstitial nephritis. Ann Internal Medicine. 1998 Feb;128(4):320-1.

136. Schürmann D, Rademarker J, Trottenberg T, Bergmann F, Wesselmann H, Suttorp N. Spinal epidural lipomatosis: a manifestation of HAART-associated lipodystrophy. AIDS. 2005 Nov;19(17):2052-4.

137. Schwartz JD, Howard W, Scadden DT. Potential interaction of antiretroviral therapy with paclitaxel in patients with AIDS-related Kaposi's sarcoma. AIDS. 1999 Feb;13(2):283-4.

138. Sclar G. Carpal tunnel syndrome in HIV-1 patients: a metabolic consequence of protease inhibitor use? AIDS. 2000 Feb;14(3):336-8.

139. Sereti I, Sarlis NJ, Arioglu E, Turner ML, Mican JM. Alopecia universalis and Graves' disease in the setting of immune restoration after highly active antiretroviral therapy. AIDS. 2001 Jan;15(1):138-40.

140. Shah I, Murthy KA. Aplastic anemia in an HIV infected child. The Indian Journal of Pediatrics. 2005 April;72(4):359-61.

141. Shah SS, Rodriguez T, McGowan JP. Miller Fisher variant of Guillain-Barré Syndrome associated with lactic acidosis and stavudine therapy. Clinical Infectious Diseases. 2003 May;36(10):131-3.

142. Shahar E, Moar C, Pollack S. Successful desensitization of enfuvirtide-induced skin hypersensitivity reaction. AIDS. 2005 Mar 4;19(4):451-2.

143. Shiber JR. Lactic acidosis caused by nucleoside analogues. American Journal of Emergency Medicine. 2005 Jul;23(4):582-3.

144. Simdon J, Watters D, Bartlett S, Connick E. Ototoxicity associated with use of nucleoside analog reverse transcriptase inhibitors: a report of 3 possible cases and review of the literature. Clinical Infectious Diseases. 2001 Jun;32(11):1623-7.

145. Simpson D, Estanislao L, Evans S, McArthur J, Marcus K, Truffa M, et al. HIV-associated neuromuscular weakness syndrome. AIDS. 2004 Jul;18(10):1403-12.

146. Springer SA, Altice FL. Human Immunodeficiency Virus infection with Human Granulocytic Ehrlichiosis complicated by symptomatic lactic acidosis. Clinical Infectious Diseases. 2003 Jun;36(12):162-4.

147. Stojanov S, Wintergerst U, Belohradsky BH, Rolinski B. Mitochondrial and peroxisomal dysfunction following perinatal exposure to antiretroviral drugs. AIDS. 2000 Jul;14(11):1669.

148. Strobel M, Muller P, Claudel P. Complete reversibility of severe nucleoside-induced lipodystrophy. AIDS. 1999 Dec;13(18):2606-7.

149. Sullivan AK, Feher MD, Nelson MR, Gazzard BG. Marked hypertriglyceridaemia associated with ritonavir therapy. AIDS. 1998;12(11):1393-4.

150. Tattevin P, Revest M, Dupont M, Arvieux C, Michelet C. A regimen containing rifabutin for the treatment of tuberculosis in patients intolerant to rifampin. Clinical Infectious Diseases. 2003 Jun;36(1):127-8.

151. Terheggen F, Frissen J, Weigel H, Schouten I, Brinkman K. Nail, hair and skin hyperpigmentation associated with indinavir therapy. AIDS. 2004 Jul;18(11):1612.

152. Tikhomirov V, Namek K, Hindes R. Agranulocytosis induced by abacavir. AIDS. 1999 Jul;13(11):1420-1.

153. Touzot M, Beller CL, Touzot F, Louet AL, Piketty C. Dramatic interaction between levothyroxine and lopinavir/ritonavir in a HIV-infected patient. AIDS. 2006 May;20(8):1210-2.

154. Trapé M, Barnosky S. Nelfinavir in expanded postexposure prophylaxis causing acute hepatitis with cholestatic features: two cases reports. Infection Control and Hospital Epidemiologty. 2001 Jun;22(6):333-4.

155. Treudler R, Husak R, Raisova M, Orfanos CE, Tebbe B. Efavirenz-induced photoallergic dermatitis in HIV. AIDS. 2001 May;15(8):1085-6.

156. Verdon R, Daudon M, Albessard F, Brefort JL, Bazin C. Indinavir-induced cholelithiasis in a patient infected with Human Immunodeficiency Virus. Clinical Infectious Diseases. 2002 Sep;35(5):57-9.

157. Visnegarwala F, Krause KL, Musher DM. Severe Diabetes associated with protease inhibitor therapy. Ann Internal Medicine. 1997 Nov;127(10):947.

158. Walensky RP, Goldberg JH, Daily JP. Anaphylaxis after rechallenge with abacavir. AIDS. 1999 May;13(8):999-1000.

159. Walker UA, Langmann P, Miehle N, Zilly M, Klinker H, Petschner F. Beneficial effects of oral uridine in mitochondrial toxicity. AIDS. 2004 Apr;18(7):1085-6.

160. Weir A, Wansbrough-Jones M. Mucosal Kaposi's sarcoma following protease inhibitor therapy in an HIV-infected patient. AIDS. 1997 Dec;11(15):1895-6.

161. Weitzel T, Plettenberg A, Albrecht D, Lorenzen T, Stoehr A. Severe anaemia as a newly recognized side-effect caused by lamivudine. AIDS. 1999 Nov;13(16):2309-11.

162. Williams B. Ototoxicity may be associated with protease inhibitor therapy. Clinical Infectious Diseases. 2001 Dec;33(12):2100-2.

163. Wittenstein B, Rogers V, Novelli V, Clayton PT, Kenny MB, Peters MJ. "African medicine" and Reye's syndrome. Lancet. 2004 Mar;363(9412):860.

164. Wong KH, Chan KCW, Lee SS. Sex differences in nevirapine rash. Clinical Infectious Diseases. 2001 Dec;33(12):2096-98.

165. Woolley I, Tapley N, Korman TM. Sequential cutaneous drug reactions to protease inhibitors in the context of occupational post-exposure prophylaxis. AIDS. 2003 Jul;17(11):1709.

166. Worth L, Elliott J, Anderson J, Sasadeusz J, Street A, Lewin S. A cautionary tale: fatal lactic acidosis complicating nucleoside analogue and metformin therapy. Clinical Infectious Diseases. 2003 Jul;37:315-6.

167. Yamamoto Y, Yasuoka A, Yasuoka C, Genka I, Teruya K, Kikuchi Y, et al. Leukocytopenia due to zidovudine- and nevirapine-containing regimens in elderly patients with HIV infection. Japanese Journal of Infectious Diseases. 2000 Dec;53(6):244-5.

168. Yánez L, Hernández JL, Saiz N, Calvo J, Ramos C, Salesa R, et al. Geotrichum proctitis after HIV postexposure prophylaxis. AIDS. 2002 Aug;16(12):1701-2.

169. Yotsumoto M, Kitano K, Saito H. Bradycardia-tachycardia syndrome induced by lopinavir-ritonavir in a patient with AIDS. AIDS. 2005 Sep;19(14):1547-8.

170. Zimhony O, Stein D. Saquinavir-induced hypoglycemia in type 2 Diabetes. Ann Internal Medicine. 1999 Dec;131(12):980.

REFERÊNCIAS BIBLIOGRÁFICAS – INVESTIGAÇÃO EMPÍRICA
2ª Parte

1. [The safety and efficacy of saquinavir in the therapy of HIV infection]. Dtsch Med Wochenschr. 1995 Dec 8;120(49):1721.

2. A kinder, gentler ddC... for $7,200 a year. GMHC Treat Issues. 1995 Dec;9(12):2.

3. Stanford study of saquinavir reveals low toxicities. AIDS Patient Care. 1995 Dec;9(6):304-5.

4. Saquinavir (Roche protease inhibitor) at higher doses. AIDS Treat News. 1995 Sep 29(no 231):5.

5. Agouron protease inhibitor. AIDS Treat News. 1995 Sep 29(no 231):5.

6. Drugs for AIDS and associated infections. Med Lett Drugs Ther. 1995 Oct 13;37(959):87-94.

7. [Didanosine]. Enferm Infecc Microbiol Clin. 1995 Oct;13(8):487-90.

8. Mortality reduced by ritonavir. AIDS Patient Care STDS. 1996 Jun;10(3):184.

9. [HIV: less resistance due to combined treatment]. Dtsch Med Wochenschr. 1996 Dec 6;121(49):A47-8.

10. FDA alert: protease inhibitors reportedly cause bleeding. AIDS Patient Care STDS. 1996 Dec;10(6):378.

11. From the Centers for Disease Control and Prevention. Clinical update: impact of HIV protease inhibitors on the treatment of HIV-infected tuberculosis patients with rifampin. Jama. 1996 Nov 20;276(19):1546.

12. New protease inhibitor available through expanded access. Posit Aware. 1996 Nov-Dec;7(6):7.

13. General strategies, not rigid rules. Project Inform. Posit Aware. 1996 Nov-Dec;7(6):23-5.

14. Clinical update: impact of HIV protease inhibitors on the treatment of HIV-infected tuberculosis patients with rifampin. MMWR Morb Mortal Wkly Rep. 1996 Oct 25;45(42):921-5.

15. TB drugs interact adversely with protease inhibitors. AIDS Alert. 1996 Oct;11(10):117-8.

16. Interleukin-2 continues to show promise as HIV therapy. NIAID AIDS Agenda. 1996 Sep:2.

17. [ABC of the antivirals] Project Inform. Sidahora. 1996 Aug-Sep:19-32.

18. FDA approves first new class of HIV drugs. Food and Drug Administration. AIDS Alert. 1996 Aug;11(8):89.

19. Combination study of Invirase and Norvir starting. AIDS Patient Care STDS. 1996 Jun;10(3):187.

20. Phase II/III Trials of Viracept start. AIDS Patient Care STDS. 1996 Jun;10(3):187.

21. New drugs for HIV infection. Med Lett Drugs Ther. 1996 Apr 12;38(972):35-7.

22. Starting ritonavir. GMHC Treat Issues. 1996 Apr;10(4):8.

23. The new era in AIDS treatment...one chance to use it right or lose it. PI Perspect. 1996 Apr(no 18):1-4.

24. What you need to know about protease inhibitors. AIDS Alert. 1996 Apr;11(4):suppl 1-2.

25. Hit hard early or delay? New drugs cloud options. AIDS Alert. 1996 Apr;11(4):40-1.

26. Ritonavir (Norvir). Treat Rev. 1996 Apr(no 21):6.

27. Saquinavir (Invirase). Treat Rev. 1996 Apr(no 21):5.

28. Combination therapy advances. Treat Rev. 1996 Apr(no 21):2-3.

29. Ritonavir, Abbott protease inhibitor, approved. AIDS Treat News. 1996 Mar 15(no 243):2-3.

30. Potential drug interacations. Posit Aware. 1996 Mar-Apr;7(2):14-5.

31. New drug class made available for AIDS treatment. Am J Health Syst Pharm. 1996 Feb 1;53(3):226.

32. How 'bout that ritonavir? Notes Undergr. 1996 Jan(no 31):5.

33. Nevirapine--first of a new class of drugs. PI Perspect. 1996 Sep(No 19):9-10.

34. Expanded access for delavirdine. Posit Aware. 1996 May-Jun;7(3):5-6.

35. Anti-HIV effects of Viracept persist during long periods of combination therapy. Oncology (Williston Park). 1997 Jun;11(6):915.

36. Strategies for protease inhibitor failure. Proj Inf Perspect. 1997 Nov(23):4-5.

37. Side effects and combination anti-HIV drugs. Treat Rev. 1997 Nov(No 26-27):14-5.

38. Metabolic problems and PIs. Treat Rev. 1997 Nov(No 26-27):13.

39. Guidance offered in drug combination choices. AIDS Alert. 1997 Dec;12(12):135-7.

40. Preliminary report on 1592. AIDS Clin Care. 1997 Sep;9(9):71.

41. [Diabetes and hyperglycemia in patients under treatment for HIV infection with the protease inhibitors indavir, ritonavir, saquinavir as well as nelfinavir (in development, but not yet released]. Pharm Unserer Zeit. 1997 Dec;26(6):317.

42. Diabetes, protease-inhibitor link unproved: directorate. Cmaj. 1997 Sep 1;157(5):502-3.

43. Protease inhibitors may raise blood glucose levels, FDA warns. Am J Health Syst Pharm. 1997 Jul 15;54(14):1575.

44. Nelfinavir: fourth protease inhibitor approved. Crit Path AIDS Proj. 1997 Summer(No 32):31-2.

45. Medical alert: hemolytic anemia in Crixivan cohort. Crit Path AIDS Proj. 1997 Summer(No 32):28-9.

46. Health advisory: high blood sugar and diabetes seen in protease inhibitor users. Crit Path AIDS Proj. 1997 Summer(No 32):28.

47. Protease inhibitors: FDA warns doctors of diabetes risk. Food and Drug Administration. AIDS Treat News. 1997 Jun 20(No 273):5-6.

48. '96-'97 new drugs and the nominees for 1997 are. Notes Undergr. 1997 Jun-Jul(No 35):suppl 1-2.

49. Guidelines assist in tolerance of new formulation of Norvir. AIDS Patient Care STDS. 1997 Jun;11(3):196.

50. FDA clearance for ritonavir in children with AIDS. AIDS Patient Care STDS. 1997 Jun;11(3):194.

51. [Ritonavir]. Enferm Infecc Microbiol Clin. 1997 May;15(5):281.

52. Some competition for 1592. GMHC Treat Issues. 1997 Apr-May;11(4/5):10-1.

53. Ecstasy and ritonavir. Treat Rev. 1997 Apr(No 24):7.

54. New drug approved to treat HIV. Treat Rev. 1997 Apr(No 24):5.

55. Nelfinavir at six months. PI Perspect. 1997 Mar(No 21):11-2.

56. Treatment Issues' second survey of physicians' treatment practice. GMHC Treat Issues. 1997 Winter;12(1):3-17.

57. Drugs for HIV infection. Med Lett Drugs Ther. 1997 Dec 12;39(1015):111-6.

58. 1592 update. Proj Inf Perspect. 1997 Jul(22):23.

59. [Zalcitabine]. Enferm Infecc Microbiol Clin. 1997 Mar;15(3):177-8.

60. Breast enlargement with protease inhibitor use. Newsline People AIDS Coalit N Y. 1998 Feb:35.

61. Pregnancy danger. Posit Aware. 1998 Sep-Oct;9(5):18.

62. Hydroxyurea in HIV therapy. HIV Hotline. 1998 Mar;8(1):5-7.

63. A chat with HIV specialists: the Geneva report. Newsline People AIDS Coalit N Y. 1998 Sep:12-7.

64. Hybrid protocols plus natural treatments for inflammatory conditions. Posit Health News. 1998 Fall(No 17):16-8.

65. Strategy update: protease-sparing regimens. Proj Inf Perspect. 1998 Dec(26):14-5.

66. Standard dosing schedule for anti-HIV drugs. Proj Inf Perspect. 1998 Dec(26):12-3.

67. IDSA '98 highlights. HIV Hotline. 1998 Dec;8(5-6):1, 6-7, 9.

68. Drug interactions, toxicities, dosages: trials and tribulations and cocktails. Crit Path AIDS Proj. 1998 Fall(No 33):9-17.

69. Health advisory: high blood sugar and diabetes seen in protease inhibitor users. Crit Path AIDS Proj. 1998 Fall(No 33):31-2.

70. Glaxo Wellcome's two new drugs. Res Initiat Treat Action. 1998 Dec;4(7):14.

71. First once-daily drug simplifies dosing, offers new options in HIV-1 treatment. AIDS Alert. 1998 Nov;13(11):121-4.

72. New TB guidelines for persons with HIV. AIDS Treat News. 1998 Nov 6(No 306):6.

73. New drugs in development. Proj Inf Perspect. 1998 Sep(25):8.

74. Therapy side effects update. Proj Inf Perspect. 1998 Sep(25):11-2.

75. Potential interactions between cholesterol lowering drugs and protease inhibitors. Notes Undergr. 1998 Sep-Oct(No 37):8.

76. Metabolic consequences present new challenge. AIDS Alert. 1998 Sep;13(9):101.

77. Double protease inhibitor combinations. Proj Inf Perspect. 1998 Apr(24):6-8.

78. Report from the great Chicago plateau. Proj Inf Perspect. 1998 Apr(24):1-3.

79. Confused fat cells and body shape changes. TreatmentUpdate. 1998 Aug;10(6):4-5.

80. New abacavir data open door to a better treatment paradigm. AIDS Alert. 1998 Aug;13(8):85-7.

81. Drugs of tomorrow. Posit Aware. 1998 May-Jun;9(3):27-31.

82. Viagra and protease inhibitors. GMHC Treat Issues. 1998 May;12(5):7.

83. Efavirenz's complications. GMHC Treat Issues. 1998 May;12(5):6.

84. Anti-cancer agents. TreatmentUpdate. 1998 Jun;10(4):1-6.

85. Protease inhibitors and body shape changes. TreatmentUpdate. 1998 Apr;10(2):4-5.

86. A note about Viagra. Treat Rev. 1998 Spring(No 28):15.

87. Growth hormone for protease paunch? Treat Rev. 1998 Spring(No 28):15.

88. Ritonavir (Norvir) and methadone. Treat Rev. 1998 Spring(No 28):15.

89. Experts clarify issues raised by combination therapy. AIDS Alert. 1998 May;13(5):suppl 1-2.

90. Popping pills for life. Focus. 1998 Feb;13(3):5-6.

91. Drug research shows easier dosing, new combinations are making gains. AIDS Alert. 1998 Apr;13(4):37-9.

92. More is not enough. Nutr Life. 1998 Jan;3(1):1, 3.

93. Phase III results of second-generation HIV protease inhibitor reported. Oncology (Williston Park). 1998 Nov;12(11):1616.

94. FDA questions safety of rifapentine use with HIV drugs -news. Am J Nurs. 1998 Aug;98(8):25.

95. [HIV infection: DuPont Pharma presents the results of its antiretroviral agent]. Allerg Immunol (Paris). 1998 Apr;30(4):123-4.

96. Nevirapine in children. Proj Inf Perspect. 1998 Dec(26):7.

97. Efavirenz (Sustiva) receives FDA approval. Food and Drug Administration. Proj Inf Perspect. 1998 Dec(26):11.

98. Maintaining a low viral load with Nevirapine? TreatmentUpdate. 1998 Dec;10(10):3-4.

99. New expanded access drugs for use in combination therapy. Notes Undergr. 1998 Sep-Oct(No 37):suppl 1-2.

100. Options when HIV treatments fail. Treat Rev. 1998 Spring(No 28):7-9.

101. Notice on efavirenz and pregnancy. AIDS Treat News. 1998 Apr 3(No 292):7.

102. Nevirapine: new preparation. In second-line triple-drug anti-HIV regimens. Prescrire Int. 1998 Oct;7(37):140-1.

103. Three new drugs for HIV infection. Med Lett Drugs Ther. 1998 Dec 4;40(1041):114-6.

104. [FDA approval of the first HIV anti-retroviral from DuPont-Pharma: SUSTIVA (efavirenz). SUSTIVA should be associated with other anti-retrovirals and could be considered a new alternative first line treatment]. Allerg Immunol (Paris). 1998 Oct;30(8):268-70.

105. Treatment for AIDS. J Am Osteopath Assoc. 1998 Oct;98(10):529.

106. A randomized double-blind trial of the addition of lamivudine or matching placebo to current nucleoside analogue reverse transcriptase inhibitor therapy in HIV-infected children: the PENTA-4 trial. Paediatric European Network for Treatment of AIDS. Aids. 1998 Oct 1;12(14):F151-60.

107. New anti-HIV drugs in development. Proj Inf Perspect. 1999 Sep(28):4-8.

108. Unsolved mystery of fat redistribution. STEP Perspect. 1999 Winter;99(1):6-7.

109. Light at the end of the tunnel? STEP Perspect. 1999 Winter;99(1):2.

110. Extended warning on Didanosine-related pancreatitis. Res Initiat Treat Action. 1999 Dec;5(5):22-3.

111. Twice-daily dosing of Nelfinavir approved. Res Initiat Treat Action. 1999 Dec;5(5):22.

112. Transfer therapy--Nevirapine for protease problems? TreatmentUpdate. 1999 Jun 1;11(4):6-7.

113. Protease therapy and changes to insulin and glucose. TreatmentUpdate. 1999 Jun 1;11(4):5-6.

114. Are changes in body shape linked to viral load. TreatmentUpdate. 1999 Jun 1;11(4):4-5.

115. Are changes in body shape due to drug side effects? TreatmentUpdate. 1999 Jun 1;11(4):3-4.

116. Changes in body shape and metabolic abnormalities. Res Initiat Treat Action. 1999 Jan;5(1):18.

117. Chinese herbs treat protease-inhibitor diarrhea. AIDS Patient Care STDS. 1999 Feb;13(2):127.

118. Premature heart disease with protease inhibitors. AIDS Patient Care STDS. 1999 Feb;13(2):127.

119. Indinavir trials stopped. AIDS Patient Care STDS. 1999 Jan;13(1):59.

120. PIs and premature births. AIDS Patient Care STDS. 1999 Jan;13(1):59.

121. [Increased girth, thin arms. Unusual changes in HIV therapy]. MMW Fortschr Med. 1999 Sep 9;141(36):62-3.

122. Viagra reacts with ritonavir. AIDS Patient Care STDS. 1999 Jul;13(7):437.

123. The choice of HIV protease inhibitor: indinavir is currently the best option. Prescrire Int. 1999 Apr;8(40):55-60.

124. Sexual dysfunction with PIs. AIDS Patient Care STDS. 1999 Jun;13(6):376.

125. Amprenavir study results released. AIDS Patient Care STDS. 1999 Dec;13(12):754.

126. Ketoconazole may improve PI penetration. AIDS Patient Care STDS. 1999 Dec;13(12):753.

127. Calcium may help with diarrhea. AIDS Patient Care STDS. 1999 Dec;13(12):753.

128. Nephrolithiasis on indinavir. Prescrire Int. 1999 Feb;8(39):22.

129. Amprenavir: a new HIV protease inhibitor. Med Lett Drugs Ther. 1999 Jul 16;41(1057):64-6.

130. [Improvement of lipodystrophy associated with protease inhibitors]. Boll Chim Farm. 1999 Apr;138(4):192-3.

131. Desensitization to Nevirapine. TreatmentUpdate. 1999 Nov 1;11(8):5.

132. Study offers hope for Africa's next generation. World. 1999 Sep(No 101):4-5.

133. Gender difference in Nevirapine-associated rash. Proj Inf Perspect. 1999 Apr(27):11.

134. A new HAART on the horizon says the proof is in the potency. AIDS Alert. 1999 Apr;14(4):37-9.

135. Zidovudine + lamivudine: new preparation. Fewer tablets required. Prescrire Int. 1999 Apr;8(40):39-40.

136. A randomized trial comparing regimens of four reverse transcriptase inhibitors given together or cyclically in HIV-1 infection--the Quattro Trial. Quattro Steering Committee. Aids. 1999 Nov 12;13(16):2209-17.

137. Switch study of nevirapine. AIDS Patient Care STDS. 2000 Dec;14(12):672.

138. Side effects. Metformin for blood sugar problems. TreatmentUpdate. 2000 Oct;12(7):5-6.

139. Anti-HIV agents. Efavirenz versus indinavir: who really wins? TreatmentUpdate. 2000 Feb;12(1):4-5.

140. AVANTI 2. Randomized, double-blind trial to evaluate the efficacy and safety of zidovudine plus lamivudine versus zidovudine plus lamivudine plus indinavir in HIV-infected antiretroviral-naive patients. Aids. 2000 Mar 10;14(4):367-74.

141. Amprenavir (AGENERASE) oral solution: warning for some patients. AIDS Treat News. 2000 May 5(342):3.

142. Anti-HIV drug update. Proj Inf Perspect. 2000 Aug(30):5-6.

143. Side effects. Indinavir and insulin. TreatmentUpdate. 2000 Aug;12(5):5.

144. Anti-HIV agents. Indinavir--3 years and still going strong. TreatmentUpdate. 2000 Sep;12(6):3-4.

145. Side effects. Protease inhibitors and loss of fat. TreatmentUpdate. 2000 Aug;12(5):1-2.

146. British HIV Association (BHIVA) guidelines for the treatment of HIV-infected adults with antiretroviral therapy. HIV Med. 2000 Mar;1(2):76-101.

147. Amprenavir (Agenerase). Res Initiat Treat Action. 2000 Mar;6(1):32-3.

148. Nelfinavir (Viracept). Res Initiat Treat Action. 2000 Mar;6(1):30-1.

149. Indinavir (Crixivan). Res Initiat Treat Action. 2000 Mar;6(1):28-9.

150. Ritonavir (Norvir). Res Initiat Treat Action. 2000 Mar;6(1):26-7.

151. Saquinavir (Fortovase or Invirase). Res Initiat Treat Action. 2000 Mar;6(1):24-5.

152. Lopinavir/ritonavir. (Kaletra). Res Initiat Treat Action. 2000 Dec;6(4):16-8.

153. St. John's wort warning. Nutr Healthy Living. 2000 Spring;5(1):1.

154. Women and Norvir. Posit Aware. 2000 Jan-Feb;11(1):25.

155. Four-drug regimens may be better. AIDS Patient Care STDS. 2000 Dec;14(12):671.

156. Warning for oral solution. AIDS Patient Care STDS. 2000 Sep;14(9):519-20.

157. [Ritonavir/Saqinavir: dual protease inhibitor combination. Salvage therapy]. MMW Fortschr Med. 2000;142(3 Suppl):41.

158. [Switch strategy: replacing the protease inhibitor. Quality of life improves]. MMW Fortschr Med. 2000;142(3 Suppl):37.

159. Clinical data released on ABT-378/r. AIDS Read. 2000 Aug;10(8):468.

160. [New generation protease inhibitor. Tolerance and potency, a tight association]. MMW Fortschr Med. 2000;142(3 Suppl):40-1.

161. [Holding option open for subsequent treatment. Beginning therapy with a protease inhibitor]. MMW Fortschr Med. 2000;142(3 Suppl):8-9.

162. [Administer a protease inhibitor immediately? Proceeding strategically in HIV therapy]. MMW Fortschr Med. 2000;142(3 Suppl):6-7.

163. [Observing CD4 cell count and viral load alone is not enough. Value of protease inhibitors]. MMW Fortschr Med. 2000 Mar 13;142 Suppl 1:81-2.

164. [Second chance therapy. New protease inhibitor for salvage therapy]. MMW Fortschr Med. 2000 Mar 13;142 Suppl 1:53.

165. [Non-nucleoside reverse transcriptase inhibitor as a fully viable alternative. Strong therapy start without protease inhibitor]. MMW Fortschr Med. 2000 Mar 13;142 Suppl 1:30-3.

166. Patients being treated for HIV should avoid St. John's Wort: NIH. J Am Dent Assoc. 2000 Apr;131(4):439, 42.

167. Ritonavir and anemia in women. AIDS Patient Care STDS. 2000 Feb;14(2):102.

168. Nevirapine (Viramune): European warning. AIDS Treat News. 2000 May 5(342):4.

169. Manufacturer end adefovir development. Proj Inf Perspect. 2000 Mar(29):7.

170. Nevirapine (Viramune) strengthens warning on liver, skin toxicities. AIDS Treat News. 2000 Nov 17(355):3-5.

171. Ziagen (abacavir): new warning on restarting. AIDS Treat News. 2000 Aug 4(348):7-8.

172. Vitamins C and E for nuke toxicity? TreatmentUpdate. 2000 Mar;12(2):9.

173. Side effects. Lactic acidosis. TreatmentUpdate. 2000 Aug;12(5):3.

174. Side effects. Helping to repair damaged nerves. TreatmentUpdate. 2000 Aug;12(5):2-3.

175. Side effects. Nukes and fat cell damage. TreatmentUpdate. 2000 Aug;12(5):2-3.

176. Didanosine (Videx). Res Initiat Treat Action. 2000 Mar;6(1):8-9.

177. Zidovudine (Retrovir). Res Initiat Treat Action. 2000 Mar;6(1):6-7.

178. Efavirenz (Sustiva). Res Initiat Treat Action. 2000 Mar;6(1):22-3.

179. Delavirdine (Rescriptor). Res Initiat Treat Action. 2000 Mar;6(1):20-1.

180. Nevirapine (Viramune). Res Initiat Treat Action. 2000 Mar;6(1):18-9.

181. Abacavir (Ziagen). Res Initiat Treat Action. 2000 Mar;6(1):16-7.

182. Lamivudine (Epivir). Res Initiat Treat Action. 2000 Mar;6(1):14-5.

183. Stavudine (Zerit). Res Initiat Treat Action. 2000 Mar;6(1):12-3.

184. Zalcitabine (Hivid). Res Initiat Treat Action. 2000 Mar;6(1):10-1.

185. Death halts study. Posit Aware. 2000 Jan-Feb;11(1):23.

186. Abacavir warning. AIDS Patient Care STDS. 2000 Nov;14(11):617.

187. Nucleoside exposure in the children of HIV-infected women receiving antiretroviral drugs: absence of clear evidence for mitochondrial disease in children who died before 5 years of age in five United States cohorts. J Acquir Immune Defic Syndr. 2000 Nov 1;25(3):261-8.

188. Severe hepatic and cutaneous adverse effects with nevirapine. Prescrire Int. 2000 Aug;9(48):116.

189. Severe hypersensitivity reactions following reintroduction of abacavir. AIDS Read. 2000 Sep;10(9):525.

190. Prevention of mother-child HIV transmission: progress and problems. Prescrire Int. 2000 Jun;9(47):92-5.

191. Abacavir: new preparation. Risks limit the value. Prescrire Int. 2000 Jun;9(47):67-9.

192. Europe warned of side effects. AIDS Patient Care STDS. 2000 Jul;14(7):395-6.

193. [Effectiveness also in general practice conditions. Just as good in routine practice as in studies]. MMW Fortschr Med. 2000;142(3 Suppl):36-7.

194. [Non-nucleoside reverse transcriptase inhibitors. First line therapy]. MMW Fortschr Med. 2000;142(3 Suppl):34-5.

195. [New variations in highly active antiretroviral therapy. Simple combination as a promising option]. MMW Fortschr Med. 2000 Mar 13;142 Suppl 1:50-2.

196. [Nucleoside reverse transcriptase inhibitors. Sex-specific effectiveness and tolerance]. MMW Fortschr Med. 2000 Mar 13;142 Suppl 1:42-3.

197. [Protease inhibitor saving alternatives]. MMW Fortschr Med. 2000 Mar 13;142 Suppl 1:16-7.

198. [Antiretroviral therapy. NNRTI (non-nucleoside reverse transcriptase inhibitor)]. MMW Fortschr Med. 2000 Mar 13;142 Suppl 1:14-6.

199. Switching to nevirapine--results after one year. TreatmentUpdate. 2001 Aug;13(4):1-3.

200. Anti-HIV agents. Lopinavir--results after one year. TreatmentUpdate. 2001 Winter;12(8):1-2.

201. Caution with nelfinavir and some lipid-lowering drugs. TreatmentUpdate. 2001 Nov-Dec;13(7):2.

202. Can delavirdine substitute for ritonavir? TreatmentUpdate. 2001 Nov-Dec;13(7):8.

203. Toxicity profile of HAART. TreatmentUpdate. 2001 Nov-Dec;13(7):6-7.

204. Sugar blues and protease inhibitors. TreatmentUpdate. 2001 Nov-Dec;13(7):4.

205. Lipodystrophy--introduction. TreatmentUpdate. 2001 Nov-Dec;13(7):2-3.

206. Searching for the right dose of ritonavir-saquinavir. TreatmentUpdate. 2001 Sep;13(5):3.

207. Amprenavir: new preparation. Another HIV protease inhibitor: no proven advance. Prescrire Int. 2001 Jun;10(53):70-2.

208. Lipodystrophy update--the continuing saga. Proj Inf Perspect. 2001 Mar(32):9-10.

209. Protease inhibitors and blood sugar problems. TreatmentUpdate. 2001 Jun;13(2):8.

210. Indinavir--effect on sugar and insulin. TreatmentUpdate. 2001 Jun;13(2):7-8.

211. Background on glucose--from food to blood sugar. TreatmentUpdate. 2001 Jun;13(2):7.

212. Kaletra versus nelfinavir. TreatmentUpdate. 2001 Spring;12(12):8-10.

213. Merck pushes the envelope with once-daily indinavir. TreatmentUpdate. 2001 Spring;12(12):8.

214. Using ritonavir with indinavir in cases of virologic failure. TreatmentUpdate. 2001 Spring;12(12):7.

215. Ritonavir and indinavir one year later. TreatmentUpdate. 2001 Spring;12(12):6-7.

216. A new protease inhibitor from Bristol-Myers Squibb. TreatmentUpdate. 2001 Spring;12(12):5.

217. Switching from protease inhibitors to the non-nuke efavirenz. TreatmentUpdate. 2001 Spring;12(12):3.

218. Amping amprenavir with ritonavir. TreatmentUpdate. 2001 Spring;12(12):10.

219. Kaletra approved in Canada. TreatmentUpdate. 2001 Spring;12(11):1-2.

220. Switching meds: from protease inhibitors to non-nukes. TreatmentUpdate. 2001 Winter;12(10):1-2.

221. Indinavir and bones: does thickness = strength? TreatmentUpdate. 2001 Jul;13(3):6-8.

222. Lipodystrophy--nukes vs. protease inhibitors. TreatmentUpdate. 2001 Jul;13(3):5-6.

223. Once-a-day indinavir studied. AIDS Patient Care STDS. 2001 Jun;15(6):340.

224. [An option even for patients with multiple pretreatment]. MMW Fortschr Med. 2001 Apr 2;143 Suppl 1:97.

225. [Overcoming weaknesses in therapy. Protease inhibitors with high IQ]. MMW Fortschr Med. 2001 Apr 2;143 Suppl 1:96-7.

226. [Progress toward a once daily regimen. (HA)ART--the art of antiretroviral therapy]. MMW Fortschr Med. 2001 Apr 2;143 Suppl 1:78-9.

227. [No resistance even after 1 year. New drug combination against HIV]. MMW Fortschr Med. 2001 Apr 2;143 Suppl 1:108.

228. Lopinavir/ritonavir: a protease inhibitor combination. Med Lett Drugs Ther. 2001 Jan 8;43(1095):1-2.

229. d4T plus ddI: warning for pregnant women. AIDS Treat News. 2001 Jan 12(358):8.

230. Nevirapine warning on post-exposure prophylaxis. AIDS Treat News. 2001 Jan 12(358):6-8.

231. Side effects. Severe nevirapine rash found more likely in women than men. TreatmentUpdate. 2001 Winter;12(8):7.

232. Side effects. FDA issues warning about d4T and ddI during pregnancy. TreatmentUpdate. 2001 Winter;12(8):6-7.

233. Caution issued for HIV combination therapy with Zerit and Videx in pregnant women. HIV Clin. 2001 Spring;13(2):6.

234. Serious adverse events attributed to nevirapine regimens for post-exposure prophylaxis after HIV exposures--Worldwide, '97-'00. HIV Clin. 2001 Spring;13(2):11.

235. Trizivir approved in Canada. TreatmentUpdate. 2001 Nov-Dec;13(7):1.

236. Does efavirenz cause breast enlargement? TreatmentUpdate. 2001 Sep;13(5):5-6.

237. Nukes may be linked to hearing loss. TreatmentUpdate. 2001 May;13(1):3-4.

238. Bone damage--more than just nukes involved. TreatmentUpdate. 2001 May;13(1):6-8.

239. Autralian study links nukes, lactic acid to bone loss. TreatmentUpdate. 2001 May;13(1):5-6.

240. Of power plants and energy shortages. TreatmentUpdate. 2001 May;13(1):3-4.

241. Once-daily therapy--results after one year. TreatmentUpdate. 2001 Spring;12(12):4-5.

242. Nukes linked to fat wasting. TreatmentUpdate. 2001 Winter;12(10):4-5.

243. Triple nuke therapy--results after one year. TreatmentUpdate. 2001 Winter;12(10):3-4.

244. Spanish study looks at the effect of nevirapine on the liver. TreatmentUpdate. 2001 Jul;13(3):4-5.

245. Treatment of chronic hepatitis B: interferon alfa first. Prescrire Int. 2001 Feb;10(51):17-21.

246. [Results of the AIDS-In-Europe Study. Non-nucleoside reverse transcriptase inhibitor does not equal non-nucleoside reverse transcriptase inhibitor]. MMW Fortschr Med. 2001 Apr 2;143 Suppl 1:39.

247. From the Centers for Disease Control and Prevention. Serious adverse events attributed to nevirapine regimens for postexposure prophylaxis after HIV exposures--worldwide, 1997-2000. Jama. 2001 Jan 24-31;285(4):402-3.

248. Serious adverse events attributed to nevirapine regimens for postexposure prophylaxis after HIV exposures--worldwide, 1997-2000. MMWR Morb Mortal Wkly Rep. 2001 Jan 5;49(51-52):1153-6.

249. [After 3 years no resistance development. Protease inhibitor with staying power]. MMW Fortschr Med. 2002 Apr 9;144 Suppl 1:56-7.

250. Is atherosclerosis connected to PI therapy? AIDS Alert. 2002 Aug;17(8):96-7.

251. [Simple, safe and effective. New protease inhibitor means progress]. MMW Fortschr Med. 2002 Dec 5;144(49):52-3.

252. Supplement fix for nelfinavir-related diarrhea. TreatmentUpdate. 2002 Nov;14(8):8.

253. No nukes please. TreatmentUpdate. 2002 Nov;14(8):6.

254. Focus on fat. TreatmentUpdate. 2002 Nov;14(8):4.

255. Side effects. The usual suspects. TreatmentUpdate. 2002 Nov;14(8):1-2.

256. [New protease inhibitor atazanavir. Simple administration--less resistance]. MMW Fortschr Med. 2002 Aug 8;144(31-32):47.

257. Anti-cancer agents. A new treatment for Kaposi's sarcoma? TreatmentUpdate. 2002 Sep-Oct;14(7):6-8.

258. Toxicity. Milk thistle and indinavir. TreatmentUpdate. 2002 Sep-Oct;14(7):4-5.

259. FDA notifications. Agenerase product label changed. AIDS Alert. 2002 Oct;17(10):131.

260. Drug giant Bristol-Myers Squibb: Atazanavir moves into the spotlight while O83 bites the dust. Posit Aware. 2002 Jul-Aug;13(4):42-3.

261. Side effects. Sexual dysfunction in men: a report from France. TreatmentUpdate. 2002 Jul;14(5):5-6.

262. Side effects. Sexual dysfunction in men: a report from Boston. TreatmentUpdate. 2002 Jul;14(5):4-5.

263. Selected highlights from ICAAC (Interscience Conference on Antimicrobial Agents and Chemotherapy). TreatmentUpdate. 2002 Jan;14(1):5-10.

264. New HIV guidelines offer adverse effects data. AIDS Alert. 2002 Jul;17(7):89-91.

265. Delavirdine in rescue regimens. TreatmentUpdate. 2002 May-Jun;14(4):6.

266. Could cimetidine be used as a booster? TreatmentUpdate. 2002 May-Jun;14(4):5-6.

267. Invirase vs. Fortovase: unexpected results? TreatmentUpdate. 2002 May-Jun;14(4):3-4.

268. Saquinavir with low-dose ritonavir twice daily. TreatmentUpdate. 2002 May-Jun;14(4):2-3.

269. Encouraging resistance data for Kaletra (lopinavir/ritonavir). J Assoc Nurses AIDS Care. 2002 May-Jun;13(3):108.

270. [Possible cardiovascular complications. What leads to "switching"]. MMW Fortschr Med. 2002 Apr 9;144 Suppl 1:82.

271. Damage to the power plant. TreatmentUpdate. 2002 Mar;14(3):1-2.

272. FDA approves new dosing for amprenavir and ritonavir combination. AIDS Treat News. 2002 Mar 8(378):6-7.

273. Atazanavir demonstrates antiviral efficacy and a favorable lipid profile at 48 weeks. J Assoc Nurses AIDS Care. 2002 Mar-Apr;13(2):86-7.

274. Drug resistance test shows encouraging results. AIDS Alert. 2002 Feb;17(2):17-8, 3.

275. Garlic supplements can impede HIV medication. J Am Coll Surg. 2002 Feb;194(2):251.

276. [Tenofovir (Viread)]. Sidahora. 2002(1):20-1.

277. Comparing liver toxicity between efavirenz and nevirapine. TreatmentUpdate. 2002 Feb;14(2):7-8.

278. Nevirapine levels may predict toxicity. TreatmentUpdate. 2002 Feb;14(2):6-7.

279. Birth defect in baby born to efavirenz-user. TreatmentUpdate. 2002 Feb;14(2):5.

280. Protection from nuke side effects. TreatmentUpdate. 2002 Dec;14(9):3-4.

281. Fat wasting--AZT vs. d4T. TreatmentUpdate. 2002 Nov;14(8):6.

282. Lactic acid and nuke damage. TreatmentUpdate. 2002 Nov;14(8):5-6.

283. [Tenofovir in Study 903. Also effective and tolerable in first-line therapy]. MMW Fortschr Med. 2002 Aug 22;144(33-34):61.

284. [First nucleotide analog against HIV. Lowers viral load also in drug resistance]. MMW Fortschr Med. 2002 Aug 22;144(33-34):60-1.

285. Lipodystrophy update. Proj Inf Perspect. 2002 Mar(34):7-8.

286. Using abacavir to avoid lipid problems. TreatmentUpdate. 2002 Mar;14(3):6.

287. Switching to abacavir to reduce fat wasting. TreatmentUpdate. 2002 Mar;14(3):4-5.

288. Assessing nuke toxicity. TreatmentUpdate. 2002 Mar;14(3):3-4.

289. Check-ups for the power plant? TreatmentUpdate. 2002 Mar;14(3):2.

290. FDA notifications. FDA changes information for stavudine label. AIDS Alert. 2002 May;17(5):67.

291. d4T and lactic acidosis with neuromuscular weakness: FDA warning. AIDS Treat News. 2002 Mar 8(378):5-6.

292. Comparison of dual nucleoside-analogue reverse-transcriptase inhibitor regimens with and without nelfinavir in children with HIV-1 who have not previously been treated: the PENTA 5 randomised trial. Lancet. 2002 Mar 2;359(9308):733-40.

293. [Initial retroviral drug with new mechanism of action. Peptide T-20 enriches therapeutic arsenal]. MMW Fortschr Med. 2003 Apr 28;145 Spec No 1:55-7.

294. Enfuvirtide (Fuzeon). Proj Inf Perspect. 2003 Oct(36):4-5.

295. FDA notifications. FDA approves Fuzeon, the first fusion inhibitor. AIDS Alert. 2003 Jun;18(6):78-9.

296. ["Double boosting" passes the test. LPV/r plus SQV in complicated salvage situation]. MMW Fortschr Med. 2003 Apr 28;145 Spec No 1:85.

297. [Justified hope after 4 years. Initial therapy still without resistance]. MMW Fortschr Med. 2003 Apr 28;145 Spec No 1:48-9.

298. [Enduringly effective and tolerable initial therapy of HIV. Even after 5 years no resistance]. MMW Fortschr Med. 2003 Dec 11;145(50):60-1.

299. Report from the 4th International Workshop on Clinical Pharmacology of HIV Therapy. Efavirenz levels in the blood found higher in women. TreatmentUpdate. 2003 Apr-May;15(3):2-3.

300. Anti-HIV agents. Atazanavir as a booster for protease inhibitors. TreatmentUpdate. 2003 Jun-Jul;15(4):1-2.

301. Report from the 4th International Workshop on Clinical Pharmacology of HIV Therapy. Does Roche's nelfinavir cause less diarrhea? TreatmentUpdate. 2003 Apr-May;15(3):7.

302. Report from the 4th International Workshop on Clinical Pharmacology of HIV Therapy. Drinking lots of water still necessary with new indinavir regimens. TreatmentUpdate. 2003 Apr-May;15(3):3.

303. Report from the 4th International Workshop on Clinical Pharmacology of HIV Therapy. Introduction. TreatmentUpdate. 2003 Apr-May;15(3):1.

304. [Non-peptide protease inhibitor in phase III study. Tipranavir--control of multidrug resistant viruses]. MMW Fortschr Med. 2003 Apr 28;145 Spec No 1:78-9.

305. [Results of a large randomized study: after switch to LPV/r quality of life improved]. MMW Fortschr Med. 2003 Apr 28;145 Spec No 1:49.

306. [No selection of mutations. 908 raises genetic resistance barrier]. MMW Fortschr Med. 2003 Apr 28;145 Spec No 1:41.

307. [Potent new protease inhibitor. Boostered protease inhibitors--a separate class of drugs]. MMW Fortschr Med. 2003 Apr 28;145 Spec No 1:40-1.

308. [Highly effective drug without modifying the lipid profile. Atazanavir, the protease inhibitor for "once daily" administration]. MMW Fortschr Med. 2003 Apr 28;145 Spec No 1:14-5.

309. FDA approves Lexiva. IAPAC Mon. 2003 Nov;9(11):280.

310. [Are all boosted protease inhibitors the same? Previously treated patients profit too from lopinavir/r]. MMW Fortschr Med. 2003 Dec 11;145(50):61.

311. [New protease inhibitor against HIV. Viral load decreases--without lipid increase]. MMW Fortschr Med. 2003 Aug 21;145(33-34):61.

312. Summaries for patients. Does marijuana affect viral loads in people with HIV? Ann Intern Med. 2003 Aug 19;139(4):I44.

313. New protease inhibitor atazanavir (Reyataz) approved. AIDS Treat News. 2003 Jun 27(392):3.

314. Atazanavir background documents available. AIDS Treat News. 2003 May 30(391):3.

315. A nuke-free regimen. TreatmentUpdate. 2003 Feb-Mar;15(2):7-8.

316. Kidney damage reported in some tenofovir users. TreatmentUpdate. 2003 Feb-Mar;15(2):6-7.

317. [Highly effective and tolerable protease inhibitor. New trump card against HIV]. MMW Fortschr Med. 2003 Jan 16;145(1-2):55.

318. AACTG recommendations for metabolic problems. Guide covers insulin resistance and diabetes. AIDS Alert. 2003 Jan;18(1):6.

319. New research confirms role of heart disease as a treatment by-product. AIDS Alert. 2003 Jan;18(1):1, 4-6.

320. Anti-HIV agents. Who gets abacavir allergies? TreatmentUpdate. 2003 Oct;15(6):4-5.

321. Anti-HIV agents. Abacavir only once-daily. TreatmentUpdate. 2003 Oct;15(6):4.

322. Anti-HIV agents. Abacavir--as good as AZT? TreatmentUpdate. 2003 Oct;15(6):3-4.

323. Report from the 4th International Workshop on Clinical Pharmacology of HIV Therapy. Checking up on ddI and tenofovir in people with HIV/AIDS. TreatmentUpdate. 2003 Apr-May;15(3):4-5.

324. Report from the 4th International Workshop on Clinical Pharmacology of HIV Therapy. Nevirapine levels in the blood found higher in women. TreatmentUpdate. 2003 Apr-May;15(3):2.

325. FTC (emtricitabine, Emtriva). Proj Inf Perspect. 2003 Oct(36):6-7.

326. FDA notifications. Gilead issues letter about virologic failure. AIDS Alert. 2003 Dec;18(12):159-60.

327. Warning against tenofovir + ddI + 3TC, and "triple nuke" combinations. AIDS Treat News. 2003 Oct 31(395):2-3.

328. Negligence. Liver transplant patient too late to sue Viramune maker. AIDS Policy Law. 2003 Mar 28;18(6):7.

329. Tenofovir--long term results from first-line therapy. TreatmentUpdate. 2003 Feb-Mar;15(2):4-6.

330. New uses for tenofovir: more questions about d4T. Proj Inf Perspect. 2003 Jan(35):15-6.

331. New questions about an old combination--ddI + d4T. Proj Inf Perspect. 2003 Jan(35):13-4.

332. Efavirenz effects worse than reported, study says. AIDS Alert. 2003 Jan;18(1):9-10.

333. 2004 antiretroviral drug guide. IAPAC Mon. 2004 Oct;10 Suppl 1:8-35.

334. [Combined treatment with fusion inhibitor. HIV-1 viruses under control longer]. MMW Fortschr Med. 2004 Apr 8;146(15):68.

335. Attachment inhibitor may hold promise for future. BMS-488043 demonstrates safety. AIDS Alert. 2004 May;19(5):57-8.

336. Nutrition and herbs. Tropical fruit juices and drug interactions. TreatmentUpdate. 2004 Jun-Jul;16(4):1-2.

337. Anti-HIV agents. Once-daily lopinavir/ritonavir (Kaletra). TreatmentUpdate. 2004 Mar;16(2):3-4.

338. Anti-HIV agents. Atazanavir and saquinavir. TreatmentUpdate. 2004 Apr-May;16(3):9-10.

339. Anti-HIV agents. Unexpected results from a tipranavir study. TreatmentUpdate. 2004 Apr-May;16(3):6-7.

340. Anti-HIV agents. Nelfinavir levels during pregnancy. TreatmentUpdate. 2004 Apr-May;16(3):5-6.

341. Warning against using erythromycin (even orally) while using protease inhibitors or certain other drugs. AIDS Treat News. 2004 Sep 24(405):6.

342. [Atazanavir protects lipid metabolism. New PI with favorable metabolic profile]. MMW Fortschr Med. 2004 Apr 26;146 Spec No 1:90.

343. [Maintaining independence. New protease inhibitor receives drug approval recommendation]. MMW Fortschr Med. 2004 Apr 26;146 Spec No 1:84-5.

344. [From HAART to "smart": maximizing the advantages of lopinavir/ritonavir]. MMW Fortschr Med. 2004 Apr 26;146 Spec No 1:68-9.

345. [New protease inhibitor for PI pretreated patients. Tipranavir targets also multiresistant viruses]. MMW Fortschr Med. 2004 Apr 26;146 Spec No 1:60-1.

346. [Good experiences with saquinavir. Double boosting of protease inhibitors gains significance]. MMW Fortschr Med. 2004 Apr 26;146 Spec No 1:44.

347. [Protease inhibitor sparing standard. Once daily efavirenz continues to be effective]. MMW Fortschr Med. 2004 Apr 26;146 Spec No 1:18-20.

348. [Long-term tolerance. Favorable lipid profile--favorable effect on development of lipodystrophy?]. MMW Fortschr Med. 2004 Apr 26;146 Spec No 1:17.

349. [Simplified HIV therapy. Atazanavir: the first protease inhibitor with once daily administration]. MMW Fortschr Med. 2004 Apr 26;146 Spec No 1:14-6.

350. FDA notifications. UCB Pharma and FDA issue advisory letter. AIDS Alert. 2004 Feb;19(2):22-4.

351. FDA grants approval to fosamprenavir calcium. AIDS Alert. 2004 Jan;19(1):11-2.

352. Complications & side effects. Nukes and fat wasting. TreatmentUpdate. 2004 Nov-Dec;16(7):3-4.

353. Tenofovir: new indication. For first-line antiretroviral therapy: wait and see. Prescrire Int. 2004 Oct;13(73):180-2.

354. [Approval of a new nucleoside. Component of complete once daily regimen]. MMW Fortschr Med. 2004 Apr 26;146 Spec No 1:91.

355. [Valuable combination partner. Great benefit for therapy naive patients]. MMW Fortschr Med. 2004 Apr 26;146 Spec No 1:82-4.

356. [Favorable new data for nevirapine. Antiretroviral effect confirmed--and also lipid profile]. MMW Fortschr Med. 2004 Apr 26;146 Spec No 1:58-60.

357. [Improved long-term success. New nucleoside for once daily combinations]. MMW Fortschr Med. 2004 Apr 26;146 Spec No 1:31-3.

358. [3 years' data of tenofovir. Confirmed as a valuable building block]. MMW Fortschr Med. 2004 Apr 26;146 Spec No 1:30-1.

359. [Confirmed NRTI remains an important therapy option. Didanosine effective despite multiple resistance to NRTIs]. MMW Fortschr Med. 2004 Apr 26;146 Spec No 1:21.

360. Nevirapine-induced resistance is a problem. S Afr Med J. 2004 May;94(5):338.

361. New advances promising in treating neuropathy. Expert explain what's the latest and best. AIDS Alert. 2004 Mar;19(3):31-3.

362. Abacavir hypersensitivity reaction predicted by genetic test. AIDS Treat News. 2004 Mar 26(399):6.

363. Atazanavir (Reyataz): new recommendations if combined with tenofovir (Viread) -- and warning on Viagra, Cialis, and Levitra. AIDS Treat News. 2004 Mar 26(399):5.

364. HIV-associated neuromuscular weakness syndrome. Aids. 2004 Jul 2;18(10):1403-12.

365. Lamivudine 300 mg in HIV infection: dose change. Once-a-day dosing. Prescrire Int. 2004 Apr;13(70):54.

366. New nevirapine label underscores the risk for hepatotoxicity in key populations. AIDS Clin Care. 2004 Mar;16(3):24.

367. Nevirapine precautions published. AIDS Treat News. 2004 Feb 27(398):5.

368. Adefovir dipivoxil: new preparation. A third-line option in chronic hepatitis B. Prescrire Int. 2004 Feb;13(69):4-7.

369. Anti-HIV agents. Tipranavir in treatment-experienced PHAs. TreatmentUpdate. 2005 Jan-Feb;17(1):4-5.

370. Anti-HIV agents. Atazanavir vs. Kaletra. TreatmentUpdate. 2005 Jan-Feb;17(1):3-4.

371. Anti-HIV agents. Kaletra + atazanavir. TreatmentUpdate. 2005 Aug-Sep;17(5):5.

372. FDA approves tipranavir. IAPAC Mon. 2005 Jul;11(7):190.

373. [New formulation--fewer tablets--optimal effect]. Krankenpfl J. 2005;43(7-10):249.

374. Ritonavir and lopinavir/ritonavir package inserts are updated. AIDS Alert. 2005 Dec;20(12):143-4.

375. [New data on atazanavir/r]]. MMW Fortschr Med. 2005 Apr 25;147 Spec No 1:81-3.

376. [Long-term virus suppression. Expanding therapy options with protease inhibitor]. MMW Fortschr Med. 2005 Apr 25;147 Spec No 1:68-9.

377. [HIV therapy in childhood. Also once daily lopinavir/r is effective]. MMW Fortschr Med. 2005 Apr 25;147 Spec No 1:55.

378. [Highly active initial therapy without resistance development. Even after 6 years still effective HIV therapy]. MMW Fortschr Med. 2005 Apr 25;147 Spec No 1:54-5.

379. [Perspectives: hope for therapy experienced patients. Tipranavir shows superior effectiveness with comparable safety]. MMW Fortschr Med. 2005 Apr 25;147 Spec No 1:44-5.

380. [A further option in PI therapy. Approval of a new protease inhibitor in the USA]. MMW Fortschr Med. 2005 Apr 25;147 Spec No 1:30.

381. FDA notifications. FDA approves pediatric dosing for ritonavir. AIDS Alert. 2005 Nov;20(11):129-30.

382. Special coverage of the 43rd IDSA meeting. Study finds negative impact of smoking on HIV infection and immune activation. AIDS Alert. 2005 Nov;20(11):125-7.

383. [Revised guideline "Antiretroviral Treatment"]. Ned Tijdschr Geneeskd. 2005 Oct 22;149(43):2399-405.

384. Tipranavir (Aptivus) for HIV. Med Lett Drugs Ther. 2005 Oct 10;47(1219):83-4.

385. Carotid plaque caused by usual risk factors. AIDS Patient Care STDS. 2005 Sep;19(9):616.

386. Boehringer drug for resistant HIV approved. AIDS Read. 2005 Aug;15(8):379, 91.

387. Roche issues drug interaction warning. AIDS Alert. 2005 Apr;20(4):48.

388. Drug-induced hepatitis with saquinavir/ritonavir + rifampin. AIDS Clin Care. 2005 Mar;17(3):32.

389. Warning about indinavir and pregnancy. AIDS Patient Care STDS. 2005 Feb;19(2):127.

390. Anti-HIV agents. Dueling nukes: AZT + 3TC vs. tenofovir + FTC. TreatmentUpdate. 2005 Aug-Sep;17(5):5-7.

391. Side effects and complications. Uridine finally gets tested in people. TreatmentUpdate. 2005 Dec;17(7):4-6.

392. Side effects and complications. Does switching therapy away from d4T help the face? TreatmentUpdate. 2005 Dec;17(7):2-3.

393. Anti-HIV agents. Abacavir once or twice daily. TreatmentUpdate. 2005 Aug-Sep;17(5):8.

394. Hepatitis C and didanosine: risk of lactic acidosis. Prescrire Int. 2005 Dec;14(80):222-3.

395. [Didanosine--stability as backbone drug]. MMW Fortschr Med. 2005 Apr 25;147 Spec No 1:83-4.

396. [Efavirenz--comprehensive status of studies]. MMW Fortschr Med. 2005 Apr 25;147 Spec No 1:79-81.

397. [New fixed once daily combination as nucleoside backbone. Basis for long-term therapy success]. MMW Fortschr Med. 2005 Apr 25;147 Spec No 1:66-8.

398. [Reliability: nevirapine. Highly effective + favorable influence on lipid profile]. MMW Fortschr Med. 2005 Apr 25;147 Spec No 1:42-3.

399. HIV/AIDS in the courts--Canada. Tribunal finds Quebec ministry's refusal to cover HIV medication "not a serious question". HIV AIDS Policy Law Rev. 2005 Aug;10(2):45.

400. Zidovudine. Nurs Times. 2005 Nov 29-Dec 5;101(48):33.

401. Summaries for patients. Neuropsychological side effects of efavirenz. Ann Intern Med. 2005 Nov 15;143(10):I43.

402. Emtricitabine: new preparation. An antiretroviral very similar to lamivudine. Prescrire Int. 2005 Apr;14(76):54-6.

403. Nevirapine-related death draws attention. AIDS Patient Care STDS. 2005 Mar;19(3):202.

404. Fuzeon: avoiding injection-site reactions. AIDS Treat News. 2006 Nov-Dec(421):5.

405. Entry inhibitors: a race to the finish line. Proj Inf Perspect. 2006 Jan(40):7-12.

406. Intracranial hemorrhage with Aptivu. AIDS Patient Care STDS. 2006 Dec;20(12):889.

407. Better lipid profile for Invirase. AIDS Patient Care STDS. 2006 Dec;20(12):888.

408. Drug interactions. Amprenavir with low-dose ritonavir. TreatmentUpdate. 2006 Jun-Jul;18(3):9-10.

409. Drug interactions. Interactions with TMC114 and TMC125. TreatmentUpdate. 2006 Jun-Jul;18(3):8-9.

410. Drug interactions. Kaletra and atazanavir. TreatmentUpdate. 2006 Jun-Jul;18(3):7-8.

411. Drug interactions. Kaletra and ezetimibe. TreatmentUpdate. 2006 Jun-Jul;18(3):8.

412. Drug interactions. Brecanavir--a new protease inhibitor. TreatmentUpdate. 2006 Jun-Jul;18(3):6-7.

413. Drug interactions. Atazanavir and acid-reducing agents. TreatmentUpdate. 2006 Jun-Jul;18(3):4.

414. Anti-HIV agents. Darunavir shows its strength. TreatmentUpdate. 2006 Aug-Sep;18(4):2-3.

415. Co-infections. Can hepatitis C virus help keep cholesterol levels low? TreatmentUpdate. 2006 Oct-Nov;18(5):4-5.

416. Tipranavir: new drug. HIV protease inhibitor. A last resort. Prescrire Int. 2006 Dec;15(86):217-9.

417. Combining steroids with PIS. AIDS Patient Care STDS. 2006 Jun;20(6):445-6.

418. Tipranavir: PNU 140690, tipranivir. Drugs R D. 2006;7(1):55-62.

419. Some PIs have greater impact than others on heart disease. Patients on atazanavir had less heart problems. AIDS Alert. 2006 Feb;21(2):17-8.

420. Sustiva: revised drug-interaction information. AIDS Treat News. 2006 Nov-Dec(421):5.

421. Fat loss prompts SA treatment switch. IAPAC Mon. 2006 Jul;12(7):212.

422. No increase in CNS defects. AIDS Patient Care STDS. 2006 Oct;20(10):732.

423. Etravirine: R165335, TMC 125, TMC-125, TMC125. Drugs R D. 2006;7(6):367-73.

424. Drugs for HIV infection. Treat Guidel Med Lett. 2006 Oct;4(50):67-76.

425. dD4FC development discontinued. AIDS Clin Care. 2006 May;18(5):47.

426. FDA notifications. Maraviroc approved as a CCR5 co-receptor antagonist. AIDS Alert. 2007 Sep;22(9):103.

427. Anti-HIV agents. New drugs--hope and a degree of caution. TreatmentUpdate. 2007 Sep-Oct;19(6):9-10.

428. Anti-HIV agents. Another receptor blocker--INCB9471. TreatmentUpdate. 2007 Sep-Oct;19(6):6-7.

429. Anti-HIV agents. Using maraviroc in first-line therapy. TreatmentUpdate. 2007 Sep-Oct;19(6):5-6.

430. FDA notifications. Enfuvirtide has new instructions. AIDS Alert. 2007 Apr;22(4):44-5.

431. Anti-HIV agents. Leading to lipodystrophy. TreatmentUpdate. 2007 Feb;19(2):3-4.

432. Anti-HIV agents. Darunavir shows its strength. TreatmentUpdate. 2007 Jul-Aug;19(5):2-4.

433. Tipranavir demonstrates potent and durable treatment response in HIV-positive women. AIDS Patient Care STDS. 2007 Aug;21(8):602-3.

434. Caution regarding nelfinavir use in children and pregnant women. AIDS Clin Care. 2007 Nov;19(11):96.

435. Aptivus capsules granted full FDA approval. AIDS Patient Care STDS. 2007 Nov;21(11):889-90.

436. FDA notifications. FDA approves new formulation of Lexiva. AIDS Alert. 2007 Aug;22(8):90-1.

437. Darunavir (TMC114) approved by the FDA. AIDS Alert. 2007 Feb;22(2):22-3.

438. Lopinavir + ritonavir tablets: new formulation. More convenient, but minimal evaluation. Prescrire Int. 2007 Aug;16(90):148.

439. Anti-HIV agents. A second study confirms fat loss issues with efavirenz. TreatmentUpdate. 2007 Feb;19(2):6-7.

440. Anti-HIV agents. Starting therapy with saquinavir. TreatmentUpdate. 2007 Jan;19(1):8-9.

441. Anti-HIV agents. Promising results from a saquinavir study. TreatmentUpdate. 2007 Jan;19(1):9-10.

442. Anti-HIV agents. Darunavir and some antidepressants. TreatmentUpdate. 2007 Jan;19(1):7-8.

443. Risk factors for lactic acidosis and severe hyperlactataemia in HIV-1-infected adults exposed to antiretroviral therapy. Aids. 2007 Nov 30;21(18):2455-64.

444. Complications and side effects. Bone changes after starting HAART. TreatmentUpdate. 2007 Jul-Aug;19(5):6-7.

445. Complications and side effects. Abacavir hypersensitivity testing results--Montreal. TreatmentUpdate. 2007 Jul-Aug;19(5):8-9.

446. Complications and side effects. Minimizing fat loss--comparing nukes. TreatmentUpdate. 2007 Jul-Aug;19(5):6.

447. Second tenofovir phase III study for the chronic HBV reaches primary endpoint. AIDS Patient Care STDS. 2007 Aug;21(8):607-8.

448. 144-week data released on Gilead's study 934. AIDS Patient Care STDS. 2007 Aug;21(8):603-4.

449. Chronic hepatitis B: a wider range of therapeutic options. Prescrire Int. 2007 Aug;16(90):157-62.

450. To nuke, or not to nuke? Proj Inf Perspect. 2007 Apr(43):1-3.

451. FDA notifications. Sustiva packaging instructions updated. AIDS Alert. 2007 Apr;22(4):45.

452. FDA notifications. FDA issues public health advisory about ESAs. AIDS Alert. 2007 May;22(5):57-8.

453. NNRTI data in naive patients. AIDS Patient Care STDS. 2007 Apr;21(4):287-8.

454. Anti-HIV agents. Efavirenz and fat wasting--what might be happening? TreatmentUpdate. 2007 Feb;19(2):7-8.

455. Anti-HIV agents. American study finds efavirenz linked to fat wasting. TreatmentUpdate. 2007 Feb;19(2):4-6.

456. Anti-HIV agents. Brain side effects not common with etravirine. TreatmentUpdate. 2007 Jan;19(1):6-7.

457. Anti-HIV agents. Effectiveness of etravirine in treatment-experienced PHAs. TreatmentUpdate. 2007 Jan;19(1):3-5.

458. Anti-HIV agents. Non-nukes and the brain. TreatmentUpdate. 2007 Jan;19(1):6.

459. Anti-HIV agents. Etravirine--interactions with some medications. TreatmentUpdate. 2007 Jan;19(1):5.

460. Aarnoutse RE, Droste JA, van Oosterhout JJ, Koopmans PP, Popescu M, Reiss P, et al. Pharmacokinetics, food intake requirements and tolerability of once-daily combinations of nelfinavir and low-dose ritonavir in healthy volunteers. Br J Clin Pharmacol. 2003 Feb;55(2):115-25.

461. Aarnoutse RE, Grintjes KJ, Telgt DS, Stek M, Jr., Hugen PW, Reiss P, et al. The influence of efavirenz on the pharmacokinetics of a twice-daily combination of indinavir and low-dose ritonavir in healthy volunteers. Clin Pharmacol Ther. 2002 Jan;71(1):57-67.

462. Aarnoutse RE, Wasmuth JC, Fatkenheuer G, Schneider K, Schmitz K, de Boo TM, et al. Administration of indinavir and low-dose ritonavir (800/100 mg twice daily) with food reduces nephrotoxic peak plasma levels of indinavir. Antivir Ther. 2003 Aug;8(4):309-14.

463. Abraham NG, Chertkov JL, Staudinger R, Jiang S, Lutton JD, Argani I, et al. Long-term bone marrow stromal and hemopoietic toxicity to AZT: protective role of heme and IL-1. Exp Hematol. 1993 Feb;21(2):263-8.

464. Abraham PE, Sorensen SJ, Baker WH, Cushing HE. Nelfinavir desensitization. Ann Pharmacother. 2001 May;35(5):553-6.

465. Abrams DI, Hilton JF, Leiser RJ, Shade SB, Elbeik TA, Aweeka FT, et al. Short-term effects of cannabinoids in patients with HIV-1 infection: a randomized, placebo-controlled clinical trial. Ann Intern Med. 2003 Aug 19;139(4):258-66.

466. Abu-ata O, Slim J, Perez G, Smith SM. HIV therapeutics: past, present, and future. Adv Pharmacol. 2000;49:1-40.

467. Aceti A, Pasquazzi C, Zechini B, De Bac C. Hepatotoxicity development during antiretroviral therapy containing protease inhibitors in patients with HIV: the role of hepatitis B and C virus infection. J Acquir Immune Defic Syndr. 2002 Jan 1;29(1):41-8.

468. Aceti A, Pasquazzi C, Zechini B, De Bac C. Development of hepatotoxicity in HIV patients switching at least one protease inhibitor. Int J STD AIDS. 2005 Feb;16(2):148-52.

469. Adkins JC, Noble S. Efavirenz. Drugs. 1998 Dec;56(6):1055-64; discussion 65-6.

470. Adkison KK, Shachoy-Clark A, Fang L, Lou Y, O'Mara K, Berrey MM, et al. Pharmacokinetics and short-term safety of 873140, a novel CCR5 antagonist, in healthy adult subjects. Antimicrob Agents Chemother. 2005 Jul;49(7):2802-6.

471. Agosto M. [What is the correct way to use protease inhibitors?]. Sidahora. 1996 Aug-Sep:33-5.

472. Aguiar De Aragao P, Lemos RB, Aquino MZ, Souza Marques HH. Hyperlipidaemia a risk factor for femoral head osteonecrosis (Legg-Calv -Perthes-like disease) in children with AIDS: case report. Braz J Infect Dis. 2002 Jun;6(3):142-5.

473. Ahmed A, Keeffe EB. Lamivudine therapy for chemotherapy-induced reactivation of hepatitis B virus infection. Am J Gastroenterol. 1999 Jan;94(1):249-51.

474. Ahn HJ, Kim MS, Kim YS, Kim SI, Huh KH, Ju MK, et al. Clinical outcome of renal transplantation in patients with positive pre-transplant hepatitis B surface antigen. J Med Virol. 2007 Nov;79(11):1655-63.

475. Aim JL, Orlando B, Cantin-Bertaux D, Pourriat JL. [Myocardial infarction in AIDS]. Ann Fr Anesth Reanim. 2002 Nov;21(9):741-3.

476. Ajito K, Atsumi S, Ikeda D, Kondo S, Takeuchi T, Umezawa K. Inhibition of human immunodeficiency virus-associated reverse transcriptase by 14-O-acyladriamycins. J Antibiot (Tokyo). 1989 Apr;42(4):611-9.

477. Akarca US, Ersoz G, Gunsar F, Karasu Z, Saritas E, Yuce G, et al. Interferon-lamivudine combination is no better than lamivudine alone in anti-HBe-positive chronic hepatitis B. Antivir Ther. 2004 Jun;9(3):325-34.

478. Akintonwa DA. Theoretical mechanistic basis of the toxic effects and efficacy of dideoxycytidine in HIV:AIDS. Med Hypotheses. 2001 Aug;57(2):249-51.

479. Akuta N, Suzuki F, Suzuki Y, Sezaki H, Hosaka T, Someya T, et al. Favorable efficacy of long-term lamivudine therapy in patients with chronic hepatitis B: an 8-year follow-up study. J Med Virol. 2005 Apr;75(4):491-8.

480. Alam M, Scher RK. Indinavir-related recurrent paronychia and ingrown toenails. Cutis. 1999 Oct;64(4):277-8.

481. Alavian SM, Hajarizadeh B, Einollahi B. Efficacy and safety of lamivudine for treatment of chronic hepatitis B in renal allograft recipients. Transplant Proc. 2003 Nov;35(7):2687-8.

482. Albrecht D, Vieler T, Horst HA. Rash-associated severe neutropenia as a side-effect of indinavir in HIV postexposure prophylaxis. Aids. 2002 Oct 18;16(15):2098-9.

483. Albrecht H. Report from the 4th IAS Conference on HIV Pathogenesis, Treatment and Prevention. HLA B-5701 and abacavir hypersensitivity. AIDS Clin Care. 2007 Oct;19(10):81-2.

484. Albrecht MA, Bosch RJ, Hammer SM, Liou SH, Kessler H, Para MF, et al. Nelfinavir, efavirenz, or both after the failure of nucleoside treatment of HIV infection. N Engl J Med. 2001 Aug 9;345(6):398-407.

485. Alcaide ML, Kolber M, Jayaweera D. Would switching the protease inhibitors (PI) to tenoforvir be an option in controlling hypertriglyceridaemia secondary to PIs? A case report. Int J STD AIDS. 2002 Nov;13(11):795-6.

486. Aldeen T, Hay P, Davidson F, Lau R. Herpes zoster infection in HIV-seropositive patients associated with highly active antiretroviral therapy. Aids. 1998 Sep 10;12(13):1719-20.

487. Aldeen T, Wells C, Hay P, Davidson F, Lau R. Lipodystrophy associated with nevirapine-containing antiretroviral therapies. Aids. 1999 May 7;13(7):865-7.

488. Alfonta L, Blumenzweig I, Zayats M, Baraz L, Kotler M, Willner I. Electronic transduction of HIV-1 drug resistance in AIDS patients. Chembiochem. 2004 Jul 5;5(7):949-57.

489. Ali HY. Trial of lamivudine in hepatitis B surface antigen carriers with persistent hepatitis B core IgM antibody. Saudi Med J. 2003 Sep;24(9):996-9.

490. Allan DA, Behrman AJ. Lipid abnormalities in a healthcare worker receiving HIV prophylaxis. Int J STD AIDS. 2001 Aug;12(8):532-4.

491. Allavena C, Ferre V, Brunet-Francois C, Delfraissy JF, Lafeuillade A, Valantin MA, et al. Efficacy and tolerability of a nucleoside reverse transcriptase inhibitor-sparing combination of lopinavir/ritonavir and efavirenz in HIV-1-infected patients. J Acquir Immune Defic Syndr. 2005 Jul 1;39(3):300-6.

492. Allouch H. [Antiretroviral therapy of HIV infections. New recommendations by the International AIDS Society]. Presse Med. 1998 Nov 7;27(34):1739-41.

493. Allred KF, Smart EJ, Wilson ME. Estrogen receptor-alpha mediates gender differences in atherosclerosis induced by HIV protease inhibitors. J Biol Chem. 2006 Jan 20;281(3):1419-25.

494. Alonso-Villaverde C, Coll B, Gomez F, Parra S, Camps J, Joven J, et al. The efavirenz-induced increase in HDL-cholesterol is influenced by the multidrug resistance gene 1 C3435T polymorphism. Aids. 2005 Feb 18;19(3):341-2.

495. Altinbas A, Ozkaya G, Buyukasik Y, Unal S. [Rapid development of anemia in a HIV-positive patient with alpha-thalassemia after zidovudine therapy]. Mikrobiyol Bul. 2007 Jul;41(3):473-6.

496. Anabwani GM, Woldetsadik EA, Kline MW. Treatment of human immunodeficiency virus (HIV) in children using antiretroviral drugs. Semin Pediatr Infect Dis. 2005 Apr;16(2):116-24.

497. Ananworanich J, Hill A, Siangphoe U, Ruxrungtham K, Prasithsirikul W, Chetchotisakd P, et al. A prospective study of efficacy and safety of once-daily saquinavir/ritonavir plus two nucleoside reverse transcriptase inhibitors in treatment-naive Thai patients. Antivir Ther. 2005;10(6):761-7.

498. Ananworanich J, Kosalaraksa P, Hill A, Siangphoe U, Bergshoeff A, Pancharoen C, et al. Pharmacokinetics and 24-week efficacy/safety of dual boosted saquinavir/lopinavir/ritonavir in nucleoside-pretreated children. Pediatr Infect Dis J. 2005 Oct;24(10):874-9.

499. Ananworanich J, Moor Z, Siangphoe U, Chan J, Cardiello P, Duncombe C, et al. Incidence and risk factors for rash in Thai patients randomized to regimens with nevirapine, efavirenz or both drugs. Aids. 2005 Jan 28;19(2):185-92.

500. Ananworanich J, Phanuphak N, Nuesch R, Apateerapong W, Rojnuckarin P, Ubolyam S, et al. Recurring thrombocytopenia associated with structured treatment interruption in patients with human immunodeficiency virus infection. Clin Infect Dis. 2003 Sep 1;37(5):723-5.

501. Anastos K, Lu D, Shi Q, Tien PC, Kaplan RC, Hessol NA, et al. Association of serum lipid levels with HIV serostatus, specific antiretroviral agents, and treatment regimens. J Acquir Immune Defic Syndr. 2007 May 1;45(1):34-42.

502. Anderson BD. Overdose reports--an underutilized resource. Pharmacoepidemiol Drug Saf. 2003 Sep;12(6):447-8.

503. Anderson JR. HIV and pregnancy at the 12 CROI. Hopkins HIV Rep. 2005 Mar;17(2):6-7, 9.

504. Anderson KS. The molecular basis of inhibition and toxicity of modified cytosine analogues targetting HIV-1 reverse transcriptase. Antivir Chem Chemother. 2001;12 Suppl 1:13-7.

505. Anderson PL, Kakuda TN, Lichtenstein KA. The cellular pharmacology of nucleoside- and nucleotide-analogue reverse-transcriptase inhibitors and its relationship to clinical toxicities. Clin Infect Dis. 2004 Mar 1;38(5):743-53.

506. Anderson PL, Lichtenstein KA, Gerig NE, Kiser JJ, Bushman LR. Atazanavir-containing renal calculi in an HIV-infected patient. Aids. 2007 May 11;21(8):1060-2.

507. Andrade A, Flexner C. Drug transporter, drug concentrations, and drug interactions. Hopkins HIV Rep. 2001 Mar;13(2):12-3.

508. Andreone P, Gramenzi A, Cursaro C, Biselli M, Camma C, Trevisani F, et al. High risk of hepatocellular carcinoma in anti-HBe positive liver cirrhosis patients developing lamivudine resistance. J Viral Hepat. 2004 Sep;11(5):439-42.

509. Angel-Moreno-Maroto A, Suarez-Castellano L, Hernandez-Cabrera M, Perez-Arellano JL. Severe efavirenz-induced hypersensitivity syndrome (not-DRESS) with acute renal failure. J Infect. 2006 Feb;52(2):e39-40.

510. Anglicheau D, Duvic C, Nedelec G. Sudden anuria due to indinavir crystalluria. Nephron. 2000 Nov;86(3):364-5.

511. Anson BD, Weaver JG, Ackerman MJ, Akinsete O, Henry K, January CT, et al. Blockade of HERG channels by HIV protease inhibitors. Lancet. 2005 Feb 19-25;365(9460):682-6.

512. Antinori A, Baldini F, Girardi E, Cingolani A, Zaccarelli M, Di Giambenedetto S, et al. Female sex and the use of anti-allergic agents increase the risk of developing cutaneous rash associated with nevirapine therapy. Aids. 2001 Aug 17;15(12):1579-81.

513. Anton P, Soriano V, Jimenez-Nacher I, Rodriguez-Rosado R, Dona MC, Barreiro PM, et al. Incidence of rash and discontinuation of nevirapine using two different escalating initial doses. Aids. 1999 Mar 11;13(4):524-5.

514. Antoniou T, Park-Wyllie L, Boyle E. A comparison of dyslipidemias associated with either lopinavir/ritonavir- or indinavir/ritonavir-based antiretroviral therapy. J Acquir Immune Defic Syndr. 2004 Dec 15;37(5):1666-7.

515. Antoniou T, Tseng AL, van Heeswijk RP, Walker SE, Giguere P, Phillips EJ. Steady-state pharmacokinetics and tolerability of indinavir-lopinavir/r combination therapy in antiretroviral-experienced patients. Ther Drug Monit. 2005 Dec;27(6):779-81.

516. Antoniou T, Weisdorf T, Gough K. Symptomatic hyperlactatemia in an HIV-positive patient: a case report and discussion. Cmaj. 2003 Jan 21;168(2):195-8.

517. Antony SJ. Rapid development of indinavir-induced asymptomatic crystalluria in a human immunodeficiency virus-negative patient. Clin Infect Dis. 1998 Oct;27(4):911-2.

518. Antunes F, Walker M, Moyle GJ. Efficacy and tolerability of zalcitabine twice daily (HIVBID Study). J Acquir Immune Defic Syndr. 2004 Feb 1;35(2):205-6.

519. Aquilina C, Mularczyk M, Lucas F, Viraben R. Unusual clinical presentation of hypersensitivity reaction to abacavir. Aids. 2003 Nov 7;17(16):2403-4.

520. Aranzabal L, Casado JL, Moya J, Quereda C, Diz S, Moreno A, et al. Influence of liver fibrosis on highly active antiretroviral therapy-associated hepatotoxicity in patients with HIV and hepatitis C virus coinfection. Clin Infect Dis. 2005 Feb 15;40(4):588-93.

521. Arasteh K, Clumeck N, Pozniak A, Lazzarin A, De Meyer S, Muller H, et al. TMC114/ritonavir substitution for protease inhibitor(s) in a non-suppressive antiretroviral regimen: a 14-day proof-of-principle trial. Aids. 2005 Jun 10;19(9):943-7.

522. Arasteh K, Wood R, Muller M, Prince W, Cass L, Moore KH, et al. GW420867X administered to HIV-1-infected patients alone and in combination with lamivudine and zidovudine. HIV Clin Trials. 2001 Jul-Aug;2(4):307-16.

523. Arboleda CH. [Directives for the treatment of HIV infection during pregnancy]. Sidahora. 1997 Oct-Nov:12-4.

524. Arnaiz JA, Mallolas J, Podzamczer D, Gerstoft J, Lundgren JD, Cahn P, et al. Continued indinavir versus switching to indinavir/ritonavir in HIV-infected patients with suppressed viral load. Aids. 2003 Apr 11;17(6):831-40.

525. Arnold JC, Stremmel W. [Chronic hepatitis--new therapeutic options]. Internist (Berl). 2001 Apr;42(4):516-22.

526. Arpadi SM, Cuff PA, Horlick M, Wang J, Kotler DP. Lipodystrophy in HIV-infected children is associated with high viral load and low CD4+ -lymphocyte count and CD4+ -lymphocyte percentage at baseline and use of protease inhibitors and stavudine. J Acquir Immune Defic Syndr. 2001 May 1;27(1):30-4.

527. Arranz Caso JA, Lopez JC, Santos I, Estrada V, Castilla V, Sanz J, et al. A randomized controlled trial investigating the efficacy and safety of switching from a protease inhibitor to nevirapine in patients with undetectable viral load. HIV Med. 2005 Sep;6(5):353-9.

528. Arranz-Caso JA, Gorgolas M, Estrada V, Garcia-Diaz JD. Treatment of HIV-infected patients with a combination of efavirenz, nevirapine and nucleoside reverse transcriptase inhibitors. HIV Med. 2004 Mar;5(2):128-9.

529. Arribas JR. The rise and fall of triple nucleoside reverse transcriptase inhibitor (NRTI) regimens. J Antimicrob Chemother. 2004 Sep;54(3):587-92.

530. Arribas JR, Ibanez C, Ruiz-Antoran B, Pena JM, Esteban-Calvo C, Frias J, et al. Acute hepatitis in HIV-infected patients during ritonavir treatment. Aids. 1998 Sep 10;12(13):1722-4.

531. Arrigo SJ, Haines JK, Huffman KM. Intrinsic activity of human immunodeficiency virus type 1 protease heterologous fusion proteins in mammalian cells. DNA Cell Biol. 1995 Jan;14(1):15-23.

532. Arrington-Sanders R, Hutton N, Siberry GK. Ritonavir-fluticasone interaction causing Cushing syndrome in HIV-infected children and adolescents. Pediatr Infect Dis J. 2006 Nov;25(11):1044-8.

533. Arroyo E, Valenzuela B, Portilla J, Climent-Grana E, Perez-Ruixo JJ, Merino E. Pharmacokinetics of methadone in human-immunodeficiency-virus-infected patients receiving nevirapine once daily. Eur J Clin Pharmacol. 2007 Jul;63(7):669-75.

534. Arroyo HT. Novel approaches for the treatment of HIV. Newsline People AIDS Coalit N Y. 1998 Mar:16-7.

535. Arvieux C, Tattevin P, Souala FM, Jaccard P, Ruffault A, Bentue-Ferrer D, et al. Salvage therapy with amprenavir and ritonavir: prospective study in 17 heavily pretreated patients. HIV Clin Trials. 2002 Mar-Apr;3(2):125-32.

536. Arvieux C, Tribut O. Amprenavir or fosamprenavir plus ritonavir in HIV infection: pharmacology, efficacy and tolerability profile. Drugs. 2005;65(5):633-59.

537. Asboe D, Williams IG, Goodall RL, Darbyshire JH, Hooker MH, Babiker AG. A virological benefit from an induction/maintenance strategy: the Forte trial. Antivir Ther. 2007;12(1):47-54.

538. Ascher DP, Lucy MD. Indinavir sulfate renal toxicity in a pediatric hemophiliac with HIV infection. Ann Pharmacother. 1997 Oct;31(10):1146-9.

539. Aschkenazi S, Rochelson B, Bernasko J, Kaplan J. Insulin resistance complicating pregnancy in a human immunodeficiency virus-infected patient treated with protease inhibitors and corticosteroids. Obstet Gynecol. 2003 Nov;102(5 Pt 2):1210-2.

540. Ascione A, Ascione T, Lanza AG, Utech W, Di Costanzo GG, Macri M. Factors influencing outcome of lamivudine in anti-HBe-positive chronic hepatitis B. Hepatogastroenterology. 2006 Nov-Dec;53(72):919-23.

541. Ashby H, DiMattina M, Linehan WM, Robertson CN, Queenan JT, Albertson BD. The inhibition of human adrenal steroidogenic enzyme activities by suramin. J Clin Endocrinol Metab. 1989 Feb;68(2):505-8.

542. Asjo B, Stavang H, Sorensen B, Baksaas I, Nyhus J, Langeland N. Phase I trial of a therapeutic HIV type 1 vaccine, Vacc-4x, in HIV type 1-infected individuals with or without antiretroviral therapy. AIDS Res Hum Retroviruses. 2002 Dec 10;18(18):1357-65.

543. Asjo B, Ulvestad E. [HIV-1 resistance against antiretroviral agents]. Tidsskr Nor Laegeforen. 2001 Nov 30;121(29):3421-4.

544. Asselah T, Castelnau C, Marcellin P. [Treatment of chronic hepatitis B.]. Presse Med. 2006 Feb;35(2 Pt 2):327-34.

545. Atsumi S, Muraoka Y, Nogami T, Hoshino H, Takeuchi T, Umezawa K. Inhibition of human immunodeficiency virus-associated reverse transcriptase by aminoacridines. Drugs Exp Clin Res. 1988;14(12):719-22.

546. Ault A. FDA warns of potential protease-inhibitor link to hyperglycaemia. Lancet. 1997 Jun 21;349(9068):1819.

547. Aurpibul L, Puthanakit T, Lee B, Mangklabruks A, Sirisanthana T, Sirisanthana V. Lipodystrophy and metabolic changes in HIV-infected children on non-nucleoside reverse transcriptase inhibitor-based antiretroviral therapy. Antivir Ther. 2007;12(8):1247-54.

548. Autar RS, Boyd MA, Wit FW, Ruxrungthams K, Sankote J, Lange J, et al. Relationships between drug exposure, changes in metabolic parameters and body fat in HIV-infected patients switched to a nucleoside sparing regimen. Antivir Ther. 2007;12(8):1265-71.

549. Autar RS, Wit FW, Sankote J, Sutthichom D, Kimenai E, Hassink E, et al. Ketoconazole is inferior to ritonavir as an alternative booster for saquinavir in a once daily regimen in Thai HIV-1 infected patients. Aids. 2007 Jul 31;21(12):1535-9.

550. Avihingsanon A, Avihingsanon Y, Darnpornprasert P, Kerr S, Ungsedhapand C, Duncombe C, et al. High prevalence of indinavir-associated renal complications in Thai HIV-infected patients. J Med Assoc Thai. 2006 Aug;89 Suppl 2:S21-7.

551. Aviles A, Halabe J. Improved prognosis in patients with acquired immunodeficiency syndrome-related lymphoma. Cancer Biother Radiopharm. 1999 Oct;14(5):349-52.

552. Aweeka FT, Kang M, Yu JY, Lizak P, Alston B, Chung RT. Pharmacokinetic evaluation of the effects of ribavirin on zidovudine triphosphate formation: ACTG 5092s Study Team. HIV Med. 2007 Jul;8(5):288-94.

553. Azzam R, Lal L, Goh SL, Kedzierska K, Jaworowski A, Naim E, et al. Adverse effects of antiretroviral drugs on HIV-1-infected and -uninfected human monocyte-derived macrophages. J Acquir Immune Defic Syndr. 2006 May;42(1):19-28.

554. Azzoni L, Papasavvas E, Montaner LJ. Lessons learned from HIV treatment interruption: safety, correlates of immune control, and drug sparing. Curr HIV Res. 2003 Jul;1(3):329-42.

555. Baba M. [Advances in antiviral chemotherapy]. Uirusu. 2005 Jun;55(1):69-75.

556. Baba M, Nakajima M, Schols D, Pauwels R, Balzarini J, De Clercq E. Pentosan polysulfate, a sulfated oligosaccharide, is a potent and selective anti-HIV agent in vitro. Antiviral Res. 1988 Sep;9(6):335-43.

557. Baba M, Shigeta S, Tanaka H, Miyasaka T, Ubasawa M, Umezu K, et al. Highly potent and selective inhibition of HIV-1 replication by 6-phenylthiouracil derivatives. Antiviral Res. 1992 Apr;17(4):245-64.

558. Babl FE, Regan AM, Pelton SI. Abnormal body-fat distribution in HIV-1-infected children on antiretrovirals. Lancet. 1999 Apr 10;353(9160):1243-4.

559. Bach MC, Godofsky EW. Indinavir nephrolithiasis in warm climates. J Acquir Immune Defic Syndr Hum Retrovirol. 1997 Mar 1;14(3):296-7.

560. Bachiller Luque P, Flores AM, de Hoyos Llorente M, Navarro Canadas C. [Methadone withdrawal syndrome induced by nevirapine]. Med Clin (Barc). 2000 Mar 18;114(10):399.

561. Bachmeyer C, Blum L, Cordier F, Launay E, Danne O, Aractingi S, et al. Early ritonavir-induced maculopapular eruption. Dermatology. 1997;195(3):301-2.

562. Bachmeyer C, Orlandini V, Grimaldi D, Bonnard P, Moguelet P, Aractingi S. Skin lesions as another possible clinical manifestation of mitochondrial toxicity in an HIV-infected patient. Dermatology. 2007;214(2):189-90.

563. Back DJ, Khoo SH, Gibbons SE, Barry MG, Merry C. Therapeutic drug monitoring of antiretrovirals in human immunodeficiency virus infection. Ther Drug Monit. 2000 Feb;22(1):122-6.

564. Bader JP, McMahon JB, Schultz RJ, Narayanan VL, Pierce JB, Harrison WA, et al. Oxathiin carboxanilide, a potent inhibitor of human immunodeficiency virus reproduction. Proc Natl Acad Sci U S A. 1991 Aug 1;88(15):6740-4.

565. Badia X, Podzamczer D, Moral I, Roset M, Arnaiz JA, Lonca M, et al. Health-related quality of life in HIV patients switching to twice-daily indinavir/ritonavir regimen or continuing with three-times-daily indinavir-based therapy. Antivir Ther. 2004 Dec;9(6):979-85.

566. Badiou S, De Boever CM, Dupuy AM, Baillat V, Cristol JP, Reynes J. Small dense LDL and atherogenic lipid profile in HIV-positive adults: influence of lopinavir/ritonavir-containing regimen. Aids. 2003 Mar 28;17(5):772-4.

567. Baker DE. Adefovir dipivoxil: focus on its use in the treatment of chronic hepatitis B. Rev Gastroenterol Disord. 2005 Spring;5(2):89-100.

568. Baker R. FDA approves 3TC and saquinavir. Food and Drug Administration. Beta. 1995 Dec:5, 9.

569. Baker R. Efavirenz and Fortovase. Beta. 1998 Jul:9.

570. Baker R. Unusual side effects due to HIV therapy? Beta. 1998 Jul:6-7.

571. Baker R. Safety alert issued on efavirenz (Sustiva). Beta. 1998 Apr:6-7.

572. Baker R, Bowers M. Ritonavir and ecstasy. Beta. 1997 Mar:5.

573. Baldini F, Di Giambenedetto S, Cingolani A, Murri R, Ammassari A, De Luca A. Efficacy and tolerability of pravastatin for the treatment of HIV-1 protease inhibitor-associated hyperlipidaemia: a pilot study. Aids. 2000 Jul 28;14(11):1660-2.

574. Baldwin C, Berkhout B. HIV-1 drug-resistance and drug-dependence. Retrovirology. 2007;4:78.

575. Baldwin ZK, Ceraldi CC. Ergotism associated with HIV antiviral protease inhibitor therapy. J Vasc Surg. 2003 Mar;37(3):676-8.

576. Balfour HH, Jr. Antiviral drugs. N Engl J Med. 1999 Apr 22;340(16):1255-68.

577. Baliga RS, Liu C, Hoyt DG, Chaves AA, Bauer JA. Vascular endothelial toxicity induced by HIV protease inhibitor: evidence of oxidant-related dysfunction and apoptosis. Cardiovasc Toxicol. 2004;4(2):199-206.

578. Ball RA, Kinchelow T. Injection site reactions with the HIV-1 fusion inhibitor enfuvirtide. J Am Acad Dermatol. 2003 Nov;49(5):826-31.

579. Ball SC. Editorial comment: the challenge of prescribing abacavir. AIDS Read. 2001 Dec;11(12):621.

580. Ball SC. Symptomatic hyperlactatemia in a patient on nucleoside reverse transcriptase inhibitors. AIDS Read. 2001 Dec;11(12):593-5.

581. Balzarini J. Current status of the non-nucleoside reverse transcriptase inhibitors of human immunodeficiency virus type 1. Curr Top Med Chem. 2004;4(9):921-44.

582. Balzarini J, Karlsson A, Sardana VV, Emini EA, Camarasa MJ, De Clercq E. Human immunodeficiency virus 1 (HIV-1)-specific reverse transcriptase (RT) inhibitors may suppress the replication of specific drug-resistant (E138K)RT HIV-1 mutants or select for highly resistant (Y181C-->C181I)RT HIV-1 mutants. Proc Natl Acad Sci U S A. 1994 Jul 5;91(14):6599-603.

583. Balzarini J, Karlsson A, Vandamme AM, Perez-Perez MJ, Zhang H, Vrang L, et al. Human immunodeficiency virus type 1 (HIV-1) strains selected for resistance against the HIV-1-specific [2',5'-bis-O-(tert-butyldimethylsilyl)-3'-spiro- 5"-(4"-amino-1",2"-oxathiole-2",2"-dioxide)]-beta-D-pentofurano syl (TSAO) nucleoside analogues retain sensitivity to HIV-1-specific nonnucleoside inhibitors. Proc Natl Acad Sci U S A. 1993 Aug 1;90(15):6952-6.

584. Banasch M, Goetze O, Knyhala K, Potthoff A, Schlottmann R, Kwiatek MA, et al. Uridine supplementation enhances hepatic mitochondrial function in thymidine-analogue treated HIV-infected patients. Aids. 2006 Jul 13;20(11):1554-6.

585. Barbaro G. Protease inhibitors and mortality among children and adolescents infected with HIV-1. N Engl J Med. 2002 Mar 28;346(13):1026-7; author reply -7.

586. Barbaro G. Visceral fat as target of highly active antiretroviral therapy-associated metabolic syndrome. Curr Pharm Des. 2007;13(21):2208-13.

587. Barbaro G, Di Lorenzo G, Cirelli A, Grisorio B, Lucchini A, Hazra C, et al. An open-label, prospective, observational study of the incidence of coronary artery disease in patients with HIV infection receiving highly active antiretroviral therapy. Clin Ther. 2003 Sep;25(9):2405-18.

588. Barbaro G, Scozzafava A, Mastrolorenzo A, Supuran CT. Highly active antiretroviral therapy: current state of the art, new agents and their pharmacological interactions useful for improving therapeutic outcome. Curr Pharm Des. 2005;11(14):1805-43.

589. Barber TJ, Marett B, Waldron S, Portsmouth S, Mackie NE, Weston R, et al. Are disulfiram-like reactions associated with abacavir-containing antiretroviral regimens in clinical practice? Aids. 2007 Aug 20;21(13):1823-4.

590. Bardonnet K, Gil H, Lebrun C, de Wazieres B, Dupond JL. [Diabetes mellitus associated with protease inhibitors in HIV infected patients]. Rev Med Interne. 1998 Sep;19(9):675-6.

591. Bardsley-Elliot A, Perry CM. Nevirapine: a review of its use in the prevention and treatment of paediatric HIV infection. Paediatr Drugs. 2000 Sep-Oct;2(5):373-407.

592. Barreiro P, Camino N, De Julian R, Gonzalez-Lahoz J, Soriano V. Replacement of protease inhibitors by nevirapine or efavirenz in simplification and rescue interventions: which works better? HIV Clin Trials. 2003 Jul-Aug;4(4):244-7.

593. Barreiro P, Camino N, de Mendoza C, Valer L, Nunez M, Martin-Carbonero L, et al. Comparison of the efficacy, safety and predictive value of HIV genotyping using distinct ritonavir-boosted protease inhibitors. Int J Antimicrob Agents. 2002 Dec;20(6):438-43.

594. Barreiro P, Garcia-Benayas T, Soriano V, Gallant J. Simplification of antiretroviral treatment--how to sustain success, reduce toxicity and ensure adherence avoiding PI use. AIDS Rev. 2002 Oct-Dec;4(4):233-41.

595. Barreiro P, Gonzalez-Lahoz J, Soriano V. CD4+ T-cell gain with nonnucleoside or protease inhibitors: convenience may not always be the most convenient. J Acquir Immune Defic Syndr. 2004 Jun 1;36(2):758-60; author reply 60-1.

596. Barreiro P, Oller V, Soriano V, Nunez M, Rodriguez-Rosado R, Gonzalez-Lahoz J. Performance of a quadruple combination including nelfinavir plus efavirenz in naive subjects with high baseline viral load and in patients failing protease inhibitor-containing regimens. J Acquir Immune Defic Syndr. 2001 Apr 1;26(4):391-2.

597. Barreiro P, Rendon A, Rodriguez-Novoa S, Soriano V. Atazanavir: the advent of a new generation of more convenient protease inhibitors. HIV Clin Trials. 2005 Jan-Feb;6(1):50-61.

598. Barreiro P, Soriano V, Blanco F, Casimiro C, de la Cruz JJ, Gonzalez-Lahoz J. Risks and benefits of replacing protease inhibitors by nevirapine in HIV-infected subjects under long-term successful triple combination therapy. Aids. 2000 May 5;14(7):807-12.

599. Barreiro P, Soriano V, Oller V, Gonzalez-Lahoz J. Potent activity but limited tolerance of ritonavir plus indinavir in salvage interventions. J Acquir Immune Defic Syndr. 2000 Aug 15;24(5):488.

600. Barreiro P, Soriano V, Valencia E, Diaz B, Gonzalez-Lahoz J. Low risk of pancreatitis in HIV-infected patients on hydroxyurea plus didanosine. Aids. 2001 Dec 7;15(18):2469-70.

601. Barrios A, Rendon AL, Gallego O, Martin-Carbonero L, Valer L, Rios P, et al. Predictors of virological response to atazanavir in protease inhibitor-experienced patients. HIV Clin Trials. 2004 Jul-Aug;5(4):201-5.

602. Barry M, Mulcahy F, Merry C, Gibbons S, Back D. Pharmacokinetics and potential interactions amongst antiretroviral agents used to treat patients with HIV infection. Clin Pharmacokinet. 1999 Apr;36(4):289-304.

603. Barthelemy O, Escaut L, Vayre F, Gallet B, Pulik M, Heloire F, et al. [Acute coronary syndromes in patients treated with HIV protease inhibitors]. Presse Med. 2002 Mar 2;31(8):343-8.

604. Bartlett JA, Johnson J, Herrera G, Sosa N, Rodriguez A, Liao Q, et al. Long-term results of initial therapy with abacavir and Lamivudine combined with Efavirenz, Amprenavir/Ritonavir, or Stavudine. J Acquir Immune Defic Syndr. 2006 Nov 1;43(3):284-92.

605. Bartlett JA, Miralles GD, Sevin AD, Silberman M, Pruitt SK, Ottinger J, et al. Addition of cyclophosphamide to antiretroviral therapy does not diminish the cellular reservoir in HIV-infected persons. AIDS Res Hum Retroviruses. 2002 May 20;18(8):535-43.

606. Bartlett JG. Product information. Hopkins HIV Rep. 1998 Jan;10(1):8-9.

607. Bartlett JG. Product information. Hopkins HIV Rep. 1999 Jan;11(1):6.

608. Bartlett JG. Atazanavir: clinical use. Hopkins HIV Rep. 2003 Jul;15(4):3-4.

609. Bartlett JG, del Rio C. Antiretroviral rounds. When success is a pain. AIDS Clin Care. 2001 Aug;13(8):74-5.

610. Bartnof HS. Selected highlights from the 5th Conference on Retroviruses and Opportunistic Infections. Beta. 1998 Apr:49-56.

611. Bartnof HS. Selected highlights on women and HIV from the 5th Conference on Retroviruses and Opportunistic Infections. Beta. 1998 Apr:47-8.

612. Bartnof HS. New anti-HIV drug interactions, toxicities, and dosing options. Beta. 1999;12(4):60-3, 6.

613. Bartnof HS. Selected highlights from the 6th Conference on Retroviruses and Opportunistic Infections. Beta. 1999 Apr;12(2):33-52.

614. Bassetti S, Battegay M, Furrer H, Rickenbach M, Flepp M, Kaiser L, et al. Why is highly active antiretroviral therapy (HAART) not prescribed or discontinued? Swiss HIV Cohort Study. J Acquir Immune Defic Syndr. 1999 Jun 1;21(2):114-9.

615. Bates DE, Herman RJ. Carbamazepine toxicity induced by lopinavir/ritonavir and nelfinavir. Ann Pharmacother. 2006 Jun;40(6):1190-5.

616. Bates SM, Page KB, Nakielny RA, Talbot MD. Cushing's syndrome mimicking lipodystrophy syndrome in a patient with AIDS. Int J STD AIDS. 2002 Sep;13(9):648-9.

617. Batisse D, Van Huyen JP, Piketty C, Canali GG, Karmochkine M, Weiss L, et al. Severe liver mitochondriopathy with normal liver histology and normal lactate levels in patients receiving nucleoside analogues. Aids. 2002 Nov 22;16(17):2370-1.

618. Bausserman LL, Tashima KT, DiSpigno M, Maceroni D, Carpenter CC. Racial differences in serum lipids in HIV+ women treated with protease inhibitor regimens. HIV Clin Trials. 2004 Nov-Dec;5(6):399-405.

619. Bavoux F, Loubeyre-Unique C, Blanche S. [Antiretroviral drugs and pregnancy: apropos of an alert regarding mitochondrial pathology and nucleoside analogs]. Arch Pediatr. 2000 May;7 Suppl 2:407s-8s.

620. Baylor MS, Johann-Liang R. Enfurvirtide safety in human immunodeficiency virus-infected children. Pediatr Infect Dis J. 2005 Apr;24(4):389-90.

621. Bazoui H, Zahouily M, Sebti S, Boulajaaj S, Zakarya D. Structure-cytotoxicity relationships for a series of HEPT derivatives. J Mol Model. 2002 Jan;8(1):1-7.

622. Beatty G, Chu J, Kulkarni K, Lipshutz G, Khalili M, Abbasi F, et al. Relative effects of insulin resistance and protease inhibitor treatment on lipid and lipoprotein metabolism in HIV-infected patients. HIV Clin Trials. 2004 Nov-Dec;5(6):383-91.

623. Beatty G, Khalili M, Abbasi F, Chu J, Reaven GM, Rosen A, et al. Quantification of insulin-mediated glucose disposal in HIV-infected individuals: comparison of patients treated and untreated with protease inhibitors. J Acquir Immune Defic Syndr. 2003 May 1;33(1):34-40.

624. Bebchuk JD, Betensky RA. Local likelihood analysis of the latency distribution with interval censored intermediate events. Stat Med. 2002 Nov 30;21(22):3475-91.

625. Becker BN, Schulman G. Nephrotoxicity of antiviral therapies. Curr Opin Nephrol Hypertens. 1996 Jul;5(4):375-9.

626. Becker Y. HIV-1 gp41 heptad repeat 2 (HR2) possesses an amino acid domain that resembles the allergen domain in Aspergillus fumigatus Asp f1 protein: review, hypothesis and implications. Virus Genes. 2007 Jun;34(3):233-40.

627. Beckerman KP. Protease inhibitor treatment of HIV-1-infected women may protect against extreme prematurity and very low birth weight. J Infect Dis. 2007 Oct 15;196(8):1270-1; author reply 1.

628. Been-Tiktak AM, Boucher CA, Brun-Vezinet F, Joly V, Mulder JW, Jost J, et al. Efficacy and safety of combination therapy with delavirdine and zidovudine: a European/Australian phase II trial. Int J Antimicrob Agents. 1999 Jan;11(1):13-21.

629. Beesley S, Maurice J. Weighty matters. STEP Perspect. 1998 Fall;98(3):13-5.

630. Begovac J, Bayer K, Krpan D, Kusec V. Osteosclerosis and periostal new bone formation during indinavir therapy. Aids. 2002 Mar 29;16(5):803-4.

631. Behforouz M, Cai W, Stocksdale MG, Lucas JS, Jung JY, Briere D, et al. Novel lavendamycin analogues as potent HIV-reverse transcriptase inhibitors: synthesis and evaluation of anti-reverse transcriptase activity of amide and ester analogues of lavendamycin. J Med Chem. 2003 Dec 18;46(26):5773-80.

632. Behrens G, Dejam A, Schmidt H, Balks HJ, Brabant G, Korner T, et al. Impaired glucose tolerance, beta cell function and lipid metabolism in HIV patients under treatment with protease inhibitors. Aids. 1999 Jul 9;13(10):F63-70.

633. Behrens G, Schmidt H, Meyer D, Stoll M, Schmidt RE. Vascular complications associated with use of HIV protease inhibitors. Lancet. 1998 Jun 27;351(9120):1958.

634. Behrens G, Schmidt HH, Stoll M, Schmidt RE. ApoE genotype and protease-inhibitor-associated hyperlipidaemia. Lancet. 1999 Jul 3;354(9172):76.

635. Beilke MA. Acute hypersensitivity reaction to enfuvurtide upon re-challenge. Scand J Infect Dis. 2004;36(10):778.

636. Bell C, Matthews GV, Nelson MR. Non-nucleoside reverse transcriptase inhibitors--an overview. Int J STD AIDS. 2003 Feb;14(2):71-7.

637. Bellman P. AIDS practice issues today: interview with Paul Bellman, M.D. Interview by John S. James. AIDS Treat News. 2000 Apr 7(No 340):1-6.

638. Ben-Ari Z, Shmueli D, Mor E, Shaharabani E, Bar-Nathan N, Shapira Z, et al. Beneficial effect of lamivudine pre- and post-liver transplantation for hepatitis B infection. Transplant Proc. 1997 Sep;29(6):2687-8.

639. Benator DA, Weiner MH, Burman WJ, Vernon AA, Zhao ZA, Khan AE, et al. Clinical evaluation of the nelfinavir-rifabutin interaction in patients with tuberculosis and human immunodeficiency virus infection. Pharmacotherapy. 2007 Jun;27(6):793-800.

640. Benesic A, Zilly M, Kluge F, Weissbrich B, Winzer R, Klinker H, et al. Lipid lowering therapy with fluvastatin and pravastatin in patients with HIV infection and antiretroviral therapy: comparison of efficacy and interaction with indinavir. Infection. 2004 Aug;32(4):229-33.

641. Benhammou V, Tardieu M, Warszawski J, Rustin P, Blanche S. Clinical mitochondrial dysfunction in uninfected children born to HIV-infected mothers following perinatal exposure to nucleoside analogues. Environ Mol Mutagen. 2007 Apr-May;48(3-4):173-8.

642. Benhamou Y, Katlama C, Lunel F, Coutellier A, Dohin E, Hamm N, et al. Effects of lamivudine on replication of hepatitis B virus in HIV-infected men. Ann Intern Med. 1996 Nov 1;125(9):705-12.

643. Benn PD, Mercey DE, Brink N, Scott G, Williams IG. Prophylaxis with a nevirapine-containing triple regimen after exposure to HIV-1. Lancet. 2001 Mar 3;357(9257):687-8.

644. Benson CA, van der Horst C, Lamarca A, Haas DW, McDonald CK, Steinhart CR, et al. A randomized study of emtricitabine and lamivudine in stably suppressed patients with HIV. Aids. 2004 Nov 19;18(17):2269-76.

645. Benson JO, McGhee K, Coplan P, Grunfeld C, Robertson M, Brodovicz KG, et al. Fat redistribution in indinavir-treated patients with HIV infection: A review of postmarketing cases. J Acquir Immune Defic Syndr. 2000 Oct 1;25(2):130-9.

646. Benveniste O, Longuet P, Duval X, Le Moing V, Leport C, Vilde JL. Two episodes of acute renal failure, rhabdomyolysis, and severe hepatitis in an AIDS patient successively treated with ritonavir and indinavir. Clin Infect Dis. 1999 May;28(5):1180-1.

647. Berbel Garcia A, Latorre Ibarra A, Porta Etessam J, Martinez Salio A, Perez Martinez D, Siaz Diaz R, et al. Protease inhibitor-induced carbamazepine toxicity. Clin Neuropharmacol. 2000 Jul-Aug;23(4):216-8.

648. Berger D. Body composition changes with protease therapy. Posit Aware. 1998 Sep-Oct;9(5):47.

649. Berger DS. The importance of sequencing in treatment options. Posit Aware. 2001 May-Jun;12(3):42-3.

650. Bergersen BM, Tonstad S, Sandvik L, Bruun JN. Low prevalence of high-density lipoprotein cholesterol level < 1 mmol/L in non-nucleoside reverse transcriptase inhibitor recipients. Int J STD AIDS. 2005 May;16(5):365-9.

651. Bergshoeff AS, Fraaij PL, Ndagijimana J, Verweel G, Hartwig NG, Niehues T, et al. Increased dose of lopinavir/ritonavir compensates for efavirenz-induced drug-drug interaction in HIV-1-infected children. J Acquir Immune Defic Syndr. 2005 May 1;39(1):63-8.

652. Bernard EJ. ZDV link to early signs of CVD? IAPAC Mon. 2006 Aug;12(8):262-3.

653. Bernard EJ. 48-week study results show DRV's staying power. IAPAC Mon. 2007 Jan;13(1):10-1.

654. Bernasconi E, Uhr M, Magenta L, Ranno A, Telenti A. Homocysteinaemia in HIV-infected patients treated with highly active antiretroviral therapy. Aids. 2001 May 25;15(8):1081-2.

655. Berns JS, Cohen RM, Silverman M, Turner J. Acute renal failure due to indinavir crystalluria and nephrolithiasis: report of two cases. Am J Kidney Dis. 1997 Oct;30(4):558-60.

656. Bersoff-Matcha SJ, Miller WC, Aberg JA, van Der Horst C, Hamrick Jr HJ, Powderly WG, et al. Sex differences in nevirapine rash. Clin Infect Dis. 2001 Jan;32(1):124-9.

657. Besson C, Jubault V, Viard JP, Pialoux G. Ketoacidosis associated with protease inhibitor therapy. Aids. 1998 Jul 30;12(11):1399-400.

658. Bessone F, Belloso W, Schroder T. [Hepatotoxicity of coinfected patients]. Acta Gastroenterol Latinoam. 2006 Jun;36 Suppl 1:S43-5; discussion S74-82.

659. Best BM, Goicoechea M, Witt MD, Miller L, Daar ES, Diamond C, et al. A randomized controlled trial of therapeutic drug monitoring in treatment-naive and -experienced HIV-1-infected patients. J Acquir Immune Defic Syndr. 2007 Dec 1;46(4):433-42.

660. Bhana N, Ormrod D, Perry CM, Figgitt DP. Zidovudine: a review of its use in the management of vertically-acquired pediatric HIV infection. Paediatr Drugs. 2002;4(8):515-53.

661. Bhangoo SK, Ren D, Miller RJ, Chan DM, Ripsch MS, Weiss C, et al. CXCR4 chemokine receptor signaling mediates pain hypersensitivity in association with antiretroviral toxic neuropathy. Brain Behav Immun. 2007 Jul;21(5):581-91.

662. Bialkowska A, Bialkowski K, Gerschenson M, Diwan BA, Jones AB, Olivero OA, et al. Oxidative DNA damage in fetal tissues after transplacental exposure to 3'-azido-3'-deoxythymidine (AZT). Carcinogenesis. 2000 May;21(5):1059-62.

663. Biesecker G, Karimi S, Desjardins J, Meyer D, Abbott B, Bendele R, et al. Evaluation of mitochondrial DNA content and enzyme levels in tenofovir DF-treated rats, rhesus monkeys and woodchucks. Antiviral Res. 2003 May;58(3):217-25.

664. Bini EJ, Cohen J. Impact of protease inhibitors on the outcome of human immunodeficiency virus-infected patients with chronic diarrhea. Am J Gastroenterol. 1999 Dec;94(12):3553-9.

665. Blaise P, Clevenbergh P, Vaira D, Moutschen M, Dellamonica P. HIV resistance to antiretroviral drugs: mechanisms, genotypic and phenotypic resistance testing in clinical practice. Acta Clin Belg. 2002 Jul-Aug;57(4):191-201.

666. Blake SP, McNicholas MM, Raptopoulos V. Nonopaque crystal deposition causing ureteric obstruction in patients with HIV undergoing indinavir therapy. AJR Am J Roentgenol. 1998 Sep;171(3):717-20.

667. Blanch J, Corbella B, Garcia F, Parellada E, Gatell JM. Manic syndrome associated with efavirenz overdose. Clin Infect Dis. 2001 Jul 15;33(2):270-1.

668. Blanch J, Martinez E, Rousaud A, Blanco JL, Garcia-Viejo MA, Peri JM, et al. Preliminary data of a prospective study on neuropsychiatric side effects after initiation of efavirenz. J Acquir Immune Defic Syndr. 2001 Aug 1;27(4):336-43.

669. Blanche P, Rigolet A, Gombert B, Ginsburg C, Salmon D, Sicard D. Ergotism related to a single dose of ergotamine tartrate in an AIDS patient treated with ritonavir. Postgrad Med J. 1999 Sep;75(887):546-7.

670. Blanche P, Silberman B, Barreto L, Gombert B, Sicard D. Reversible zidovudine-induced pure red cell aplasia. Aids. 1999 Aug 20;13(12):1586-7.

671. Blanche S, Tardieu M, Rustin P. [Mitochondrial disfunction and perinatal exposure to antiretroviral nucleoside analogues]. Arch Pediatr. 2000 Jan;7(1):7-9.

672. Blanckenberg DH, Wood R, Horban A, Beniowski M, Boron-Kaczmarska A, Trocha H, et al. Evaluation of nevirapine and/or hydroxyurea with nucleoside reverse transcriptase inhibitors in treatment-naive HIV-1-infected subjects. Aids. 2004 Mar 5;18(4):631-40.

673. Bleeker-Rovers CP, Kadir SW, van Leusen R, Richter C. Hepatic steatosis and lactic acidosis caused by stavudine in an HIV-infected patient. Neth J Med. 2000 Nov;57(5):190-3.

674. Boccara F, Teiger E, Cohen A. Stent implantation for acute left main coronary artery occlusion in an HIV-infected patient on protease inhibitors. J Invasive Cardiol. 2002 Jun;14(6):343-6.

675. Bode H, Schmidt W, Schulzke JD, Fromm M, Zippel T, Wahnschaffe U, et al. The HIV protease inhibitors saquinavir, ritonavir, and nelfinavir but not indinavir impair the epithelial barrier in the human intestinal cell line HT-29/B6. Aids. 1999 Dec 24;13(18):2595-7.

676. Boelaert JR, Sperber K, Piette J. Chloroquine exerts an additive in vitro anti-HIV type 1 effect when associated with didanosine and hydroxyurea. AIDS Res Hum Retroviruses. 1999 Sep 20;15(14):1241-7.

677. Boffito M, Maitland D, Dickinson L, Back D, Hill A, Fletcher C, et al. Pharmacokinetics of saquinavir hard-gel/ritonavir and atazanavir when combined once daily in HIV Type 1-infected individuals administered different atazanavir doses. AIDS Res Hum Retroviruses. 2006 Aug;22(8):749-56.

678. Boffito M, Marietti G, Audagnotto S, Raiter R, Di Perri G. Lactacidemia in asymptomatic HIV-infected subjects receiving nucleoside reverse-transcriptase inhibitors. Clin Infect Dis. 2002 Feb 15;34(4):558-9.

679. Boffito M, Winston A, Owen A. Host determinants of antiretroviral drug activity. Curr Opin Infect Dis. 2005 Dec;18(6):543-9.

680. Boly L, Cafaro V, Dyner T. Depressive symptoms predict increased incidence of neuropsychiatric side effects in patients treated with efavirenz. J Acquir Immune Defic Syndr. 2006 Aug 1;42(4):514-5.

681. Bonfanti P, Capetti A, Riva P, Testa L, Quirino T. Hypersensitivity reactions during antiretroviral regimens with protease inhibitors. Aids. 1997 Aug;11(10):1301-2.

682. Bonfanti P, Capetti A, Rizzardini G. HIV disease treatment in the era of HAART. Biomed Pharmacother. 1999 Mar;53(2):93-105.

683. Bonfanti P, Grabbuti A, Carradori S, Pusterla L, Parrazini F, Landonio S, et al. Osteonecrosis in protease inhibitor-treated patients. Orthopedics. 2001 Mar;24(3):271-2.

684. Bonfanti P, Gulisano C, Ricci E, Timillero L, Valsecchi L, Carradori S, et al. Risk factors for lipodystrophy in the CISAI cohort. Biomed Pharmacother. 2003 Nov;57(9):422-7.

685. Bonfanti P, Ricci E, Penco G, Orofino G, Bini T, Sfara C, et al. Low incidence of hepatotoxicity in a cohort of HIV patients treated with lopinavir/ritonavir. Aids. 2005 Sep 2;19(13):1433-4.

686. Bonfanti P, Valsecchi L, Parazzini F, Carradori S, Pusterla L, Fortuna P, et al. Incidence of adverse reactions in HIV patients treated with protease inhibitors: a cohort study. Coordinamento Italiano Studio Allergia e Infezione da HIV (CISAI) Group. J Acquir Immune Defic Syndr. 2000 Mar 1;23(3):236-45.

687. Bonfanti P, Valsecchi L, Parazzini F, Carradori S, Pusterla L, Fortuna P, et al. [Causality relationship of drug adverse reactions: experience in the use of HIV-protease inhibitors]. Clin Ter. 2000 Nov-Dec;151(6):411-5.

688. Bongiovanni M, Bini T, Chiesa E, Cicconi P, Adorni F, Monforte d'Arminio A. Lopinavir/ritonavir vs. indinavir/ritonavir in antiretroviral naive HIV-infected patients: immunovirological outcome and side effects. Antiviral Res. 2004 Apr;62(1):53-6.

689. Bongiovanni M, Bini T, Cicconi P, Landonio S, Meraviglia P, Testa L, et al. Predictive factors of hyperlipidemia in HIV-infected subjects receiving lopinavir/ritonavir. AIDS Res Hum Retroviruses. 2006 Feb;22(2):132-8.

690. Bongiovanni M, Bini T, Tordato F, Cicconi P, Melzi S, Repetto D, et al. Immunovirological outcomes in 70 HIV-1-infected patients who switched to lopinavir/ritonavir after failing at least one protease inhibitor-containing regimen: a retrospective cohort study. J Antimicrob Chemother. 2003 Jan;51(1):171-4.

691. Bongiovanni M, Chiesa E, Monforte A, Bini T. Hair loss in an HIV-1 infected woman receiving lopinavir plus ritonavir therapy as first line HAART. Dermatol Online J. 2003 Dec;9(5):28.

692. Bongiovanni M, Cicconi P, Landonio S, Meraviglia P, Testa L, Di Biagio A, et al. Predictive factors of lopinavir/ritonavir discontinuation for drug-related toxicity: results from a cohort of 416 multi-experienced HIV-infected individuals. Int J Antimicrob Agents. 2005 Jul;26(1):88-91.

693. Bongiovanni M, Fausto A, Cicconi P, Aliprandi A, Cornalba G, Bini T, et al. Non-nucleoside-reverse-transcriptase-inhibitor-based HAART and osteoporosis in HIV-infected subjects. J Antimicrob Chemother. 2006 Aug;58(2):485-6.

694. Bongiovanni M, Pisacreta M, Ortu M, Tordato F, Codemo R, Gervasoni C, et al. Pseudoaneurysm of the femoral artery in a HIV-infected man. Eur J Vasc Endovasc Surg. 2004 Oct;28(4):451-3.

695. Bongiovanni M, Tordato F. Tenofovir plus didanosine as Nrti backbone in HIV-infected subjects. Curr Med Chem. 2006;13(23):2789-93.

696. Bongiovanni M, Tordato F. Steatohepatitis in HIV-infected subjects: pathogenesis, clinical impact and implications in clinical management. Curr HIV Res. 2007 Sep;5(5):490-8.

697. Bonnet E, Genoux A, Bernard J, Fauvel J, Massip P, Perret B. Impact of genetic polymorphisms on the risk of lipid disorders in patients on anti-HIV therapy. Clin Chem Lab Med. 2007;45(7):815-21.

698. Bonnet F, Aurillac-Lavignolle V, Breilh D, Thiebaut R, Peuchant E, Bernard N, et al. Pravastatin in HIV-infected patients treated with protease inhibitors: a placebo-controlled randomized study. HIV Clin Trials. 2007 Jan-Feb;8(1):53-60.

699. Bonnet F, Balestre E, Bernardin E, Pellegrin JL, Neau D, Dabis F. Risk factors for hyperlactataemia in HIV-infected patients, Aquitaine Cohort, 1999--2003. Antivir Chem Chemother. 2005;16(1):63-7.

700. Bonnet F, Bonarek M, Abridj A, Mercie P, Dupon M, Gemain MC, et al. [Severe lactic acidosis in HIV-infected patients treated with nucleosidic reverse transcriptase analogs: a report of 9 cases]. Rev Med Interne. 2003 Jan;24(1):11-6.

701. Bonnet F, Bonarek M, Morlat P, Mercie P, Dupon M, Gemain MC, et al. Risk factors for lactic acidosis in HIV-infected patients treated with nucleoside reverse-transcriptase inhibitors: a case-control study. Clin Infect Dis. 2003 May 15;36(10):1324-8.

702. Bonnet F, Saves M, Droz C, Peuchant E, Chene G, Beylot J, et al. Increase of atherogenic plasma profile in HIV-infected patients treated with protease inhibitor-containing regimens. J Acquir Immune Defic Syndr. 2000 Oct 1;25(2):199-200.

703. Bonnet F, Saves M, Droz C, Peuchant E, Chene G, Beylot J, et al. Increase of lipid plasma concentrations under protease inhibitor-containing regimens are not related to modifications of the tumour necrosis factor system. Aids. 2001 May 4;15(7):940-1.

704. Borderi M, Farneti B, Tampellini L, Giuliani R, Verucchi G, Vescini F, et al. HIV-1, HAART and bone metabolism. New Microbiol. 2002 Jul;25(3):375-84.

705. Borin MT, Cox SR, Herman BD, Carel BJ, Anderson RD, Freimuth WW. Effect of fluconazole on the steady-state pharmacokinetics of delavirdine in human immunodeficiency virus-positive patients. Antimicrob Agents Chemother. 1997 Sep;41(9):1892-7.

706. Bornhovd E, Sakrauski AK, Bruhl H, Walli R, Plewig G, Rocken M. Multiple circumscribed subcutaneous lipomas associated with use of human immunodeficiency virus protease inhibitors? Br J Dermatol. 2000 Nov;143(5):1113-4.

707. Borras-Blasco J, Belda A, Rosique-Robles D, Castera E, Abad J, Amoros-Quiles I. Hair loss induced by lopinavir-ritonavir. Pharmacotherapy. 2007 Aug;27(8):1215-8.

708. Borras-Blasco J, Belda A, Rosique-Robles JD, Castera MD, Abad FJ. Burning mouth syndrome due to efavirenz therapy. Ann Pharmacother. 2006 Jul-Aug;40(7-8):1471-2.

709. Bortolotti F. Treatment of chronic hepatitis B in children. J Hepatol. 2003;39 Suppl 1:S200-5.

710. Boscacci RT, Buclin T, Furrer H, Fux CA. A case of voluntary intoxication with efavirenz and lamivudine. Aids. 2006 Jun 12;20(9):1352-4.

711. Bossi P, Colin D, Bricaire F, Caumes E. Hypersensitivity syndrome associated with efavirenz therapy. Clin Infect Dis. 2000 Jan;30(1):227-8.

712. Bossini N, Sandrini S, Setti G, Luppi M, Maiorca P, Maffei C, et al. [Successful treatment with liposomal doxorubicin and foscarnet in a patient with widespread Kaposi's sarcoma and human herpes virus 8-related, serious hemophagocytic syndrome, after renal transplantation]. G Ital Nefrol. 2005 May-Jun;22(3):281-6.

713. Bottaro EG. [Enfuvirtide: the first step for a new strategy of antiretroviral therapy]. Medicina (B Aires). 2007;67(2):195-205.

714. Boubaker K, Flepp M, Sudre P, Furrer H, Haensel A, Hirschel B, et al. Hyperlactatemia and antiretroviral therapy: the Swiss HIV Cohort Study. Clin Infect Dis. 2001 Dec 1;33(11):1931-7.

715. Boubaker K, Sudre P, Bally F, Vogel G, Meuwly JY, Glauser MP, et al. Changes in renal function associated with indinavir. Aids. 1998 Dec 24;12(18):F249-54.

716. Boufassa F, Dulioust A, Lascaux AS, Meyer L, Boue F, Delfraissy JF, et al. Lipodystrophy in 685 HIV-1-treated patients: influence of antiretroviral treatment and immunovirological response. HIV Clin Trials. 2001 Jul-Aug;2(4):339-45.

717. Boulle A, Orrel C, Kaplan R, Van Cutsem G, McNally M, Hilderbrand K, et al. Substitutions due to antiretroviral toxicity or contraindication in the first 3 years of antiretroviral therapy in a large South African cohort. Antivir Ther. 2007;12(5):753-60.

718. Boumis E, Chinello P, Conte A, Noto P, Cicalini S, Grillo LR, et al. Rhino-orbital zygomycosis secondary to diabetic ketoacidosis in an HIV-positive patient: case report and literature review. Aids. 2006 Jan 2;20(1):136-8.

719. Bourezane Y, Salard D, Hoen B, Vandel S, Drobacheff C, Laurent R. DRESS (drug rash with eosinophilia and systemic symptoms) syndrome associated with nevirapine therapy. Clin Infect Dis. 1998 Nov;27(5):1321-2.

720. Bourezane Y, Thalamy B, Viel JF, Bardonnet K, Drobacheff C, Gil H, et al. Ingrown toenail and indinavir: case-control study demonstrates strong relationship. Aids. 1999 Oct 22;13(15):2181-2.

721. Bouscarat F, Bouchard C, Bouhour D. Paronychia and pyogenic granuloma of the great toes in patients treated with indinavir. N Engl J Med. 1998 Jun 11;338(24):1776-7.

722. Bouscarat F, Prevot MH, Matheron S. Alopecia associated with indinavir therapy. N Engl J Med. 1999 Aug 19;341(8):618.

723. Bowers M. Non-nucleoside reverse transcriptase inhibitors. Beta. 1996 Jun:19-22.

724. Boyd M. Indinavir: the forgotten HIV-protease inhibitor. Does it still have a role? Expert Opin Pharmacother. 2007 May;8(7):957-64.

725. Boyd M, Reiss P. The long-term consequences of antiretroviral therapy: a review. J HIV Ther. 2006 Jun;11(2):26-35.

726. Boyd MA, Siangphoe U, Ruxrungtham K, Duncombe CJ, Stek M, Lange JM, et al. Indinavir/ritonavir 800/100 mg bid and efavirenz 600 mg qd in patients failing treatment with combination nucleoside reverse transcriptase inhibitors: 96-week outcomes of HIV-NAT 009. HIV Med. 2005 Nov;6(6):410-20.

727. Boyd MA, Siangphoe U, Ruxrungtham K, Reiss P, Mahanontharit A, Lange JM, et al. The use of pharmacokinetically guided indinavir dose reductions in the management of indinavir-associated renal toxicity. J Antimicrob Chemother. 2006 Jun;57(6):1161-7.

728. Boyer A, Chadda K, Salah A, Bonmarchand G. Thrombotic microangiopathy: an atypical cause of acute renal failure in patients with acute pancreatitis. Intensive Care Med. 2004 Jun;30(6):1235-9.

729. Boyle BA. Lipodystrophy: a new phenomenon? AIDS Read. 1999 Jan-Feb;9(1):15-7.

730. Boyle BA. Recent advances in the management and treatment of GI and hepatic diseases associated with HIV: Part I. AIDS Read. 2001 Jul;11(7):354-5, 9-61, 63.

731. Boyle BA. Recent developments in HIV research. AIDS Read. 2002 Sep;12(9):390-4, 407.

732. Boyle BA. Improvements in protease inhibitor-based HAART. AIDS Read. 2005 Dec;15(12):659-60, 62.

733. Boyle BA, Elion R, Cohen CJ, DeJesus E, Hawkins T, Moyle GJ. Advances in HIV therapeutics: news from the 4th International AIDS Society Conference. AIDS Read. 2007 Oct;17(10):484-90.

734. Boyle BA, Elion R, Cohen CJ, Moyle GJ, Sax P, Frank I. Advances in HIV therapeutics: the 14th CROI. AIDS Read. 2007 May;17(5):268-70, 72-4, 83-6.

735. Boyle BA, Elion RA, Moyle GJ, Cohen CJ. Considerations in selecting protease inhibitor therapy. AIDS Rev. 2004 Oct-Dec;6(4):218-25.

736. Bozzette SA, Ake CF, Tam HK, Chang SW, Louis TA. Cardiovascular and cerebrovascular events in patients treated for human immunodeficiency virus infection. N Engl J Med. 2003 Feb 20;348(8):702-10.

737. Bradshaw EL, Li XA, Guerin T, Everson WV, Wilson ME, Bruce-Keller AJ, et al. Nucleoside reverse transcriptase inhibitors prevent HIV protease inhibitor-induced atherosclerosis by ubiquitination and degradation of protein kinase C. Am J Physiol Cell Physiol. 2006 Dec;291(6):C1271-8.

738. Bragman K. Saquinavir: an HIV proteinase inhibitor. Adv Exp Med Biol. 1996;394:305-17.

739. Braitstein P, Chan K, Beardsell A, McLeod A, Montaner JS, O'Shaughnessy MV, et al. Safety and tolerability of combination antiretroviral post-exposure prophylaxis in a population-based setting. J Acquir Immune Defic Syndr. 2002 Apr 15;29(5):547-8.

740. Brambilla AM, Novati R, Calori G, Meneghini E, Vacchini D, Luzi L, et al. Stavudine or indinavir-containing regimens are associated with an increased risk of diabetes mellitus in HIV-infected individuals. Aids. 2003 Sep 5;17(13):1993-5.

741. Brandenburg JJ, Hoepelman IM, Stapper G, Lock MT. [Three patients with indinavir-related urolithiasis]. Ned Tijdschr Geneeskd. 2007 Aug 18;151(33):1839-45.

742. Brau N, Leaf HL, Wieczorek RL, Margolis DM. Severe hepatitis in three AIDS patients treated with indinavir. Lancet. 1997 Mar 29;349(9056):924-5.

743. Breen RA, Swaden L, Ballinger J, Lipman MC. Tuberculosis and HIV co-infection: a practical therapeutic approach. Drugs. 2006;66(18):2299-308.

744. Brennan TM, Taylor DL, Bridges CG, Leyda JP, Tyms AS. The inhibition of human immunodeficiency virus type 1 in vitro by a non-nucleoside reverse transcriptase inhibitor MKC-442, alone and in combination with other anti-HIV compounds. Antiviral Res. 1995 Mar;26(2):173-87.

745. Breton G, Alexandre M, Duval X, Prie D, Peytavin G, Leport C, et al. Tubulopathy consecutive to tenofovir-containing antiretroviral therapy in two patients infected with human immunodeficiency virus-1. Scand J Infect Dis. 2004;36(6-7):527-8.

746. Briand N, Le Coeur S, Traisathit P, Karnchanamayul V, Hansudewechakul R, Ngampiyasakul C, et al. Growth of human immunodeficiency virus-uninfected children exposed to perinatal zidovudine for the prevention of mother-to-child human immunodeficiency virus transmission. Pediatr Infect Dis J. 2006 Apr;25(4):325-32.

747. Bricaire F. [Infectious diseases in 1998]. Rev Med Interne. 1999 Apr;20(4):365-8.

748. Briggs JM, Drabek CA. Metabolic complications of HIV and AIDs. Orthop Nurs. 2001 Jul-Aug;20(4):41-50.

749. Brinkman K. Editorial response: hyperlactatemia and hepatic steatosis as features of mitochondrial toxicity of nucleoside analogue reverse transcriptase inhibitors. Clin Infect Dis. 2000 Jul;31(1):167-9.

750. Brinkman K. Evidence for mitochondrial toxicity: lactic acidosis as proof of concept. J HIV Ther. 2001 Mar;6(1):13-6.

751. Brinkman K. Management of hyperlactatemia: no need for routine lactate measurements. Aids. 2001 Apr 13;15(6):795-7.

752. Brinkman K. Lipoatrophy and mitochondrial DNA assays: see all, know all? Aids. 2005 Jan 3;19(1):91-2.

753. Brinkman K, Smeitink JA, Romijn JA, Reiss P. Mitochondrial toxicity induced by nucleoside-analogue reverse-transcriptase inhibitors is a key factor in the pathogenesis of antiretroviral-therapy-related lipodystrophy. Lancet. 1999 Sep 25;354(9184):1112-5.

754. Brinkman K, ter Hofstede HJ, Burger DM, Smeitink JA, Koopmans PP. Adverse effects of reverse transcriptase inhibitors: mitochondrial toxicity as common pathway. Aids. 1998 Oct 1;12(14):1735-44.

755. Brinkman K, ter Hofstede HJ, Willems J, Burger DM, Koopmans PP. [Glucose tolerance test for tracing of mitochondrial toxicity from nucleoside analogs]. Ned Tijdschr Geneeskd. 1998 Oct 3;142(40):2231-2.

756. Brinkman K, Vrouenraets S, Kauffmann R, Weigel H, Frissen J. Treatment of nucleoside reverse transcriptase inhibitor-induced lactic acidosis. Aids. 2000 Dec 1;14(17):2801-2.

757. Brodie SB, Keller MJ, Ewenstein BM, Sax PE. Variation in incidence of indinavir-associated nephrolithiasis among HIV-positive patients. Aids. 1998 Dec 24;12(18):2433-7.

758. Brogly S, Williams P, Seage GR, 3rd, Van Dyke R. In utero nucleoside reverse transcriptase inhibitor exposure and cancer in HIV-uninfected children: an update from the pediatric AIDS clinical trials group 219 and 219C cohorts. J Acquir Immune Defic Syndr. 2006 Apr 1;41(4):535-6.

759. Brogly SB, Ylitalo N, Mofenson LM, Oleske J, Van Dyke R, Crain MJ, et al. In utero nucleoside reverse transcriptase inhibitor exposure and signs of possible mitochondrial dysfunction in HIV-uninfected children. Aids. 2007 May 11;21(8):929-38.

760. Brooks JI, Gallicano K, Garber G, Angel JB. Acute monoarthritis complicating therapy with indinavir. Aids. 2000 Sep 8;14(13):2064-5.

761. Brothers C, Cutrell A, Scott T, Hernandez J, Moult A. Response to: Are all non-thymidine analogue backbones appropriate for treating antiretroviral-naive patients? Int J Clin Pract. 2006 May;60(5):611-2; author reply 2.

762. Brouilette MJ, Routy JP. Abacavir sulfate and mania in HIV. Am J Psychiatry. 2007 Jun;164(6):979-80.

763. Brown CA, Lesher JL, Jr., Peterson CM. Tuberous and tendinous xanthomata secondary to ritonavir-associated hyperlipidemia. J Am Acad Dermatol. 2005 May;52(5 Suppl 1):S86-9.

764. Brown TT, Chu H, Wang Z, Palella FJ, Kingsley L, Witt MD, et al. Longitudinal increases in waist circumference are associated with HIV-serostatus, independent of antiretroviral therapy. Aids. 2007 Aug 20;21(13):1731-8.

765. Brown TT, Li X, Cole SR, Kingsley LA, Palella FJ, Riddler SA, et al. Cumulative exposure to nucleoside analogue reverse transcriptase inhibitors is associated with insulin resistance markers in the Multicenter AIDS Cohort Study. Aids. 2005 Sep 2;19(13):1375-83.

766. Bruce RG, Munch LC, Hoven AD, Jerauld RS, Greenburg R, Porter WH, et al. Urolithiasis associated with the protease inhibitor indinavir. Urology. 1997 Oct;50(4):513-8.

767. Brunelle MN, Lucifora J, Neyts J, Villet S, Holy A, Trepo C, et al. In vitro activity of 2,4-diamino-6-[2-(phosphonomethoxy)ethoxy]-pyrimidine against multidrug-resistant hepatitis B virus mutants. Antimicrob Agents Chemother. 2007 Jun;51(6):2240-3.

768. Bruno R, Sacchi P, Maiocchi L, Patruno S, Filice G. Hepatotoxicity and antiretroviral therapy with protease inhibitors: A review. Dig Liver Dis. 2006 Jun;38(6):363-73.

769. Bruno R, Sacchi P, Maiocchi L, Zocchetti C, Filice G. Hepatotoxicity and nelfinavir: a meta-analysis. Clin Gastroenterol Hepatol. 2005 May;3(5):482-8.

770. Brzosko S, Hryszko T, Panasiuk B, Prokopowicz D, Mysliwiec M. [Nephrolithiasis in a HIV infected patient treated with indinavir]. Przegl Lek. 2001;58(6):528-9.

771. Buccoliero G, Lonero G, Rollo MA, Cristiano L, Romanelli C, Loperfido P, et al. [Myocardial infarction in the course of antiretroviral therapy with protease inhibitor]. Recenti Prog Med. 2003 Jun;94(6):264-6.

772. Buchacz K, Brooks JT, Tong T, Moorman AC, Baker RK, Holmberg SD, et al. Evaluation of hypophosphataemia in tenofovir disoproxil fumarate (TDF)-exposed and TDF-unexposed HIV-infected out-patients receiving highly active antiretroviral therapy. HIV Med. 2006 Oct;7(7):451-6.

773. Buchacz K, Cervia JS, Lindsey JC, Hughes MD, Seage GR, 3rd, Dankner WM, et al. Impact of protease inhibitor-containing combination antiretroviral therapies on height and weight growth in HIV-infected children. Pediatrics. 2001 Oct;108(4):E72.

774. Bucher HC, Young J, Battegay M. Protease inhibitor-sparing simplified maintenance therapy: a need for perspective. J Antimicrob Chemother. 2004 Aug;54(2):303-5.

775. Buckheit RW, Jr., Russell JD, Pallansch LA, Driscoll JS. Anti-human immunodeficiency virus type 1 (HIV-1) activity of 2'-fluoro-2',3'-dideoxyarabinosyladenine (F-ddA) used in combination with other mechanistically diverse inhibitors of HIV-1 replication. Antivir Chem Chemother. 1999 May;10(3):115-9.

776. Buehlmann M, Chave JP, Flepp M, Schiffer V, Keiser O, Furrer H. Tenofovir-containing nucleoside/nucleotide-only antiretroviral maintenance therapy: decision making and virological outcome. HIV Clin Trials. 2006 Mar-Apr;7(2):48-54.

777. Buffet M, Schwarzinger M, Amellal B, Gourlain K, Bui P, Prevot M, et al. Mitochondrial DNA depletion in adipose tissue of HIV-infected patients with peripheral lipoatrophy. J Clin Virol. 2005 May;33(1):60-4.

778. Bundow D, Rosoff L, Aboulafia DM. Optimal treatment of nevirapine-associated hepatotoxicity remains uncertain. AIDS Read. 2001 Nov;11(11):577-80.

779. Burgard M, Sansonetti P, Vittecoq D, Descamps P, Guetard D, Herson S, et al. Lack of HPA-23 antiviral activity in HIV-infected patients without AIDS. Aids. 1989 Oct;3(10):665-8.

780. Burger D, Boyd M, Duncombe C, Felderhof M, Mahanontharit A, Ruxrungtham K, et al. Pharmacokinetics and pharmacodynamics of indinavir with or without low-dose ritonavir in HIV-infected Thai patients. J Antimicrob Chemother. 2003 May;51(5):1231-8.

781. Burger DM, Aarnoutse RE, Dieleman JP, Gyssens IC, Nouwen J, de Marie S, et al. A once-daily HAART regimen containing indinavir + ritonavir plus one or two nucleoside reverse transcriptase inhibitors (PIPO study). Antivir Ther. 2003 Oct;8(5):455-61.

782. Burger DM, Hugen PW, van der Ende ME, van Wijngaarden P, Aarnoutse RE, Reiss P, et al. Once-daily indinavir plus ritonavir: preliminary results of the PIPO study. Aids. 2000 Nov 10;14(16):2621-3.

783. Burgess GE. Fuzeon treatment forum, January 2004. Surviv News (Atlanta Ga). 2004 Jan-Feb;15(1):10.

784. Burkhart KK, Kemerer K, Donovan JW. Indinavir overdose. J Toxicol Clin Toxicol. 1998;36(7):747.

785. Burman W, Orr L. Carbamazepine toxicity after starting combination antiretroviral therapy including ritonavir and efavirenz. Aids. 2000 Dec 1;14(17):2793-4.

786. Burns-Naas LA, White KL, Jr., McCay JA, Ivett J, Webber S, Zorbas M. Immunotoxicity evaluation of nelfinavir in rats. Hum Exp Toxicol. 2005 Feb;24(2):67-78.

787. Burns-Naas LA, Zorbas M, Jessen B, Evering W, Stevens G, Ivett JL, et al. Increase in thyroid follicular cell tumors in nelfinavir-treated rats observed in a 2-year carcinogenicity study is consistent with a rat-specific mechanism of thyroid neoplasia. Hum Exp Toxicol. 2005 Dec;24(12):643-54.

788. Bush ZM, Kosmiski LA. Acute pancreatitis in HIV-infected patients: are etiologies changing since the introduction of protease inhibitor therapy? Pancreas. 2003 Jul;27(1):e1-5.

789. Buss N, Duff F. Protease inhibitors in HIV infection. Lipodystrophy may be a consequence of prolonged survival. Bmj. 1999 Jan 9;318(7176):122.

790. Buss N, Snell P, Bock J, Hsu A, Jorga K. Saquinavir and ritonavir pharmacokinetics following combined ritonavir and saquinavir (soft gelatin capsules) administration. Br J Clin Pharmacol. 2001 Sep;52(3):255-64.

791. Busse KH, Penzak SR. Darunavir: a second-generation protease inhibitor. Am J Health Syst Pharm. 2007 Aug 1;64(15):1593-602.

792. Caballero-Granado FJ, Viciana P, Cordero E, Gomez-Vera MJ, del Nozal M, Lopez-Cortes LF. Ergotism related to concurrent administration of ergotamine tartrate and ritonavir in an AIDS patient. Antimicrob Agents Chemother. 1997 May;41(5):1207.

793. Cabot de Vega E, Fontecha Gomez BJ, Sole Arnau R, Pedrol Clotet E. [Peripheral lipodystrophy associated with protease inhibitor therapy]. Rev Clin Esp. 1999 Aug;199(8):546-7.

794. Caccamo L, Agnelli F, Reggiani P, Maggi U, Donato MF, Gatti S, et al. Role of lamivudine in the posttransplant prophylaxis of chronic hepatitis B virus and hepatitis delta virus coinfection. Transplantation. 2007 May 27;83(10):1341-4.

795. Cadman J. Debate widens over protease inhibitor side effects. GMHC Treat Issues. 1998 Jul-Aug;12(7-8):9-12.

796. Cadman J. Efavirenz pregnancy warning. GMHC Treat Issues. 1998 Mar;12(3):12.

797. Caetano MA, Yoneyama T. Short and long period optimization of drug doses in the treatment of AIDS. An Acad Bras Cienc. 2002 Sep;74(3):379-92.

798. Caffrey PM. Lactic acidosis associated with nucleoside reverse transcriptase inhibitors. J Assoc Nurses AIDS Care. 2000 Sep-Oct;11(5):91-5.

799. Cahn PE, Gatell JM, Squires K, Percival LD, Piliero PJ, Sanne IA, et al. Atazanavir--a once-daily HIV protease inhibitor that does not cause dyslipidemia in newly treated patients: results from two randomized clinical trials. J Int Assoc Physicians AIDS Care (Chic Ill). 2004 Jul-Sep;3(3):92-8.

800. Cai HD, Wang L, Liu M. [The safety and effect of lamivudine in treating pregnant women infected with hepatitis B virus]. Zhonghua Gan Zang Bing Za Zhi. 2006 Feb;14(2):151-3.

801. Cainelli F, Longhi MS, Concia E, Vento S. Failure of lamivudine therapy for chemotherapy-induced reactivation of hepatitis B. Am J Gastroenterol. 2001 May;96(5):1651-2.

802. Calista D. Maculo-papular rash induced by lopinavir/ritonavir. Eur J Dermatol. 2005 Mar-Apr;15(2):97-8.

803. Calista D, Boschini A. Cutaneous side effects induced by indinavir. Eur J Dermatol. 2000 Jun;10(4):292-6.

804. Calmy A, Petoumenos K, Lewden C, Law M, Bocquentin F, Hesse K, et al. Combination antiretroviral therapy without a nucleoside reverse transcriptase inhibitor: experience from 334 patients in three cohorts. HIV Med. 2007 Apr;8(3):171-80.

805. Calmy A, Pinoges L, Szumilin E, Zachariah R, Ford N, Ferradini L. Generic fixed-dose combination antiretroviral treatment in resource-poor settings: multicentric observational cohort. Aids. 2006 May 12;20(8):1163-9.

806. Calvo G, Morros R, Mateu S, Torres F, Torrent J, Jane F. Adverse drug reactions in HIV positive hospitalized patients. A one-year drug surveillance program: study design. Methods Find Exp Clin Pharmacol. 1996;18 Suppl C:27-8.

807. Calza L, Colangeli V, Manfredi R, Legnani G, Tampellini L, Pocaterra D, et al. Rosuvastatin for the treatment of hyperlipidaemia in HIV-infected patients receiving protease inhibitors: a pilot study. Aids. 2005 Jul 1;19(10):1103-5.

808. Calza L, Manfredi R, Chiodo F. Use of fibrates in the management of hyperlipidemia in HIV-infected patients receiving HAART. Infection. 2002 Jan;30(1):26-31.

809. Calza L, Manfredi R, Chiodo F. Statins and fibrates for the treatment of hyperlipidaemia in HIV-infected patients receiving HAART. Aids. 2003 Apr 11;17(6):851-9.

810. Calza L, Manfredi R, Chiodo F. Hyperlipidaemia in patients with HIV-1 infection receiving highly active antiretroviral therapy: epidemiology, pathogenesis, clinical course and management. Int J Antimicrob Agents. 2003 Aug;22(2):89-99.

811. Calza L, Manfredi R, Chiodo F. Dyslipidaemia associated with antiretroviral therapy in HIV-infected patients. J Antimicrob Chemother. 2004 Jan;53(1):10-4.

812. Calza L, Manfredi R, Chiodo F. Hyperlactataemia and lactic acidosis in HIV-infected patients receiving antiretroviral therapy. Clin Nutr. 2005 Feb;24(1):5-15.

813. Calza L, Manfredi R, Colangeli V, Tampellini L, Sebastiani T, Pocaterra D, et al. Substitution of nevirapine or efavirenz for protease inhibitor versus lipid-lowering therapy for the management of dyslipidaemia. Aids. 2005 Jul 1;19(10):1051-8.

814. Calza L, Manfredi R, Farneti B, Chiodo F. Incidence of hyperlipidaemia in a cohort of 212 HIV-infected patients receiving a protease inhibitor-based antiretroviral therapy. Int J Antimicrob Agents. 2003 Jul;22(1):54-9.

815. Cameron DW, Becker S, King MS, da Silva B, Klein C, Tokimoto D, et al. Exploratory study comparing the metabolic toxicities of a lopinavir/ritonavir plus saquinavir dual protease inhibitor regimen versus a lopinavir/ritonavir plus zidovudine/lamivudine nucleoside regimen. J Antimicrob Chemother. 2007 May;59(5):957-63.

816. Cameron DW, Heath-Chiozzi M, Danner S, Cohen C, Kravcik S, Maurath C, et al. Randomised placebo-controlled trial of ritonavir in advanced HIV-1 disease. The Advanced HIV Disease Ritonavir Study Group. Lancet. 1998 Feb 21;351(9102):543-9.

817. Cameron DW, Japour AJ, Xu Y, Hsu A, Mellors J, Farthing C, et al. Ritonavir and saquinavir combination therapy for the treatment of HIV infection. Aids. 1999 Feb 4;13(2):213-24.

818. Camino N, Nunez M, Blanco F, Gonzalez-Requena D, Gonzalez-Lahoz J, Soriano V. Indinavir-induced thrombocytopenia. AIDS Patient Care STDS. 2003 Mar;17(3):103-4.

819. Campiani G, Morelli E, Fabbrini M, Nacci V, Greco G, Novellino E, et al. Pyrrolobenzoxazepinone derivatives as non-nucleoside HIV-1 RT inhibitors: further structure-activity relationship studies and identification of more potent broad-spectrum HIV-1 RT inhibitors with antiviral activity. J Med Chem. 1999 Oct 21;42(21):4462-70.

820. Canestri A, Cisse M, Marcelin AG, Peytavin G, Traore E, Assoumou L, et al. Experience of indinavir/ritonavir 400/100 mg twice-daily highly active antiretroviral therapy-containing regimen in HIV-1-infected patients in Bamako, Mali: the NOGOMA Study. J Acquir Immune Defic Syndr. 2007 Aug 1;45(4):477-9.

821. Canestri A, Ghosn J, Wirden M, Marguet F, Ktorza N, Boubezari I, et al. Foscarnet salvage therapy for patients with late-stage HIV disease and multiple drug resistance. Antivir Ther. 2006;11(5):561-6.

822. Cano-Soldado P, Lorrayoz IM, Molina-Arcas M, Casado FJ, Martinez-Picado J, Lostao MP, et al. Interaction of nucleoside inhibitors of HIV-1 reverse transcriptase with the concentrative nucleoside transporter-1 (SLC28A1). Antivir Ther. 2004 Dec;9(6):993-1002.

823. Capaldini L. Protease inhibitors' metabolic side effects: cholesterol, triglycerides, blood sugar, and "Crix belly." Interview with Lisa Capaldini, M.D. Interview by John S. James. AIDS Treat News. 1997 Aug 15(No 277):1-4.

824. Caparros-Lefebvre D, Lannuzel A, Tiberghien F, Strobel M. Protease inhibitors enhance levodopa effects in Parkinson's disease. Mov Disord. 1999 May;14(3):535.

825. Capili B, Anastasi JK. HIV and hyperlipidemia: current recommendations and treatment. Medsurg Nurs. 2006 Feb;15(1):14-9, 35; quiz 20.

826. Caplan DM, Popescu G, Macovei A, Grigore L. [Therapeutic considerations in a case of L.monocytogenes meningitis]. Bacteriol Virusol Parazitol Epidemiol. 2003 Jan-Mar;48(1):59-61.

827. Capparelli EV, Mirochnick M, Dankner WM, Blanchard S, Mofenson L, McSherry GD, et al. Pharmacokinetics and tolerance of zidovudine in preterm infants. J Pediatr. 2003 Jan;142(1):47-52.

828. Caramelli B, de Bernoche CY, Sartori AM, Sposito AC, Santos RD, Monachini MC, et al. Hyperlipidemia related to the use of HIV-protease inhibitors: natural history and results of treatment with fenofibrate. Braz J Infect Dis. 2001 Dec;5(6):332-8.

829. Cardiello P, Srasuebkul P, Hassink E, Mahanontharit A, Samor T, Ruxrungtham K, et al. The 48-week efficacy of once-daily saquinavir/ritonavir in patients with undetectable viral load after 3 years of antiretroviral therapy. HIV Med. 2005 Mar;6(2):122-8.

830. Carey P. Peripheral neuropathy: zalcitabine reassessed. Int J STD AIDS. 2000 Jul;11(7):417-23.

831. Carithers GB. Straight talk from DuPont on Sustiva. Posit Living. 2000 Jul;9(6):5, 63.

832. Caron M, Bastard JP, Auclair M, Vigouroux C, Capeau J. [Antiretroviral treatment for HIV and adipose tissue]. Journ Annu Diabetol Hotel Dieu. 2003:147-58.

833. Carpenter CC, Fischl MA, Hammer SM, Hirsch MS, Jacobsen DM, Katzenstein DA, et al. Antiretroviral therapy for HIV infection in 1998: updated recommendations of the International AIDS Society-USA Panel. Jama. 1998 Jul 1;280(1):78-86.

834. Carr A. HIV protease inhibitor-related lipodystrophy syndrome. Clin Infect Dis. 2000 Jun;30 Suppl 2:S135-42.

835. Carr A. Osteopenia in HIV infection. AIDS Clin Care. 2001 Aug;13(8):71-3, 8.

836. Carr A. Toxicity of antiretroviral therapy and implications for drug development. Nat Rev Drug Discov. 2003 Aug;2(8):624-34.

837. Carr A. Lactic acidemia in infection with human immunodeficiency virus. Clin Infect Dis. 2003 Apr 1;36(Suppl 2):S96-S100.

838. Carr A, Brown D, Cooper DA. Portal vein thrombosis in patients receiving indinavir, an HIV protease inhibitor. Aids. 1997 Nov;11(13):1657-8.

839. Carr A, Chuah J, Hudson J, French M, Hoy J, Law M, et al. A randomised, open-label comparison of three highly active antiretroviral therapy regimens including two nucleoside analogues and indinavir for previously untreated HIV-1 infection: the OzCombo1 study. Aids. 2000 Jun 16;14(9):1171-80.

840. Carr A, Cooper DA. Images in clinical medicine. Lipodystrophy associated with an HIV-protease inhibitor. N Engl J Med. 1998 Oct 29;339(18):1296.

841. Carr A, Cooper DA. Adverse effects of antiretroviral therapy. Lancet. 2000 Oct 21;356(9239):1423-30.

842. Carr A, Hudson J, Chuah J, Mallal S, Law M, Hoy J, et al. HIV protease inhibitor substitution in patients with lipodystrophy: a randomized, controlled, open-label, multicentre study. Aids. 2001 Sep 28;15(14):1811-22.

843. Carr A, Loewenthal M, Cooper DA. Update on reverse transcriptase inhibitors in HIV disease. Isr J Med Sci. 1993 Oct;29(10 Suppl):26-30.

844. Carr A, Miller J, Eisman JA, Cooper DA. Osteopenia in HIV-infected men: association with asymptomatic lactic acidemia and lower weight pre-antiretroviral therapy. Aids. 2001 Apr 13;15(6):703-9.

845. Carr A, Miller J, Law M, Cooper DA. A syndrome of lipoatrophy, lactic acidaemia and liver dysfunction associated with HIV nucleoside analogue therapy: contribution to protease inhibitor-related lipodystrophy syndrome. Aids. 2000 Feb 18;14(3):F25-32.

846. Carr A, Samaras K, Burton S, Law M, Freund J, Chisholm DJ, et al. A syndrome of peripheral lipodystrophy, hyperlipidaemia and insulin resistance in patients receiving HIV protease inhibitors. Aids. 1998 May 7;12(7):F51-8.

847. Carr A, Samaras K, Chisholm DJ, Cooper DA. Pathogenesis of HIV-1-protease inhibitor-associated peripheral lipodystrophy, hyperlipidaemia, and insulin resistance. Lancet. 1998 Jun 20;351(9119):1881-3.

848. Carr A, Samaras K, Thorisdottir A, Kaufmann GR, Chisholm DJ, Cooper DA. Diagnosis, prediction, and natural course of HIV-1 protease-inhibitor-associated lipodystrophy, hyperlipidaemia, and diabetes mellitus: a cohort study. Lancet. 1999 Jun 19;353(9170):2093-9.

849. Carrasco DA, Tyring SK. Advances in HIV treatment and treatment toxicities. Dermatol Clin. 2001 Oct;19(4):757-72.

850. Carrieri MP, Leport C, Protopopescu C, Cassuto JP, Bouvet E, Peyramond D, et al. Factors associated with nonadherence to highly active antiretroviral therapy: a 5-year follow-up analysis with correction for the bias induced by missing data in the treatment maintenance phase. J Acquir Immune Defic Syndr. 2006 Apr 1;41(4):477-85.

851. Carrieri MP, Villes V, Raffi F, Protopopescu C, Preau M, Salmon D, et al. Self-reported side-effects of anti-retroviral treatment among IDUs: a 7-year longitudinal study (APROCO-COPILOTE COHORT ANRS CO-8). Int J Drug Policy. 2007 Aug;18(4):288-95.

852. Carter M. French investigators warn of LPV/TDF/ddI interaction. IAPAC Mon. 2003 Dec;9(12):315.

853. Carter M. Hepatitis coinfection and LPV/RTV. IAPAC Mon. 2004 Oct;10(10):398.

854. Carter M. Focus on hepatitis. Low rate of liver problems seen with LPV/r. IAPAC Mon. 2005 Oct;11(10):325.

855. Carter M. PIs associated with increased risk of cardiovascular disease. IAPAC Mon. 2005 Feb;11(2):37.

856. Carter M. Frequent methamphetamine use, primary NNRTI resistance. IAPAC Mon. 2007 Jan;13(1):12.

857. Carter MM, Torres SM, Cook DL, Jr., McCash CL, Yu M, Walker VE, et al. Relative mutagenic potencies of several nucleoside analogs, alone or in drug pairs, at the HPRT and TK loci of human TK6 lymphoblastoid cells. Environ Mol Mutagen. 2007 Apr-May;48(3-4):239-47.

858. Carter RJ, Wiener J, Abrams EJ, Farley J, Nesheim S, Palumbo P, et al. Dyslipidemia among perinatally HIV-infected children enrolled in the PACTS-HOPE cohort, 1999-2004: a longitudinal analysis. J Acquir Immune Defic Syndr. 2006 Apr 1;41(4):453-60.

859. Carter RW, Singh J, Archambault C, Arrieta A. Severe lactic acidosis in association with reverse transcriptase inhibitors with potential response to L-carnitine in a pediatric HIV-positive patient. AIDS Patient Care STDS. 2004 Mar;18(3):131-4.

860. Carvalho AM, Oliveira-Filho RM, Simoes MJ, Amed AA, Kulay L, Jr. Effect of chronic ritonavir administration on pregnant rats and their fetuses. Clin Exp Obstet Gynecol. 2004;31(3):229-31.

861. Casado JL, Perez-Elias MJ, Antela A, Marti-Belda P, de Lucas S, Munoz V, et al. Risk factors for ritonavir intolerance and outcome after change to indinavir. Aids. 1998 Feb 12;12(3):335-6.

862. Casau NC, Glesby MJ, Paul S, Gulick RM. Brief report: efficacy and treatment-limiting toxicity with the concurrent use of lopinavir/ritonavir and a third protease inhibitor in treatment-experienced HIV-infected patients. J Acquir Immune Defic Syndr. 2003 Apr 15;32(5):494-8.

863. Caso JA, Prieto Jde M, Casas E, Sanz J. Gynecomastia without lipodystrophy syndrome in HIV-infected men treated with efavirenz. Aids. 2001 Jul 27;15(11):1447-8.

864. Cass LM, Moore KH, Dallow NS, Jones AE, Sisson JR, Prince WT. The bioavailability of the novel nonnucleoside reverse transcriptase inhibitor GW420867X is unaffected by food in healthy male volunteers. J Clin Pharmacol. 2001 May;41(5):528-35.

865. Castells L, Vargas V, Rodriguez F, Allende H, Buti M, Sanchez-Avila JF, et al. Clinical impact and efficacy of lamivudine therapy in de novo hepatitis B infection after liver transplantation. Liver Transpl. 2002 Oct;8(10):892-900.

866. Castelo Filho A, Abrao P. [Metabolic changes in HIV infected patient]. Arq Bras Endocrinol Metabol. 2007 Feb;51(1):5-7.

867. Cattelan AM, Erne E, Salatino A, Trevenzoli M, Carretta G, Meneghetti F, et al. Severe hepatic failure related to nevirapine treatment. Clin Infect Dis. 1999 Aug;29(2):455-6.

868. Cattelan AM, Trevenzoli M, Naso A, Meneghetti F, Cadrobbi P. Severe hypertension and renal atrophy associated with indinavir. Clin Infect Dis. 2000 Mar;30(3):619-21.

869. Cattelan AM, Trevenzoli M, Sasset L, Rinaldi L, Balasso V, Cadrobbi P. Indinavir and systemic hypertension. Aids. 2001 Apr 13;15(6):805-7.

870. Cattelan AM, Trevenzoli M, Sasset L, Sgarabotto D, Lanzafame M, Meneghetti F. Toxic epidermal necrolysis induced by nevirapine therapy: description of two cases and review of the literature. J Infect. 2001 Nov;43(4):246-9.

871. Caumes E, Bossi P, Katlama C, Bricaire F. [Antiretroviral-induced toxiderma in HIV-infected patients]. Presse Med. 2003 Sep 6;32(28):1325-33.

872. Celesia BM, Onorante A, Nunnari G, Mughini MT, Mavilla S, Massimino SD, et al. Porphyria cutanea tarda in an HIV-1-infected patient after the initiation of tipranavir/ritonavir: case report. Aids. 2007 Jul 11;21(11):1495-6.

873. Cepeda JA, Wilks D. Excess peripheral neuropathy in patients treated with hydroxyurea plus didanosine and stavudine for HIV infection. Aids. 2000 Feb 18;14(3):332-3.

874. Cersosimo MG, Lasala B, Folgar S, Micheli F. Epidural lipomatosis secondary to indinavir in an HIV-positive patient. Clin Neuropharmacol. 2002 Jan-Feb;25(1):51-4.

875. Cervia JS, Smith MA. Enfuvirtide (T-20): a novel human immunodeficiency virus type 1 fusion inhibitor. Clin Infect Dis. 2003 Oct 15;37(8):1102-6.

876. Cha AE. AIDS drug trial turned away; protests by prostitutes in Cambodia ended Tenofovir testing. Washington Post. 2006 May 23:A10, A4.

877. Chai H, Yang H, Yan S, Li M, Lin PH, Lumsden AB, et al. Effects of 5 HIV protease inhibitors on vasomotor function and superoxide anion production in porcine coronary arteries. J Acquir Immune Defic Syndr. 2005 Sep 1;40(1):12-9.

878. Chaisson RE, Gebo K, Flexner C, Gallant JE, Lucas GM, Bartlett JG. Selected topics from the 9th Conference on Retroviruses and Opportunistic Infections. HIV Clin Trials. 2002 Jul-Aug;3(4):333-49.

879. Chan HL, Chui AK, Rao AR, Hui AY, Wong J, Lau WY. Absence of impact of donor hepatic steatosis and posttransplantation lamivudine resistance in a patient with chronic hepatitis B. Transplant Proc. 2004 Oct;36(8):2309-10.

880. Chan SS, Santos JH, Meyer JN, Mandavilli BS, Cook DL, Jr., McCash CL, et al. Mitochondrial toxicity in hearts of CD-1 mice following perinatal exposure to AZT, 3TC, or AZT/3TC in combination. Environ Mol Mutagen. 2007 Apr-May;48(3-4):190-200.

881. Chan TM, Tse KC, Tang CS, Lai KN, Ho SK. Prospective study on lamivudine-resistant hepatitis B in renal allograft recipients. Am J Transplant. 2004 Jul;4(7):1103-9.

882. Chan TM, Wu PC, Li FK, Lai CL, Cheng IK, Lai KN. Treatment of fibrosing cholestatic hepatitis with lamivudine. Gastroenterology. 1998 Jul;115(1):177-81.

883. Chang ES, Tetreault DD, Liu YT, Beall GN. The effects of antiretroviral protease inhibitors on serum lipid levels in HIV-infected patients. J Am Diet Assoc. 2001 Jun;101(6):687-9.

884. Chang HE. No tease this time--pros and cons of a long-awaited anti-HIV drug. Posit Aware. 1996 Jan-Feb;7(1):18-20.

885. Chang HR, Pella PM. Atazanavir urolithiasis. N Engl J Med. 2006 Nov 16;355(20):2158-9.

886. Chang RS, Tabba HD, He YS, Smith KM. Dextran sulfate as an inhibitor against the human immunodeficiency virus. Proc Soc Exp Biol Med. 1988 Dec;189(3):304-9.

887. Chan-Tack KM, Truffa MM, Struble KA, Birnkrant DB. Atazanavir-associated nephrolithiasis: cases from the US Food and Drug Administration's Adverse Event Reporting System. Aids. 2007 May 31;21(9):1215-8.

888. Chanu B, Valensi P. [Lipid disorders in patients with HIV-induced diseases]. Presse Med. 2005 Sep 10;34(15):1087-94.

889. Chapman SJ, Woolley IJ, Visvanathan K, Korman TM. Acute pancreatitis caused by tipranavir/ritonavir-induced hypertriglyceridaemia. Aids. 2007 Feb 19;21(4):532-3.

890. Chapplain JM, Beillot J, Begue JM, Souala F, Bouvier C, Arvieux C, et al. Mitochondrial abnormalities in HIV-infected lipoatrophic patients treated with antiretroviral agents. J Acquir Immune Defic Syndr. 2004 Dec 1;37(4):1477-88.

891. Charakida M, Donald AE, Green H, Storry C, Clapson M, Caslake M, et al. Early structural and functional changes of the vasculature in HIV-infected children: impact of disease and antiretroviral therapy. Circulation. 2005 Jul 5;112(1):103-9.

892. Charton-Bain MC, Flamant M, Aubertin JM, Belair MF, Gilquin J, Kazatchkine M, et al. [Lactic acidosis and hepatic mitochondrial changes during a treatment with zidovudine]. Gastroenterol Clin Biol. 1997;21(12):979-81.

893. Chave JP. [The treatment of HIV infection in 1988: an update]. Rev Med Suisse Romande. 1988 Aug;108(8):691-6.

894. Cheeseman SH, Havlir D, McLaughlin MM, Greenough TC, Sullivan JL, Hall D, et al. Phase I/II evaluation of nevirapine alone and in combination with zidovudine for infection with human immunodeficiency virus. J Acquir Immune Defic Syndr Hum Retrovirol. 1995 Feb 1;8(2):141-51.

895. Chefchaouni MC, Thiounn N, Flam T, Zerbib M, Debre B. [Urinary calculi and indinavir sulfate in patients with HIV infection. Apropos of 4 cases]. J Urol (Paris). 1997;103(1-2):35-6.

896. Chen CL, Venkatachalam TK, Waurzyniak B, Chelstrom L, Uckun FM. In vivo toxicity, pharmacokinetic features and tissue distribution of N-[2-(2,5-dimethoxyphenylethyl)]-N'-[2-(5-bromopyridyl)]-thiourea (HI-236), a potent non-nucleoside inhibitor of HIV-1 reverse transcriptase. Arzneimittelforschung. 2001;51(7):574-81.

897. Chen L, Sabo JP, Philip E, Mao Y, Norris SH, MacGregor TR, et al. Steady-state disposition of the nonpeptidic protease inhibitor tipranavir when coadministered with ritonavir. Antimicrob Agents Chemother. 2007 Jul;51(7):2436-44.

898. Chen SC, Nankivell BJ, Dwyer DE. Indinavir-induced renal failure. Aids. 1998 Mar 5;12(4):440-1.

899. Chene G. Cohort studies: what do they tell us? J HIV Ther. 2001 May;6(2):28-31.

900. Chene G, Binquet C, Moreau JF, Neau D, Pellegrin I, Malvy D, et al. Changes in CD4+ cell count and the risk of opportunistic infection or death after highly active antiretroviral treatment. Groupe d'Epidemiologie Clinique du SIDA en Aquitaine. Aids. 1998 Dec 3;12(17):2313-20.

901. Cheng CL, Smith DE, Carver PL, Cox SR, Watkins PB, Blake DS, et al. Steady-state pharmacokinetics of delavirdine in HIV-positive patients: effect on erythromycin breath test. Clin Pharmacol Ther. 1997 May;61(5):531-43.

902. Cheng M, Chen S, Schow SR, Manchem VP, Spevak WR, Cristobal CP, et al. In vitro and in vivo prevention of HIV protease inhibitor-induced insulin resistance by a novel small molecule insulin receptor activator. J Cell Biochem. 2004 Aug 15;92(6):1234-45.

903. Cheng YS, Lo KH, Hsu HH, Shao YM, Yang WB, Lin CH, et al. Screening for HIV protease inhibitors by protection against activity-mediated cytotoxicity in Escherichia coli. J Virol Methods. 2006 Oct;137(1):82-7.

904. Cheonis N. Tipranavir: the first nonpeptidic protease inhibitor. Beta. 2004 Winter;16(2):15-7.

905. Cherry CL, Lala L, Wesselingh SL. Mitochondrial toxicity of nucleoside analogues: mechanism, monitoring and management. Sex Health. 2005;2(1):1-11.

906. Cherry CL, McArthur JC, Hoy JF, Wesselingh SL. Nucleoside analogues and neuropathy in the era of HAART. J Clin Virol. 2003 Feb;26(2):195-207.

907. Cherry CL, Nolan D, James IR, McKinnon EJ, Mallal SA, Gahan ME, et al. Tissue-specific associations between mitochondrial DNA levels and current treatment status in HIV-infected individuals. J Acquir Immune Defic Syndr. 2006 Aug 1;42(4):435-40.

908. Cherry M. Concern at cheap AIDS drug fears. Nature. 1999 Nov 25;402(6760):332.

909. Cherry M. South Africa says AIDS drug 'toxic'. Nature. 1999 Nov 4;402(6757):3.

910. Cherry M. Panel will seek 'appropriate' AIDS goals for South Africa. Nature. 2000 Mar 9;404(6774):115.

911. Cherry M. South African government rejects AZT advice. Nature. 2000 Feb 17;403(6771):692.

912. Cheseaux JJ, Jotterand V, Aebi C, Gnehm H, Kind C, Nadal D, et al. Hyperlipidemia in HIV-infected children treated with protease inhibitors: relevance for cardiovascular diseases. J Acquir Immune Defic Syndr. 2002 Jul 1;30(3):288-93.

913. Chheda MG, Drappatz J, Greenberger NJ, Kesari S, Weiss SE, Gigas DC, et al. Hepatitis B reactivation during glioblastoma treatment with temozolomide: a cautionary note. Neurology. 2007 Mar 20;68(12):955-6.

914. Chiacchio U, Balestrieri E, Macchi B, Iannazzo D, Piperno A, Rescifina A, et al. Synthesis of phosphonated carbocyclic 2'-oxa-3'-aza-nucleosides: novel inhibitors of reverse transcriptase. J Med Chem. 2005 Mar 10;48(5):1389-94.

915. Chien RN, Yeh CT, Wang PN, Kuo MC, Hsieh SY, Shih LY, et al. Acute leukaemia in chronic hepatitis B patients with lamivudine therapy. Int J Clin Pract. 2004 Nov;58(11):1088-91.

916. Chiesa E, Bini T, Adorni F, Capetti A, Rizzardini G, Faggion I, et al. Simplification of protease inhibitor-containing regimens with efavirenz, nevirapine or abacavir: safety and efficacy outcomes. Antivir Ther. 2003 Feb;8(1):27-35.

917. Chinello P, Lisena FP, Angeletti C, Boumis E, Papetti F, Petrosillo N. Role of antiretroviral treatment in prolonging QTc interval in HIV-positive patients. J Infect. 2007 Jun;54(6):597-602.

918. Chirouze C, Hustache-Mathieu L, Rougeot C, Drobacheff C, Gil H, Faller JP, et al. [Risk factors for Abacavir-induced hypersensibility syndrome in the "real world"]. Pathol Biol (Paris). 2004 Nov;52(9):529-33.

919. Choi SH, Choi DH, Lee JJ, Park MS, Chun BG. Imidazoline drugs stabilize lysosomes and inhibit oxidative cytotoxicity in astrocytes. Free Radic Biol Med. 2002 Mar 1;32(5):394-405.

920. Chou R, Fu R, Huffman LH, Korthuis PT. Initial highly-active antiretroviral therapy with a protease inhibitor versus a non-nucleoside reverse transcriptase inhibitor: discrepancies between direct and indirect meta-analyses. Lancet. 2006 Oct 28;368(9546):1503-15.

921. Chow DC, Souza SA, Chen R, Richmond-Crum SM, Grandinetti A, Shikuma C. Elevated blood pressure in HIV-infected individuals receiving highly active antiretroviral therapy. HIV Clin Trials. 2003 Nov-Dec;4(6):411-6.

922. Chronister CL, Gurwood AS. Type 2 diabetes in association with HIV-1 protease inhibitors in HIV-infected patients. J Am Optom Assoc. 1998 Nov;69(11):695-8.

923. Chuck SK, Penzak SR. Risk-benefit of HMG-CoA reductase inhibitors in the treatment of HIV protease inhibitor-related hyperlipidaemia. Expert Opin Drug Saf. 2002 May;1(1):5-17.

924. Chugh S, Bird R, Alexander EA. Ritonavir and renal failure. N Engl J Med. 1997 Jan 9;336(2):138.

925. Chui CK, Brumme ZL, Brumme CJ, Yip B, Phillips EJ, Montaner JS, et al. A simple screening approach to reduce B*5701-associated abacavir hypersensitivity on the basis of sequence variation in HIV reverse transcriptase. Clin Infect Dis. 2007 Jun 1;44(11):1503-8.

926. Church JA, Hughes M, Chen J, Palumbo P, Mofenson LM, Delora P, et al. Long term tolerability and safety of enfuvirtide for human immunodeficiency virus 1-infected children. Pediatr Infect Dis J. 2004 Aug;23(8):713-8.

927. Churchill DR, Pym AS, Galpin S, Foxall R, Stainsby C, Clarke JR, et al. The rabbit study: ritonavir and saquinavir in combination in saquinavir-experienced and previously untreated patients. AIDS Res Hum Retroviruses. 1999 Sep 1;15(13):1181-9.

928. Cihlar T, Birkus G, Greenwalt DE, Hitchcock MJ. Tenofovir exhibits low cytotoxicity in various human cell types: comparison with other nucleoside reverse transcriptase inhibitors. Antiviral Res. 2002 Apr;54(1):37-45.

929. Cihlar T, Ray AS, Laflamme G, Vela JE, Tong L, Fuller MD, et al. Molecular assessment of the potential for renal drug interactions between tenofovir and HIV protease inhibitors. Antivir Ther. 2007;12(2):267-72.

930. Cirino CM, Kan VL. Hypokalemia in HIV patients on tenofovir. Aids. 2006 Aug 1;20(12):1671-3.

931. Claessens YE, Cariou A, Chiche JD, Dauriat G, Dhainaut JF. L-Carnitine as a treatment of life-threatening lactic acidosis induced by nucleoside analogues. Aids. 2000 Mar 10;14(4):472-3.

932. Claessens YE, Cariou A, Monchi M, Soufir L, Azoulay E, Rouges P, et al. Detecting life-threatening lactic acidosis related to nucleoside-analog treatment of human immunodeficiency virus-infected patients, and treatment with L-carnitine. Crit Care Med. 2003 Apr;31(4):1042-7.

933. Claessens YE, Chiche JD, Mira JP, Cariou A. Bench-to-bedside review: severe lactic acidosis in HIV patients treated with nucleoside analogue reverse transcriptase inhibitors. Crit Care. 2003 Jun;7(3):226-32.

934. Clarke S, Harrington P, Barry M, Mulcahy F. The tolerability of efavirenz after nevirapine-related adverse events. Clin Infect Dis. 2000 Sep;31(3):806-7.

935. Clarke S, Mulcahy F, Bergin C, Reynolds H, Boyle N, Barry M, et al. Absence of opioid withdrawal symptoms in patients receiving methadone and the protease inhibitor lopinavir-ritonavir. Clin Infect Dis. 2002 Apr 15;34(8):1143-5.

936. Clarke SM, Mulcahy F, Healy CM, Condon S, Butler KM. The efficacy and tolerability of combination antiretroviral therapy in pregnancy: infant and maternal outcome. Int J STD AIDS. 2000 Apr;11(4):220-3.

937. Clarke SM, Mulcahy FM, Tjia J, Reynolds HE, Gibbons SE, Barry MG, et al. The pharmacokinetics of methadone in HIV-positive patients receiving the non-nucleoside reverse transcriptase inhibitor efavirenz. Br J Clin Pharmacol. 2001 Mar;51(3):213-7.

938. Clay PG. The abacavir hypersensitivity reaction: a review. Clin Ther. 2002 Oct;24(10):1502-14.

939. Clay PG, Adams MM. Pseudo-Parkinson disease secondary to ritonavir-buspirone interaction. Ann Pharmacother. 2003 Feb;37(2):202-5.

940. Clayman RV. Crystalluria and urinary tract abnormalities associated with indinavir. J Urol. 1998 Aug;160(2):633.

941. Clevenbergh P, Mouly S, Sellier P, Badsi E, Cervoni J, Vincent V, et al. Improving HIV infection management using antiretroviral plasma drug levels monitoring: a clinician's point of view. Curr HIV Res. 2004 Oct;2(4):309-21.

942. Clifford DB, Evans S, Yang Y, Acosta EP, Goodkin K, Tashima K, et al. Impact of efavirenz on neuropsychological performance and symptoms in HIV-infected individuals. Ann Intern Med. 2005 Nov 15;143(10):714-21.

943. Clotet B, Bellos N, Molina JM, Cooper D, Goffard JC, Lazzarin A, et al. Efficacy and safety of darunavir-ritonavir at week 48 in treatment-experienced patients with HIV-1 infection in POWER 1 and 2: a pooled subgroup analysis of data from two randomised trials. Lancet. 2007 Apr 7;369(9568):1169-78.

944. Clotet B, Negredo E. HIV protease inhibitors and dyslipidemia. AIDS Rev. 2003 Jan-Mar;5(1):19-24.

945. Clotet B, Raffi F, Cooper D, Delfraissy JF, Lazzarin A, Moyle G, et al. Clinical management of treatment-experienced, HIV-infected patients with the fusion inhibitor enfuvirtide: consensus recommendations. Aids. 2004 May 21;18(8):1137-46.

946. Clotet B, van der Valk M, Negredo E, Reiss P. Impact of nevirapine on lipid metabolism. J Acquir Immune Defic Syndr. 2003 Sep;34 Suppl 1:S79-84.

947. Cofrancesco J, Jr. Report from San Francisco: The 11th Conference on Retroviruses and Opportunistic Infections (CROI). Lipodystrophy and metabolic complications. Hopkins HIV Rep. 2004 Mar;16(2):12-4.

948. Cofrancesco J, Jr. 3rd IAS conference: metabolic and fat metabolism issues. Hopkins HIV Rep. 2005 Sep;17(5):10-2.

949. Coghlan ME, Sommadossi JP, Jhala NC, Many WJ, Saag MS, Johnson VA. Symptomatic lactic acidosis in hospitalized antiretroviral-treated patients with human immunodeficiency virus infection: a report of 12 cases. Clin Infect Dis. 2001 Dec 1;33(11):1914-21.

950. Cohen C. PI/NRTI "sparing" regimens for HIV infection. IAPAC sessions 2001, July 18-19, 2001 - Chicago. IAPAC Mon. 2001 Aug;7(8):254-60.

951. Cohen CJ. Ritonavir-boosted protease inhibitors, Part 2: cardiac implications of lipid alterations. AIDS Read. 2005 Oct;15(10):528-32, 37-8.

952. Cohen CJ. Ritonavir-boosted protease inhibitors, Part 1: strategies for balancing efficacy with effects on lipids. AIDS Read. 2005 Sep;15(9):462-5, 70-1, 74, 77.

953. Cohen CJ, Hellinger J, Norris D. Evaluation of simplified protease inhibitor dosing regimens for the treatment of HIV infection. AIDS Read. 2000 May;10(5):296-9, 304-7, 11-3.

954. Cohen J. AIDS therapy. Failure isn't what it used to be...but neither is success. Science. 1998 Feb 20;279(5354):1133-4.

955. Cohen J. Retrovirus meeting. Hope on new AIDS drugs, but breast-feeding strategy backfires. Science. 2007 Mar 9;315(5817):1357.

956. Colagreco JP. Cardiovascular considerations in patients treated with HIV protease inhibitors. J Assoc Nurses AIDS Care. 2004 Jan-Feb;15(1):30-41.

957. Colebunders R, Clumeck N, Florence E, Vandercam B, Van Wanzeele F, Van Wijngaerden E, et al. Safe and effective use of combination antiretroviral treatment. Acta Clin Belg. 1999 Apr;54(2):55-60.

958. Colebunders R, De Droogh E, Pelgrom Y, Depraetere K, De Jonghe P. Painful hyperaesthesia caused by protease inhibitors? Infection. 1998 Jul-Aug;26(4):250-1.

959. Colebunders R, De Schacht C, Vanwolleghem T, Callens S. Lopinavir/ritonavir- and indinavir-induced thrombocytopenia in a patient with HIV infection. Int J Infect Dis. 2004 Sep;8(5):315-6.

960. Colebunders R, Hilbrands R, De Roo A, Pelgrom J. Neuropsychiatric reaction induced by abacavir. Am J Med. 2002 Nov;113(7):616.

961. Colebunders R, Kamya MR, Laurence J, Kambugu A, Byakwaga H, Mwebaze PS, et al. First-line antiretroviral therapy in Africa--how evidence-base are our recommendations? AIDS Rev. 2005 Jul-Sep;7(3):148-54.

962. Colebunders R, Moerman F, Noestlinger C. Unexpected improvement of sexual dysfunction during atazanavir therapy. Aids. 2006 May 12;20(8):1209-10.

963. Colebunders R, Schrooten W, Desmet P, De Roo A, Dreezen C. Prevention of nevirapine-associated rash. Lancet. 2001 Feb 3;357(9253):392-3.

964. Colebunders R, Smets E, Verdonck K, Dreezen C. Sexual dysfunction with protease inhibitors. Lancet. 1999 May 22;353(9166):1802.

965. Colebunders R, Verdonck K. Reply to Gonzalez and Everall: Lest we forget: neuropsychiatry and the new generation anti-HIV drugs. Aids. 1999 May 7;13(7):869.

966. Coleman CI, White CM. A comparison of different protease inhibitors on coronary heart disease risk. Conn Med. 2007 Jan;71(1):15-7.

967. Collazos J, Ibarra S, Loureiro M. Cortisol serum levels and their relationship to certain antiretroviral drugs. Scand J Infect Dis. 2004;36(6-7):480-2.

968. Collazos J, Martinez E, Mayo J, Ibarra S. Sexual dysfunction in HIV-infected patients treated with highly active antiretroviral therapy. J Acquir Immune Defic Syndr. 2002 Nov 1;31(3):322-6.

969. Collazos J, Mayo J, Martinez E, Ibarra S. Serum cortisol in HIV-infected patients with and without highly active antiretroviral therapy. Aids. 2003 Jan 3;17(1):123-6.

970. Collier AC, Coombs RW, Schoenfeld DA, Bassett R, Baruch A, Corey L. Combination therapy with zidovudine, didanosine and saquinavir. Antiviral Res. 1996 Jan;29(1):99.

971. Collin F, Chene G, Retout S, Peytavin G, Salmon D, Bouvet E, et al. Indinavir trough concentration as a determinant of early nephrolithiasis in HIV-1-infected adults. Ther Drug Monit. 2007 Apr;29(2):164-70.

972. Colombo S, Buclin T, Franc C, Guignard N, Khonkarly M, Tarr PE, et al. Ritonavir-boosted atazanavir-lopinavir combination: a pharmacokinetic interaction study of total, unbound plasma and cellular exposures. Antivir Ther. 2006;11(1):53-62.

973. Colson AE, Keller MJ, Sax PE, Pettus PT, Platt R, Choo PW. Male sexual dysfunction associated with antiretroviral therapy. J Acquir Immune Defic Syndr. 2002 May 1;30(1):27-32.

974. Colson AE, Sax PE, Keller MJ, Turk BK, Pettus PT, Platt R, et al. Paronychia in association with indinavir treatment. Clin Infect Dis. 2001 Jan;32(1):140-3.

975. Colvin R. Protease inhibitors cause more bleeding. Common Factor. 1997 Nov(No 11):8.

976. Colvin R. Protease inhibitors and diabetes: a growing problem. Common Factor. 1997 Nov(No 11):8.

977. Colvin R. Hemophilia and HIV standard of care. Common Factor. 1997 Nov(No 11):10-1.

978. Confrancesco J, Jr. Report from the 4th International Workshop on Adverse Drug Reactions and Lipodystrophy in HIV. Hopkins HIV Rep. 2003 Jan;15(1):4-5.

979. Conn J, Colman P, Brown G, Street A, Bate K. Nephrogenic diabetes insipidus associated with foscarnet--a case report. J Antimicrob Chemother. 1996 Jun;37(6):1179-81.

980. Connolly N, Manders E, Riddler S. Suction-assisted lipectomy for lipodystrophy. AIDS Res Hum Retroviruses. 2004 Aug;20(8):813-5.

981. Conway B. Initial therapy with protease inhibitor-sparing regimens: evaluation of nevirapine and delavirdine. Clin Infect Dis. 2000 Jun;30 Suppl 2:S130-4.

982. Cooper CL, Mills E. Comparison of first antiretroviral treatment duration and outcome in HIV, HIV-HBV and HIV-HCV infection. Int J STD AIDS. 2007 Aug;18(8):546-50.

983. Cooper CL, Parbhakar MA, Angel JB. Hepatotoxicity associated with antiretroviral therapy containing dual versus single protease inhibitors in individuals coinfected with hepatitis C virus and human immunodeficiency virus. Clin Infect Dis. 2002 May 1;34(9):1259-63.

984. Cooper CL, van Heeswijk RP. Once-daily nevirapine dosing: a pharmacokinetics, efficacy and safety review. HIV Med. 2007 Jan;8(1):1-7.

985. Coplan PM, Cook JR, Carides GW, Heyse JF, Wu AW, Hammer SM, et al. Impact of indinavir on the quality of life in patients with advanced HIV infection treated with zidovudine and lamivudine. Clin Infect Dis. 2004 Aug 1;39(3):426-33.

986. Coplan PM, Nikas A, Japour A, Cormier K, Maradit-Kremers H, Lewis R, et al. Incidence of myocardial infarction in randomized clinical trials of protease inhibitor-based antiretroviral therapy: an analysis of four different protease inhibitors. AIDS Res Hum Retroviruses. 2003 Jun;19(6):449-55.

987. Coplan PM, Nikas AA, Leavitt RY, Doll L, Nessly ML, DiNubile MJ, et al. Indinavir did not increase the short-term risk of adverse cardiovascular events relative to nucleoside reverse transcriptase inhibitor therapy in four phase III clinical trials. Aids. 2001 Aug 17;15(12):1584-6.

988. Coppedge B. Drug reactions & lipodystrophy workshop. STEP Perspect. 1999 Fall;99(3):17-8.

989. Coppedge B. Drug reactions & lipodystrophy workshop. STEP Perspect. 1999 Fall;99(3):17-8.

990. Corbett AH, Rublein JC. DAPD (Emory University/Triangle Pharmaceuticals/Abbott Laboratories). Curr Opin Investig Drugs. 2001 Mar;2(3):348-53.

991. Cornejo-Juarez P, Sierra-Madero J, Volkow-Fernandez P. Metabolic acidosis and hepatic steatosis in two HIV-infected patients on stavudine (d4T) treatment. Arch Med Res. 2003 Jan-Feb;34(1):64-9.

992. Corry DB, Tuck ML. Selective aspects of the insulin resistance syndrome. Curr Opin Nephrol Hypertens. 2001 Jul;10(4):507-14.

993. Cossarizza A, Moyle G. Antiretroviral nucleoside and nucleotide analogues and mitochondria. Aids. 2004 Jan 23;18(2):137-51.

994. Costello RT, Brunet C, Dignat-George F, Sampol J, Olive D, Gastaut JA. Immune reconstitution during intensive chemotherapy in patients with human immunodeficiency virus related non-Hodgkin lymphoma. Hematol J. 2002;3(4):216-8.

995. Cote HC. Possible ways nucleoside analogues can affect mitochondrial DNA content and gene expression during HIV therapy. Antivir Ther. 2005;10 Suppl 2:M3-11.

996. Cote HC, Brumme ZL, Chan JW, Guillemi S, Montaner JS, Harrigan PR. HIV therapy, hepatitis C virus infection, antibiotics and obesity, a mitochondria killer mix? Aids. 2006 Jun 12;20(9):1343-5.

997. Cote HC, Magil AB, Harris M, Scarth BJ, Gadawski I, Wang N, et al. Exploring mitochondrial nephrotoxicity as a potential mechanism of kidney dysfunction among HIV-infected patients on highly active antiretroviral therapy. Antivir Ther. 2006;11(1):79-86.

998. Cotter AM, Garcia AG, Duthely ML, Luke B, O'Sullivan MJ. Is antiretroviral therapy during pregnancy associated with an increased risk of preterm delivery, low birth weight, or stillbirth? J Infect Dis. 2006 May 1;193(9):1195-201.

999. Cotton D, Henry K. The perils of progress. AIDS Clin Care. 1999 Oct;11(10):82-3.

1000. Couzigou C, Daudon M, Meynard JL, Borsa-Lebas F, Higueret D, Escaut L, et al. Urolithiasis in HIV-positive patients treated with atazanavir. Clin Infect Dis. 2007 Oct 15;45(8):e105-8.

1001. Covington DL, Conner SD, Doi PA, Swinson J, Daniels EM. Risk of birth defects associated with nelfinavir exposure during pregnancy. Obstet Gynecol. 2004 Jun;103(6):1181-9.

1002. Cox S. Party at your own risk. Posit Aware. 1997 May-Jun;8(3):32-7.

1003. Crabb C. Clinical trials for enfuvirtide (Fuzeon, T-20). Aids. 2003 Nov 21;17(17):N13-4.

1004. Crabb C. Protease inhibitors and risk of developing HIV-related sensory neuropathy. Aids. 2004 Sep 24;18(14):N10.

1005. Craig K. Clinical trials group: two studies are now open to patients who qualify. HIV Clin. 2000 Winter;12(1):5.

1006. Crane HM, Van Rompaey SE, Kitahata MM. Antiretroviral medications associated with elevated blood pressure among patients receiving highly active antiretroviral therapy. Aids. 2006 Apr 24;20(7):1019-26.

1007. Crane HM, Van Rompaey SE, Kitahata MM. Initiating highly active antiretroviral therapy with newer protease inhibitors is associated with better survival compared to first-generation protease inhibitors or nevirapine. AIDS Patient Care STDS. 2007 Dec;21(12):920-9.

1008. Creagh T, Ruckle JL, Tolbert DT, Giltner J, Eiznhamer DA, Dutta B, et al. Safety and pharmacokinetics of single doses of (+)-calanolide a, a novel, naturally occurring nonnucleoside reverse transcriptase inhibitor, in healthy, human immunodeficiency virus-negative human subjects. Antimicrob Agents Chemother. 2001 May;45(5):1379-86.

1009. Creighton S, Miller R, Edwards S, Copas A, French P. Is ritonavir boosting associated with gout? Int J STD AIDS. 2005 May;16(5):362-4.

1010. Crowe DR. Is peripartum zidovudine 'safe and highly beneficial to African children?' Aids. 2001 Nov 9;15(16):2204-5.

1011. Crowe S. New reverse transcriptase inhibitors. Adv Exp Med Biol. 1999;458:183-97.

1012. Csajka C, Marzolini C, Fattinger K, Decosterd LA, Fellay J, Telenti A, et al. Population pharmacokinetics and effects of efavirenz in patients with human immunodeficiency virus infection. Clin Pharmacol Ther. 2003 Jan;73(1):20-30.

1013. Cullen MD, Deng BL, Hartman TL, Watson KM, Buckheit RW, Jr., Pannecouque C, et al. Synthesis and biological evaluation of alkenyldiarylmethane HIV-1 non-nucleoside reverse transcriptase inhibitors that possess increased hydrolytic stability. J Med Chem. 2007 Oct 4;50(20):4854-67.

1014. Cunha AM, Hagemann CC, Simoes RS, Oliveira-Filho RM, Simoes MJ, Soares JM, Jr., et al. Effects of lopinavir-ritonavir combined therapy during the rat pregnancy. Morphological and biochemical aspects. Eur J Obstet Gynecol Reprod Biol. 2007 Jul;133(1):60-3.

1015. Curi AL, Freeman G, Kapembwa M, Pavesio C. Retinal toxicity due to Efavirenz. Eye. 2001 Apr;15(Pt 2):246-8.

1016. Currier J. Metabolic complications of HIV infection: translating research findings into clinical practice. AIDS Clin Care. 2002 Jan;14(1):1-2, 8.

1017. Currier J. Longitudinal studies of the role of NRTIs in fat loss. AIDS Clin Care. 2002 Dec;14(12):106-7.

1018. Currier J. Meeting report from the XV International AIDS Conference. Metabolic complications. AIDS Clin Care. 2004 Sep;16(9):73-4.

1019. Currier J. Report from the 9th International Workshop on Adverse Drug Reactions and Lipodystrophy in HIV. AIDS Clin Care. 2007 Oct;19(10):91.

1020. Currier JS. How to manage metabolic complications of HIV therapy: what to do while we wait for answers. AIDS Read. 2000 Mar;10(3):162-9; discussion 71-4.

1021. Currier JS, Kendall MA, Zackin R, Henry WK, Alston-Smith B, Torriani FJ, et al. Carotid artery intima-media thickness and HIV infection: traditional risk factors overshadow impact of protease inhibitor exposure. Aids. 2005 Jun 10;19(9):927-33.

1022. Cuzin L, Pugliese P, Bugnon F, Delpierre C, Cua E, Billaud E, et al. Triple nucleoside reverse transcriptase inhibitor- vs. nonnucleoside reverse transcriptase inhibitor-containing regimens as first-line therapy: efficacy and durability in a prospective cohort of French HIV-infected patients. HIV Med. 2005 Nov;6(6):388-95.

1023. Cvetkovic RS, Goa KL. Lopinavir/ritonavir: a review of its use in the management of HIV infection. Drugs. 2003;63(8):769-802.

1024. Da Silva LC, Pinho JR, Sitnik R, Da Fonseca LE, Carrilho FJ. Efficacy and tolerability of long-term therapy using high lamivudine doses for the treatment of chronic hepatitis B. J Gastroenterol. 2001 Jul;36(7):476-85.

1025. Dahri K, Ensom MH. Efavirenz and nevirapine in HIV-1 infection : is there a role for clinical pharmacokinetic monitoring? Clin Pharmacokinet. 2007;46(2):109-32.

1026. D'Alessandro AM, Rinaldi AC, D'Andrea G, Brisdelli F, Di Ciccio L, Di Giulio A, et al. Evidences that zidovudine (AZT) could not be directly responsible for iron overload in AZT-treated patients: an in vitro study. Clin Chim Acta. 2000 Oct;300(1-2):119-30.

1027. Daluge SM, Purifoy DJ, Savina PM, St Clair MH, Parry NR, Dev IK, et al. 5-Chloro-2',3'-dideoxy-3'-fluorouridine (935U83), a selective anti-human immunodeficiency virus agent with an improved metabolic and toxicological profile. Antimicrob Agents Chemother. 1994 Jul;38(7):1590-603.

1028. Damle B, Hewlett D, Jr., Hsyu PH, Becker M, Petersen A. Pharmacokinetics of nelfinavir in subjects with hepatic impairment. J Clin Pharmacol. 2006 Nov;46(11):1241-9.

1029. Damle BD, Mummaneni V, Kaul S, Knupp C. Lack of effect of simultaneously administered didanosine encapsulated enteric bead formulation (Videx EC) on oral absorption of indinavir, ketoconazole, or ciprofloxacin. Antimicrob Agents Chemother. 2002 Feb;46(2):385-91.

1030. Dando TM, Perry CM. Enfuvirtide. Drugs. 2003;63(24):2755-66; discussion 67-8.

1031. Dando TM, Wagstaff AJ. Emtricitabine/tenofovir disoproxil fumarate. Drugs. 2004;64(18):2075-82; discussion 83-4.

1032. Danel C, Moh R, Peytavin G, Anzian A, Minga A, Gomis OB, et al. Lack of indinavir-associated nephrological complications in HIV-infected adults (predominantly women) with high indinavir plasma concentration in Abidjan, Cote d'Ivoire. AIDS Res Hum Retroviruses. 2007 Jan;23(1):62-6.

1033. Dang HX, He R, Ma YD. [Report of two cases with lamivudine-caused extrapyramidal reaction]. Zhonghua Er Ke Za Zhi. 2004 Jun;42(6):436.

1034. Daniel OJ, Krain AB, Ogun SA, Odusoga OL, Boyle BA. Nevirapine-related adverse events in a patient receiving a fixed-drug combination pill. J Natl Med Assoc. 2005 Dec;97(12):1719-21.

1035. Dank JP, Colven R. Protease inhibitor-associated angiolipomatosis. J Am Acad Dermatol. 2000 Jan;42(1 Pt 1):129-31.

1036. Danner SA, Carr A, Leonard JM, Lehman LM, Gudiol F, Gonzales J, et al. A short-term study of the safety, pharmacokinetics, and efficacy of ritonavir, an inhibitor of HIV-1 protease. European-Australian Collaborative Ritonavir Study Group. N Engl J Med. 1995 Dec 7;333(23):1528-33.

1037. D'Aquila RT, Hughes MD, Johnson VA, Fischl MA, Sommadossi JP, Liou SH, et al. Nevirapine, zidovudine, and didanosine compared with zidovudine and didanosine in patients with HIV-1 infection. A randomized, double-blind, placebo-controlled trial. National Institute of Allergy and Infectious Diseases AIDS Clinical Trials Group Protocol 241 Investigators. Ann Intern Med. 1996 Jun 15;124(12):1019-30.

1038. Dargere S, Verdon R, Bouhier K, Bazin C. Disseminated intravascular coagulation as a manifestation of abacavir hypersensitivity reaction. Aids. 2002 Aug 16;16(12):1696-7.

1039. d'Arminio Monforte A, Lepri AC, Rezza G, Pezzotti P, Antinori A, Phillips AN, et al. Insights into the reasons for discontinuation of the first highly active antiretroviral therapy (HAART) regimen in a cohort of antiretroviral naive patients. I.CO.N.A. Study Group. Italian Cohort of Antiretroviral-Naive Patients. Aids. 2000 Mar 31;14(5):499-507.

1040. Darvay A, Acland K, Lynn W, Russell-Jones R. Striae formation in two HIV-positive persons receiving protease inhibitors. J Am Acad Dermatol. 1999 Sep;41(3 Pt 1):467-9.

1041. Dauden E, Alvarez S, Garcia-Diez A. Eruptive angiolipomas associated with antiretroviral therapy. Aids. 2002 Mar 29;16(5):805-6.

1042. Dauden E, Pascual-Lopez M, Martinez-Garcia C, Garcia-Diez A. Paronychia and excess granulation tissue of the toes and finger in a patient treated with indinavir. Br J Dermatol. 2000 May;142(5):1063-4.

1043. Daudon M. [Drug-induced urinary calculi in 1999]. Prog Urol. 1999 Dec;9(6):1023-33.

1044. Daudon M, Estepa L, Kebede M, Viard JP, Montagnac R, Deray G, et al. [Urinary calculi and crystalluria in HIV+ patients treated with indinavir sulfate]. Presse Med. 1997 Nov 8;26(34):1612-5.

1045. Daudon M, Estepa L, Viard JP, Joly D, Jungers P. Urinary stones in HIV-1-positive patients treated with indinavir. Lancet. 1997 May 3;349(9061):1294-5.

1046. Dauer B. Protease inhibitors: the current status. J HIV Ther. 2005 Dec;10(4):72-4.

1047. Daugas E, Rougier JP, Hill G. HAART-related nephropathies in HIV-infected patients. Kidney Int. 2005 Feb;67(2):393-403.

1048. Davey RT, Jr., Chaitt DG, Reed GF, Freimuth WW, Herpin BR, Metcalf JA, et al. Randomized, controlled phase I/II, trial of combination therapy with delavirdine (U-90152S) and conventional nucleosides in human immunodeficiency virus type 1-infected patients. Antimicrob Agents Chemother. 1996 Jul;40(7):1657-64.

1049. David E. HAART attack: metabolic disorders during long-term antiretroviral therapy. Beta. 1999 Apr;12(2):10-4.

1050. David MH, Hornung R, Fichtenbaum CJ. Ischemic cardiovascular disease in persons with human immunodeficiency virus infection. Clin Infect Dis. 2002 Jan 1;34(1):98-102.

1051. Dawson S, Woods C. Neuropsychiatric effects of efavirenz: delayed onset. Int J STD AIDS. 2005 Nov;16(11):769-70.

1052. Day BJ, Lewis W. Oxidative stress in NRTI-induced toxicity: evidence from clinical experience and experiments in vitro and in vivo. Cardiovasc Toxicol. 2004;4(3):207-16.

1053. D'Cruz OJ, Uckun FM. Novel broad-spectrum thiourea non-nucleoside inhibitors for the prevention of mucosal HIV transmission. Curr HIV Res. 2006 Jul;4(3):329-45.

1054. D'Cruz OJ, Waurzyniak B, Uckun FM. A 13-week subchronic intravaginal toxicity study of the novel broad-spectrum anti-HIV and spermicidal agent, N-[2-(1-cyclohexenyl)ethyl]-N'-[2-(5-bromopyridyl)]-thiourea (PHI-346) in mice. Toxicol Pathol. 2002 Nov-Dec;30(6):687-95.

1055. de Araujo M, Seguro AC. Trimethoprim-sulfamethoxazole (TMP/SMX) potentiates indinavir nephrotoxicity. Antivir Ther. 2002 Sep;7(3):181-4.

1056. de Araujo M, Seguro AC. Vasodilator agents protect against indinavir nephrotoxicity. Antivir Ther. 2003 Aug;8(4):295-9.

1057. de Baar MP, de Rooij ER, Smolders KG, van Schijndel HB, Timmermans EC, Bethell R. Effects of apricitabine and other nucleoside reverse transcriptase inhibitors on replication of mitochondrial DNA in HepG2 cells. Antiviral Res. 2007 Oct;76(1):68-74.

1058. de la Garza CL, Paoletti-Duarte S, Garcia-Martin C, Gutierrez-Casares JR. Efavirenz-induced psychosis. Aids. 2001 Sep 28;15(14):1911-2.

1059. de la Prada FJ, Prados AM, Tugores A, Uriol M, Saus C, Morey A. [Acute renal failure and proximal renal tubular dysfuntion in a patient with acquired immunodeficiency syndrome treated with tenofovir]. Nefrologia. 2006;26(5):626-30.

1060. De Luca A, Baldini F, Cingolani A, Di Giambenedetto S, Zaccarelli M, Tozzi V, et al. Benefits and risks of switching from protease inhibitors to nevirapine with stable background therapy in patients with low or undetectable viral load: a multicentre study. Aids. 2000 Jul 28;14(11):1655-6.

1061. De Luca A, Cozzi-Lepri A, Antinori A, Zaccarelli M, Bongiovanni M, Di Giambenedetto S, et al. Lopinavir/ritonavir or efavirenz plus two nucleoside analogues as first-line antiretroviral therapy: a non-randomized comparison. Antivir Ther. 2006;11(5):609-18.

1062. De Luca A, Murri R, Damiano F, Ammassari A, Antinori A. "Buffalo hump" in HIV-1 infection. Lancet. 1998 Jul 25;352(9124):320.

1063. de Luis DA, Aller R, Rachiller P, Ignacio Tortosa J. [Reversibility of severe hyperlipemia secondary to indinavir with micronized phenofibrate]. Med Clin (Barc). 1999 Nov 27;113(18):716-7.

1064. de Luis DA, Bachiller P, Aller R. Fenofibrate in hyperlipidaemia secondary to HIV protease inhibitors. Fenofibrate and HIV protease inhibitor. Nutrition. 2001 May;17(5):414-5.

1065. de Luis DA, Bachiller P, Aller R, Eiros Bouza J, Izaola O. Pravastatin in hyperlipidemia secondary to HIV protease inhibitors without response to fenofibrate: a brief preliminary report. Nutrition. 2003 Oct;19(10):903-4.

1066. de Maat MM, Ekhart GC, Huitema AD, Koks CH, Mulder JW, Beijnen JH. Drug interactions between antiretroviral drugs and comedicated agents. Clin Pharmacokinet. 2003;42(3):223-82.

1067. de Maat MM, ter Heine R, Mulder JW, Meenhorst PL, Mairuhu AT, van Gorp EC, et al. Incidence and risk factors for nevirapine-associated rash. Eur J Clin Pharmacol. 2003 Sep;59(5-6):457-62.

1068. de Mendoza C, de Ronde A, Smolders K, Blanco F, Garcia-Benayas T, de Baar M, et al. Changes in mitochondrial DNA copy number in blood cells from HIV-infected patients undergoing antiretroviral therapy. AIDS Res Hum Retroviruses. 2004 Mar;20(3):271-3.

1069. de Mendoza C, Morello J, Garcia-Gasco P, Rodriguez-Novoa S, Soriano V. Tipranavir: a new protease inhibitor for the treatment of antiretroviral-experienced HIV-infected patients. Expert Opin Pharmacother. 2007 Apr;8(6):839-50.

1070. de Mendoza C, Valer L, Ribera E, Barreiro P, Martin-Carbonero L, Ramirez G, et al. Performance of six different ritonavir-boosted protease inhibitor-based regimens in heavily antiretroviral-experienced HIV-infected patients. HIV Clin Trials. 2006 Jul-Aug;7(4):163-71.

1071. de Muys JM, Gourdeau H, Nguyen-Ba N, Taylor DL, Ahmed PS, Mansour T, et al. Anti-human immunodeficiency virus type 1 activity, intracellular metabolism, and pharmacokinetic evaluation of 2'-deoxy-3'-oxa-4'-thiocytidine. Antimicrob Agents Chemother. 1999 Aug;43(8):1835-44.

1072. De Ponti A, Vigano MG, Taverna E, Sansone V. Adhesive capsulitis of the shoulder in human immunodeficiency virus-positive patients during highly active antiretroviral therapy. J Shoulder Elbow Surg. 2006 Mar-Apr;15(2):188-90.

1073. De Requena DG, Jimenez-Nacher I, Soriano V. Changes in nevirapine plasma concentrations over time and its relationship with liver enzyme elevations. AIDS Res Hum Retroviruses. 2005 Jun;21(6):555-9.

1074. de Saint Martin L, Vandhuick O, Guillo P, Bellein V, Bressollette L, Roudaut N, et al. Premature atherosclerosis in HIV positive patients and cumulated time of exposure to antiretroviral therapy (SHIVA study). Atherosclerosis. 2006 Apr;185(2):361-7.

1075. De Wit S. [7th Conference on Retroviruses and Opportunistic Infections]. Rev Med Brux. 2000 Dec;21(6):A521-3.

1076. Dean GL, Fisher M, Loveday C. HIV drug-resistance testing on archived samples to help current clinical decisions. Aids. 2000 Jan 28;14(2):208-9.

1077. Deeks SG. Antiretroviral agents: the next generation. AIDS Clin Care. 1998 May;10(5):33-6, 9-40.

1078. Deeks SG, Martin JN. Reassessing the goal of antiretroviral therapy in the heavily pre-treated HIV-infected patient. Aids. 2001 Jan 5;15(1):117-9.

1079. Deeks SG, Volberding PA. HIV-1 protease inhibitors. AIDS Clin Rev. 1997:145-85.

1080. Degen O, van Lunzen J, Stellbrink HJ. Intensification of background antiretroviral therapy with abacavir during low-level failure may restore optimal suppression. Antivir Ther. 2000 Jun;5(2):91-4.

1081. DeJesus E, McCarty D, Farthing CF, Shortino DD, Grinsztejn B, Thomas DA, et al. Once-daily versus twice-daily lamivudine, in combination with zidovudine and efavirenz, for the treatment of antiretroviral-naive adults with HIV infection: a randomized equivalence trial. Clin Infect Dis. 2004 Aug 1;39(3):411-8.

1082. Del Giudice P, Vandenbos F, Perrin C, Bernard E, Marq L, Dellamonica P. Sweet's syndrome following abacavir therapy. J Am Acad Dermatol. 2004 Sep;51(3):474-5.

1083. Delaugerre C, Teglas JP, Treluyer JM, Vaz P, Jullien V, Veber F, et al. Predictive factors of virologic success in HIV-1-infected children treated with lopinavir/ritonavir. J Acquir Immune Defic Syndr. 2004 Oct 1;37(2):1269-75.

1084. Delgado J, Shulman N. NNRTI hypersusceptibility. AIDS Read. 2005 Jan;15(1):28-30, 2-4.

1085. Delobel P, Khatibi S, Alvarez M, Obadia M, Bonnet E, Massip P, et al. Reversible nucleoside analogue-associated lactic acidosis despite a prolonged course. Intensive Care Med. 2003 Jun;29(6):1028-9.

1086. Demoly P, Messaad D, Fabre J, Reynes J, Bousquet J. Nevirapine-induced cutaneous hypersensitivity reactions and successful tolerance induction. J Allergy Clin Immunol. 1999 Aug;104(2 Pt 1):504-5.

1087. Demoly P, Messaad D, Trylesinski A, Faucherre V, Fabre J, Reynes J, et al. Nelfinavir-induced urticaria and successful desensitization. J Allergy Clin Immunol. 1998 Nov;102(5):875-6.

1088. den Brinker M, Wit FW, Wertheim-van Dillen PM, Jurriaans S, Weel J, van Leeuwen R, et al. Hepatitis B and C virus co-infection and the risk for hepatotoxicity of highly active antiretroviral therapy in HIV-1 infection. Aids. 2000 Dec 22;14(18):2895-902.

1089. Depairon M, Chessex S, Sudre P, Rodondi N, Doser N, Chave JP, et al. Premature atherosclerosis in HIV-infected individuals--focus on protease inhibitor therapy. Aids. 2001 Feb 16;15(3):329-34.

1090. Deray G, Bochet M, Katlama C, Bricaire F. [Nephrotoxicity of ritonavir]. Presse Med. 1998 Nov 14;27(35):1801-3.

1091. Deresinski S. Screening for abacavir hypersensitivity. AIDS Alert. 2007 Dec;22(12):140-1.

1092. Desai HG, Chowdhury A. Controversies about the treatment of hepatitis B (lamivudine, interferon, a combination or more?). Trop Gastroenterol. 2003 Jul-Sep;24(3):157-60.

1093. DeSimone JA, Ojha A, Pathak R, Cohn J. Successful desensitization to enfuvirtide after a hypersensitivity reaction in an HIV-1-infected man. Clin Infect Dis. 2004 Nov 15;39(10):e110-2.

1094. Detres LL. [The portrait of Dorian Gray, who? me?]. Sidahora. 2001 Mar-Apr:22-3.

1095. Dever LL, Oruwari PA, Figueroa WE, O'Donovan CA, Eng RH. Hyperglycemia associated with protease inhibitors in an urban HIV-infected minority patient population. Ann Pharmacother. 2000 May;34(5):580-4.

1096. Di Biagio A, Bassetti M, Briozzo A, Ferrazin A, Rosso R, Gatti G, et al. Tenofovir use in a patient with a severe renal impairment. HIV Med. 2004 Nov;5(6):450-1.

1097. Di Martino V, Ezenfis J, Benhamou Y, Bernard B, Opolon P, Bricaire F, et al. Severe acute pancreatitis related to the use of nelfinavir in HIV infection: report of a case with positive rechallenge. Aids. 1999 Jul 30;13(11):1421-3.

1098. Di Perri G, Bonora S, Vento S, Allegranzi B, Concia E. Highly active antiretroviral therapy. Lancet. 1998 Apr 4;351(9108):1056; author reply 8-9.

1099. Di Perri G, Del Bravo P, Concia E. HIV-protease inhibitors. N Engl J Med. 1998 Sep 10;339(11):773-4; author reply 4.

1100. Di Santo R, Costi R, Artico M, Massa S, Ragno R, Marshall GR, et al. Design, synthesis and QSAR studies on N-aryl heteroarylisopropanolamines, a new class of non-peptidic HIV-1 protease inhibitors. Bioorg Med Chem. 2002 Aug;10(8):2511-26.

1101. Diaz RS. Should tenofovir ever be used in association with didanosine? Braz J Infect Dis. 2005 Dec;9(6):452-3.

1102. Dieleman JP, Gyssens IC, Sturkenboom MJ, Niesters HG, van der Ende ME. Substituting nevirapine for protease inhibitors because of intolerance. Aids. 1999 Jul 30;13(11):1423-4.

1103. Dieleman JP, Gyssens IC, van der Ende ME, de Marie S, Burger DM. Urological complaints in relation to indinavir plasma concentrations in HIV-infected patients. Aids. 1999 Mar 11;13(4):473-8.

1104. Dieleman JP, Hillebrand-Haverkort ME, van der Ende ME, Sturkenboom MC, Lange JM, Stricker BH. [Lipodystrophy and 'buffalo hump' during treatment with HIV protease inhibitors]. Ned Tijdschr Geneeskd. 1998 Dec 26;142(52):2856-60.

1105. Dieleman JP, in 't Veld B, Borleffs JC, Schreij G. Acute respiratory failure associated with the human immunodeficiency virus (HIV) protease inhibitor indinavir in an HIV-infected patient. Clin Infect Dis. 1998 Apr;26(4):1012-3.

1106. Dieleman JP, Jambroes M, Gyssens IC, Sturkenboom MC, Stricker BH, Mulder WM, et al. Determinants of recurrent toxicity-driven switches of highly active antiretroviral therapy. The ATHENA cohort. Aids. 2002 Mar 29;16(5):737-45.

1107. Dieleman JP, Sturkenboom MC, Jambroes M, Gyssens IC, Weverling GJ, ten Veen JH, et al. Risk factors for urological symptoms in a cohort of users of the HIV protease inhibitor indinavir sulfate: the ATHENA cohort. Arch Intern Med. 2002 Jul 8;162(13):1493-501.

1108. Dieleman JP, Sturkenboom MC, Wit FW, Jambroes M, Mulder JW, Ten Veen JH, et al. Low risk of treatment failure after substitution of nevirapine for protease inhibitors among human immunodeficiency virus-infected patients with virus suppression. J Infect Dis. 2002 May 1;185(9):1261-8.

1109. Dieleman JP, van der Feltz M, Bangma CH, Stricker BH, van der Ende ME. Papillary necrosis associated with the HIV protease inhibitor indinavir. Infection. 2001 Aug;29(4):232-3.

1110. Dieleman JP, van Rossum AM, Stricker BC, Sturkenboom MC, de Groot R, Telgt D, et al. Persistent leukocyturia and loss of renal function in a prospectively monitored cohort of HIV-infected patients treated with indinavir. J Acquir Immune Defic Syndr. 2003 Feb 1;32(2):135-42.

1111. Dienstag JL, Cianciara J, Karayalcin S, Kowdley KV, Willems B, Plisek S, et al. Durability of serologic response after lamivudine treatment of chronic hepatitis B. Hepatology. 2003 Apr;37(4):748-55.

1112. Dienstag JL, Goldin RD, Heathcote EJ, Hann HW, Woessner M, Stephenson SL, et al. Histological outcome during long-term lamivudine therapy. Gastroenterology. 2003 Jan;124(1):105-17.

1113. Dienstag JL, Schiff ER, Mitchell M, Casey DE, Jr., Gitlin N, Lissoos T, et al. Extended lamivudine retreatment for chronic hepatitis B: maintenance of viral suppression after discontinuation of therapy. Hepatology. 1999 Oct;30(4):1082-7.

1114. Dienstag JL, Schiff ER, Wright TL, Perrillo RP, Hann HW, Goodman Z, et al. Lamivudine as initial treatment for chronic hepatitis B in the United States. N Engl J Med. 1999 Oct 21;341(17):1256-63.

1115. Diepolder HM. [Prevention and therapy of viral hepatitis]. Internist (Berl). 2004 Feb;45(2):197-209.

1116. Dieterich D. Managing antiretroviral-associated liver disease. J Acquir Immune Defic Syndr. 2003 Sep;34 Suppl 1:S34-9.

1117. Dieterich DT. Long-term complications of nucleoside reverse transcriptase inhibitor therapy. AIDS Read. 2003 Apr;13(4):176-84, 87.

1118. Dieterich DT. Disease management--constructing optimal NRTI-based combinations: past, present, and future. MedGenMed. 2006;8(1):16.

1119. Dieterich DT, Poles MA, Lew EA, Martin-Munley S, Johnson J, Nix D, et al. Treatment of gastrointestinal cytomegalovirus infection with twice-daily foscarnet: a pilot study of safety, efficacy, and pharmacokinetics in patients with AIDS. Antimicrob Agents Chemother. 1997 Jun;41(6):1226-30.

1120. Dieterich DT, Robinson PA, Love J, Stern JO. Drug-induced liver injury associated with the use of nonnucleoside reverse-transcriptase inhibitors. Clin Infect Dis. 2004 Mar 1;38 Suppl 2:S80-9.

1121. Dimantas MA, Finamor LP, Ewert V, Nakanami C, Muccioli C. [Cytomegalovirus retinitis in pediatric patients with AIDS receiving highly active antiretrovirus therapy]. Rev Assoc Med Bras. 2004 Jul-Sep;50(3):320-3.

1122. Distler O, Cooper DA, Deckelbaum RJ, Sturley SL. Hyperlipidemia and inhibitors of HIV protease. Curr Opin Clin Nutr Metab Care. 2001 Mar;4(2):99-103.

1123. Divi RL, Leonard SL, Kuo MM, Nagashima K, Thamire C, St Claire MC, et al. Transplacentally exposed human and monkey newborn infants show similar evidence of nucleoside reverse transcriptase inhibitor-induced mitochondrial toxicity. Environ Mol Mutagen. 2007 Apr-May;48(3-4):201-9.

1124. Divi RL, Leonard SL, Walker BL, Kuo MM, Shockley ME, St Claire MC, et al. Erythrocebus patas monkey offspring exposed perinatally to NRTIs sustain skeletal muscle mitochondrial compromise at birth and at 1 year of age. Toxicol Sci. 2007 Sep;99(1):203-13.

1125. Diwan BA, Olivero OA, Poirier MC. Absence of structural or functional alterations in male and female reproductive organs of F1 and F2 generations derived from female mice exposed to 3'-azido-3'-deoxythymidine during pregnancy. Toxicol Lett. 2000 Apr 10;115(1):9-15.

1126. Diz Dios P, Scully C. Adverse effects of antiretroviral therapy: focus on orofacial effects. Expert Opin Drug Saf. 2002 Nov;1(4):307-17.

1127. Djokic M, Bojic I, Mikic D, Begovic V, Kuljic-Kapulica N, Karadaglic D, et al. [The lipodystrophy syndrome and protease inhibitor therapy in HIV infection]. Vojnosanit Pregl. 2001 Jul-Aug;58(4):433-5.

1128. Dobrovolsky VN, Shaddock JG, Mittelstaedt RA, Bishop ME, Lewis SM, Lee FW, et al. Frequency of Hprt mutant lymphocytes and micronucleated erythrocytes in p53-haplodeficient mice treated perinatally with AZT and AZT in combination with 3TC. Environ Mol Mutagen. 2007 Apr-May;48(3-4):270-82.

1129. Doco-Lecompte T, Garrec A, Thomas L, Trechot P, May T, Rabaud C. Lopinavir-ritonavir (Kaletra) and lithiasis: seven cases. Aids. 2004 Mar 5;18(4):705-6.

1130. Dodi F, Alessandrini A, Camera M, Gaffuri L, Morandi N, Pagano G. Stevens-Johnson syndrome in HIV patients treated with nevirapine: two case reports. Aids. 2002 May 24;16(8):1197-8.

1131. Dodson SF, Bonham CA, Geller DA, Cacciarelli TV, Rakela J, Fung JJ. Prevention of de novo hepatitis B infection in recipients of hepatic allografts from anti-HBc positive donors. Transplantation. 1999 Oct 15;68(7):1058-61.

1132. Domergue S, Psomas C, Yachouh J, Lesnik A, Reynes J, Goudot P, et al. Fat microinfiltration autografting for facial restructuring in HIV patients. J Craniomaxillofac Surg. 2006 Dec;34(8):484-8.

1133. Domingo P, Matias-Guiu X, Pujol RM, Domingo JC, Arroyo JA, Sambeat MA, et al. Switching to nevirapine decreases insulin levels but does not improve subcutaneous adipocyte apoptosis in patients with highly active antiretroviral therapy-associated lipodystrophy. J Infect Dis. 2001 Nov 1;184(9):1197-201.

1134. Domingo P, Matias-Guiu X, Pujol RM, Francia E, Lagarda E, Sambeat MA, et al. Subcutaneous adipocyte apoptosis in HIV-1 protease inhibitor-associated lipodystrophy. Aids. 1999 Nov 12;13(16):2261-7.

1135. Domingo P, Perez A, Torres OH, Montiel JA, Vazquez G. Lipodystrophy in HIV-1-infected patients. Lancet. 1999 Sep 4;354(9181):868.

1136. Domingo P, Sambeat MA, Perez A, Ordonez J. Effect of protease inhibitors on apolipoprotein B levels and plasma lipid profile in HIV-1-infected patients on highly active antiretroviral therapy. J Acquir Immune Defic Syndr. 2003 May 1;33(1):114-6.

1137. Domingo P, Sambeat MA, Perez A, Ordonez J, Rodriguez J, Vazquez G. Fat distribution and metabolic abnormalities in HIV-infected patients on first combination antiretroviral therapy including stavudine or zidovudine: role of physical activity as a protective factor. Antivir Ther. 2003 Jun;8(3):223-31.

1138. Domingos H, da Cunha RV, Paniago AM. Dyslipidaemia associated with the highly active antiretroviral therapy in AIDS patient: reversion after switching (stavudine to tenofovir and lopinavir/ritonavir to atazanavir/ritonavir). Braz J Infect Dis. 2007 Apr;11(2):290-2.

1139. Dominguez MV, Ceballos VC, Costa RV, Lara TE, Florencio VD. Paronychia in an HIV-infected patient under nelfinavir therapy. J Eur Acad Dermatol Venereol. 2007 May;21(5):710-1.

1140. Dominguez S, Bricaire F. [Antiretroviral therapies]. Presse Med. 2000 Dec 2;29(37):2065-8.

1141. Dong BJ, Cocohoba JM. Tipranavir: a protease inhibitor for HIV salvage therapy. Ann Pharmacother. 2006 Jul-Aug;40(7-8):1311-21.

1142. Dong KL, Bausserman LL, Flynn MM, Dickinson BP, Flanigan TP, Mileno MD, et al. Changes in body habitus and serum lipid abnormalities in HIV-positive women on highly active antiretroviral therapy (HAART). J Acquir Immune Defic Syndr. 1999 Jun 1;21(2):107-13.

1143. Donovan B, Bodsworth NJ, Mulhall BP, Allen D. Gynaecomastia associated with saquinavir therapy. Int J STD AIDS. 1999 Jan;10(1):49-50.

1144. Dore G. Antiretroviral therapy-related hepatotoxicity: predictors and clinical management. J HIV Ther. 2003 Nov;8(4):96-100.

1145. Dorenbaum A, Cunningham CK, Gelber RD, Culnane M, Mofenson L, Britto P, et al. Two-dose intrapartum/newborn nevirapine and standard antiretroviral therapy to reduce perinatal HIV transmission: a randomized trial. Jama. 2002 Jul 10;288(2):189-98.

1146. Dorenbaum A, Miserez AR. HIV medical advances explored at retrovirus conference. AIDS Policy Law. 2001 May 25;16(10):4.

1147. Dornier C, Posth M, Granel F, Barbaud A, Schmutz JL. ["Buffalo hump" related to indinavir treatment]. Ann Dermatol Venereol. 1999 Oct;126(10):720-2.

1148. Doser N, Kubli S, Telenti A, Marzolini C, Chave JP, Feihl F, et al. Efficacy and safety of fluvastatin in hyperlipidemic protease inhibitor-treated HIV-infected patients. Aids. 2002 Sep 27;16(14):1982-3.

1149. Doser N, Sudre P, Telenti A, Wietlisbach V, Nicod P, Darioli R, et al. Persistent dyslipidemia in HIV-infected individuals switched from a protease inhibitor-containing to an efavirenz-containing regimen. J Acquir Immune Defic Syndr. 2001 Apr 1;26(4):389-90.

1150. Dragovic G, Jevtovic D. Nucleoside reverse transcriptase inhibitor usage and the incidence of peripheral neuropathy in HIV/AIDS patients. Antivir Chem Chemother. 2003 Sep;14(5):281-4.

1151. Dragovic G, Milic N, Jevtovic DJ. Incidence of acute pancreatitis and nucleoside reverse transcriptase inhibitors usage. Int J STD AIDS. 2005 Jun;16(6):427-9.

1152. Dragsted UB, Gerstoft J, Youle M, Fox Z, Losso M, Benetucci J, et al. A randomized trial to evaluate lopinavir/ritonavir versus saquinavir/ritonavir in HIV-1-infected patients: the MaxCmin2 trial. Antivir Ther. 2005;10(6):735-43.

1153. Drechsler H, Powderly WG. Switching effective antiretroviral therapy: a review. Clin Infect Dis. 2002 Nov 15;35(10):1219-30.

1154. Dreezen C, Schrooten W, de Mey I, Goebel FD, Dedes N, Florence E, et al. Self-reported signs of lipodystrophy by persons living with HIV infection. Int J STD AIDS. 2002 Jun;13(6):393-8.

1155. Dronda F, Antela A, Perez-Elias MJ, Casado JL, Moreno A, Moreno S. Rescue therapy with once-daily atazanavir-based regimens for antiretroviral-experienced HIV-infected patients. J Acquir Immune Defic Syndr. 2006 Jun;42(2):258-9.

1156. Drummond NS, Vilar FJ, Naisbitt DJ, Hanson A, Woods A, Park BK, et al. Drug-specific T cells in an HIV-positive patient with nevirapine-induced hepatitis. Antivir Ther. 2006;11(3):393-5.

1157. Dube MP. Disorders of glucose metabolism in patients infected with human immunodeficiency virus. Clin Infect Dis. 2000 Dec;31(6):1467-75.

1158. Dube MP, Edmondson-Melancon H, Qian D, Aqeel R, Johnson D, Buchanan TA. Prospective evaluation of the effect of initiating indinavir-based therapy on insulin sensitivity and B-cell function in HIV-infected patients. J Acquir Immune Defic Syndr. 2001 Jun 1;27(2):130-4.

1159. Dube MP, Sattler FR. Metabolic complications of antiretroviral therapies. AIDS Clin Care. 1998 Jun;10(6):41-4.

1160. Ducobu J, Payen MC. [Lipids and AIDS]. Rev Med Brux. 2000 Feb;21(1):11-7.

1161. Dulai G, Higa L, Kobashigawa J, Martin P. Successful use of lamivudine for severe acute hepatitis B virus infection in a cardiac transplant recipient. Transplantation. 1999 May 15;67(9):1288-9.

1162. Dumon C, Solas C, Thuret I, Chambost H, Lacarelle B, Michel G, et al. Relationship between efficacy, tolerance, and plasma drug concentration of ritonavir in children with advanced HIV infection. Ther Drug Monit. 2000 Aug;22(4):402-8.

1163. Duong M, Sgro C, Grappin M, Biron F, Boibieux A. Renal failure after treatment with ritonavir. Lancet. 1996 Sep 7;348(9028):693.

1164. Duran S, Spire B, Raffi F, Walter V, Bouhour D, Journot V, et al. Self-reported symptoms after initiation of a protease inhibitor in HIV-infected patients and their impact on adherence to HAART. HIV Clin Trials. 2001 Jan-Feb;2(1):38-45.

1165. Durand JM. Indinavir and thrombocytopenia. Aids. 1999 Jan 14;13(1):148-9.

1166. Durant J, Clevenbergh P, Halfon P, Delgiudice P, Porsin S, Simonet P, et al. Drug-resistance genotyping in HIV-1 therapy: the VIRADAPT randomised controlled trial. Lancet. 1999 Jun 26;353(9171):2195-9.

1167. Duval X, Journot V, Leport C, Chene G, Dupon M, Cuzin L, et al. Incidence of and risk factors for adverse drug reactions in a prospective cohort of HIV-infected adults initiating protease inhibitor-containing therapy. Clin Infect Dis. 2004 Jul 15;39(2):248-55.

1168. Duval X, Larger E, Longuet P, Leport C, Vilde JL. Galactorrhoea, hyperprolactinaemia, and protease inhibitors. Lancet. 2001 Feb 10;357(9254):475.

1169. Duval X, Peytavin G, Fouqueray B, Leport C, Vilde JL. Renin-angiotensin system inhibition in a patient having an overdose of HIV protease inhibitor. Aids. 1999 Oct 1;13(14):1983-4.

1170. Dworkin MS, Wan PT. Indinavir, zidovudine, lamivudine: 3-year follow-up. Ann Intern Med. 2001 Jan 16;134(2):165.

1171. Dwyer DE, Workman C, Hales G, Amin J, Cooper D, Miller J. Enfuvirtide in HIV-1-infected individuals changing therapy to a nucleoside reverse transcriptase inhibitor sparing regimen: the ALLIANCE Study. Antivir Ther. 2006;11(4):409-19.

1172. Eastone JA, Decker CF. New-onset diabetes mellitus associated with use of protease inhibitor. Ann Intern Med. 1997 Nov 15;127(10):948.

1173. Ebrahim O, Hill A. Short-course induction with boosted saquinavir monotherapy for naive patients with late-stage infection. Aids. 2005 Jan 28;19(2):211-2.

1174. Ebright JR, Stellini MA, Tselis AC. Spinal epidural lipomatosis in a human immunodeficiency virus-positive patient receiving steroids and protease inhibitor therapy. Clin Infect Dis. 2001 Mar 1;32(5):E90-1.

1175. Echevarria KL, Hardin TC, Smith JA. Hyperlipidemia associated with protease inhibitor therapy. Ann Pharmacother. 1999 Jul-Aug;33(7-8):859-63.

1176. Echeverria PS, Jonnalagadda SS, Hopkins BL, Rosenbloom CA. Perception of quality of life of persons with HIV/AIDS and maintenance of nutritional parameters while on protease inhibitors. AIDS Patient Care STDS. 1999 Jul;13(7):427-33.

1177. Economou M, Manolakopoulos S, Trikalinos TA, Filis S, Bethanis S, Tzourmakliotis D, et al. Interferon-alpha plus lamivudine vs lamivudine reduces breakthroughs, but does not affect sustained response in HBeAg negative chronic hepatitis B. World J Gastroenterol. 2005 Oct 7;11(37):5882-7.

1178. Edmonds-Ogbuokiri J. Understanding the reverse transcriptase inhibitors in HIV. Fac Notes (New Orleans La). 1998 Nov-Dec;10(6):13-5.

1179. Edmunds-Ogbuokiri J. How do abacavir and efavirenz differ in pharmacokinetics and toxicity? Fac Notes (New Orleans La). 1999 May-Jun;11(3):1-4.

1180. Edmunds-Ogbuokiri J. Antiretroviral agents should be dose adjusted in renal and hepatic impairment. HIV Clin. 2000 Spring;12(2):1-4.

1181. Edmunds-Ogbuokiri T. How common illicit substances interact with antiretroviral agents. HIV Clin. 2003 Winter;15(1):6-7.

1182. Edmunds-Ogbuokiri T. Pharmacy. Update: Black box warnings for FDA-approved antiretrovirals. HIV Clin. 2006 Summer;18(2):12-3.

1183. Efremov DG, Georgievski B, Cevreska L, Pivkova A, Panovska I. Lamivudine treatment for acute hepatitis B virus infection during allogeneic peripheral blood stem cell transplantation. Bone Marrow Transplant. 2003 Mar;31(6):515-6.

1184. Eggers HJ. [Lamivudine resistance impedes hepatitis B therapy]. Fortschr Med. 1997 Apr 30;115(12):5.

1185. Eholie SP, Lacombe K, Serfaty L, Wendum D, Girard PM. Acute hepatic cytolysis in an HIV-infected patient taking atazanavir. Aids. 2004 Jul 23;18(11):1610-1.

1186. Eichelbaum M, Fromm MF, Schwab M. Clinical aspects of the MDR1 (ABCB1) gene polymorphism. Ther Drug Monit. 2004 Apr;26(2):180-5.

1187. Einstein FH, Wright RL, Trentacoste S, Gross S, Merkatz IR, Bernstein PS. The impact of protease inhibitors on maternal serum screening analyte levels in pregnant women who are HIV positive. Am J Obstet Gynecol. 2004 Sep;191(3):1004-8.

1188. Eira M, Araujo M, Seguro AC. Urinary NO3 excretion and renal failure in indinavir-treated patients. Braz J Med Biol Res. 2006 Aug;39(8):1065-70.

1189. Eiznhamer DA, Creagh T, Ruckle JL, Tolbert DT, Giltner J, Dutta B, et al. Safety and pharmacokinetic profile of multiple escalating doses of (+)-calanolide A, a naturally occurring nonnucleoside reverse transcriptase inhibitor, in healthy HIV-negative volunteers. HIV Clin Trials. 2002 Nov-Dec;3(6):435-50.

1190. Ekouevi DK, Tonwe-Gold B, Dabis F. Advances in the prevention of mother-to-child transmission of HIV-1 infection in resource-limited settings. AIDS Read. 2005 Sep;15(9):479-80, 87-93.

1191. El Beitune P, Duarte G. Antiretroviral agents during pregnancy: consequences on hematologic parameters in HIV-exposed, uninfected newborn infant. Eur J Obstet Gynecol Reprod Biol. 2006 Sep-Oct;128(1-2):59-63.

1192. El Safadi Y, Vivet-Boudou V, Marquet R. HIV-1 reverse transcriptase inhibitors. Appl Microbiol Biotechnol. 2007 Jun;75(4):723-37.

1193. El Sahly HM, Teeter L, Zerai T, Andrade RA, Munoz C, Nnabuife C, et al. Serum creatinine changes in HIV-seropositive patients receiving tenofovir. Aids. 2006 Mar 21;20(5):786-7.

1194. El-Atrouni WI, Temesgen Z. Darunavir. Drugs Today (Barc). 2007 Oct;43(10):671-9.

1195. Elperin A, Sax P. A patient's guide to protease inhibitors. AIDS Clin Care. 1996 Oct;8(10):83-4.

1196. Elwell A. What's new, what's next? Posit Dir News. 1999 Winter;11(1):1, 3-13.

1197. Emery C. Virammune and women in the news. Surviv News (Atlanta Ga). 2005 Mar-Apr;16(2):10.

1198. Ena J, Amador C, Benito C, Fenoll V, Pasquau F. Risk and determinants of developing severe liver toxicity during therapy with nevirapine-and efavirenz-containing regimens in HIV-infected patients. Int J STD AIDS. 2003 Nov;14(11):776-81.

1199. Ena J, Benito C, Llacer P, Pasquau F, Amador C. [Abnormal body fat distribution and type of antiretroviral therapy as predictors of cardiovascular disease risk in HIV-infected patients]. Med Clin (Barc). 2004 May 22;122(19):721-6.

1200. Endo T, Sakai T, Fujimoto K, Yamamoto S, Takashima H, Haseyama Y, et al. A possible role for lamivudine as prophylaxis against hepatitis B reactivation in carriers of hepatitis B who undergo chemotherapy and autologous peripheral blood stem cell transplantation for non-Hodgkin's lymphoma. Bone Marrow Transplant. 2001 Feb;27(4):433-6.

1201. Eng KT, Liu ES, Silverman MS, Berger AR. Lipemia retinalis in acquired immunodeficiency syndrome treated with protease inhibitors. Arch Ophthalmol. 2000 Mar;118(3):425-6.

1202. Engeler DS, John H, Rentsch KM, Ruef C, Oertle D, Suter S. Nelfinavir urinary stones. J Urol. 2002 Mar;167(3):1384-5.

1203. Engle L. Viagra users should be cautious. Body Posit. 1998 Aug;11(8):12.

1204. Ensoli F, Sirianni MC. HIV/HCV co-infection: clinical and therapeutic challenges. Aids. 2002 Jul 5;16(10):1419-20.

1205. Erbelding EJ. Metabolic complications of protease inhibitors: what have we learned so far? Hopkins HIV Rep. 1999 Mar;11(2):5, 15.

1206. Eriksson LE, Bratt GA, Sandstrom E, Nordstrom G. The two-year impact of first generation protease inhibitor based antiretroviral therapy (PI-ART) on health-related quality of life. Health Qual Life Outcomes. 2005;3:32.

1207. Eriksson U, Opravil M, Amann FW, Schaffner A. Is treatment with ritonavir a risk factor for myocardial infarction in HIV-infected patients? Aids. 1998 Oct 22;12(15):2079-80.

1208. Eron JJ, Jr. HIV-1 protease inhibitors. Clin Infect Dis. 2000 Jun;30 Suppl 2:S160-70.

1209. Eron JJ, Jr. Expert offers help for PI-related heart disease. AIDS Alert. 2002 Feb;17(2):26-7, 14.

1210. Eron JJ, Benoit SL, Jemsek J, MacArthur RD, Santana J, Quinn JB, et al. Treatment with lamivudine, zidovudine, or both in HIV-positive patients with 200 to 500 CD4+ cells per cubic millimeter. North American HIV Working Party. N Engl J Med. 1995 Dec 21;333(25):1662-9.

1211. Eron JJ, Jr., Murphy RL, Peterson D, Pottage J, Parenti DM, Jemsek J, et al. A comparison of stavudine, didanosine and indinavir with zidovudine, lamivudine and indinavir for the initial treatment of HIV-1 infected individuals: selection of thymidine analog regimen therapy (START II). Aids. 2000 Jul 28;14(11):1601-10.

1212. Ershov FI, Kas'ianova NV, Vasil'ev AN. [Kaletra (lopinavir/ritonavir--a new HIV protease inhibitor]. Antibiot Khimioter. 2002;47(11):27-9.

1213. Ershov FI, Kas'ianova NV, Vasil'ev AN. [A novel anti-HIV agent--agenerase]. Antibiot Khimioter. 2002;47(8):29-31.

1214. Ertekin V, Selimoglu MA, Orbak Z. Effects of lamivudine therapy on the glucose metabolism in children with chronic hepatitis B: first year follow-up results. Eur J Gastroenterol Hepatol. 2005 Jun;17(6):655-9.

1215. Escaut L, Liotier JY, Albengres E, Cheminot N, Vittecoq D. Abacavir rechallenge has to be avoided in case of hypersensitivity reaction. Aids. 1999 Jul 30;13(11):1419-20.

1216. Escobar PA, Olivero OA, Wade NA, Abrams EJ, Nesel CJ, Ness RB, et al. Genotoxicity assessed by the comet and GPA assays following in vitro exposure of human lymphoblastoid cells (H9) or perinatal exposure of mother-child pairs to AZT or AZT-3TC. Environ Mol Mutagen. 2007 Apr-May;48(3-4):330-43.

1217. Eshun-Wilson I, Soentjens P, Zeier M, Taljaard J. Symptomatic hyperlactataemia and lactic acidosis in the era of highly active antiretroviral therapy. S Afr Med J. 2005 Dec;95(12):929-30.

1218. Esser S. [Antiviral treatment regimens]. Hautarzt. 2006 Nov;57(11):961-2, 4-8.

1219. Essey RJ, McDougall BR, Robinson WE, Jr. Mismatched double-stranded RNA (polyI-polyC(12)U) is synergistic with multiple anti-HIV drugs and is active against drug-sensitive and drug-resistant HIV-1 in vitro. Antiviral Res. 2001 Sep;51(3):189-202.

1220. Esteban R. Management of chronic hepatitis B: an overview. Semin Liver Dis. 2002;22 Suppl 1:1-6.

1221. Estrada V, de Villar N, Serrano-Rios M. [Cutaneous adverse events related to simultaneous nevirapine treatment and pneumococcal vaccination in HIV-infected patients]. Med Clin (Barc). 2001 Mar 31;116(12):479.

1222. Eyer-Silva WA, Neves-Motta R, Pinto JF, Morais-De-Sa CA. Inflammatory oedema associated with lopinavir-including HAART regimens in advanced HIV-1 infection: report of 3 cases. Aids. 2002 Mar 8;16(4):673-4.

1223. Fadel H, Temesgen Z. Maraviroc. Drugs Today (Barc). 2007 Nov;43(11):749-58.

1224. Fagot JP, Mockenhaupt M, Bouwes-Bavinck JN, Naldi L, Viboud C, Roujeau JC. Nevirapine and the risk of Stevens-Johnson syndrome or toxic epidermal necrolysis. Aids. 2001 Sep 28;15(14):1843-8.

1225. Falco V, Rodriguez D, Ribera E, Martinez E, Miro JM, Domingo P, et al. Severe nucleoside-associated lactic acidosis in human immunodeficiency virus-infected patients: report of 12 cases and review of the literature. Clin Infect Dis. 2002 Mar 15;34(6):838-46.

1226. Famularo G, Di Toro S, Moretti S, De Simone C. Symptomatic crystalluria associated with indinavir. Ann Pharmacother. 2000 Dec;34(12):1414-8.

1227. Famularo G, Moretti S, Marcellini S, Trinchieri V, Tzantzoglou S, Santini G, et al. Acetyl-carnitine deficiency in AIDS patients with neurotoxicity on treatment with antiretroviral nucleoside analogues. Aids. 1997 Feb;11(2):185-90.

1228. Fantoni M, Del Borgo C, Autore C, Barbaro G. Metabolic disorders and cardiovascular risk in HIV-infected patients treated with antiretroviral agents. Ital Heart J. 2002 May;3(5):294-9.

1229. Fantry LE. Protease inhibitor-associated diabetes mellitus: a potential cause of morbidity and mortality. J Acquir Immune Defic Syndr. 2003 Mar 1;32(3):243-4.

1230. Fardet L, Blanche S, Brousse N, Bodemer C, Fraitag S. Cutaneous EBV-related lymphoproliferative disorder in a 15-year-old boy with AIDS: an unusual clinical presentation. J Pediatr Hematol Oncol. 2002 Nov;24(8):666-9.

1231. Farina Perez LA, Martinez MC, dos Santos J, Cambronero Santos J. [Radio-opaque lithiasis and indinavir]. Actas Urol Esp. 2005 Jan;29(1):120.

1232. Fatkenheuer G. [New kinds of AIDS drugs inhibit HIV entry into the cell. Entry inhibitors soon for oral administration]. MMW Fortschr Med. 2005 Apr 25;147 Spec No 1:46-8.

1233. Fatkenheuer G, Salzberger B, Franzen C, Diehl V. [Clinical studies on the use of protease inhibitors in HIV infection. Answers and questions]. Internist (Berl). 1998 Sep;39(9):927-34.

1234. Fauci A. Research sheds light on treatment interruption. AIDS Alert. 2001 Sep;16(9):114-6.

1235. Feigal D. Protease inhibitors and beyond: interview with David Feigal, M.D. Interview by John S James. AIDS Treat News. 1995 Mar 24(no 219):1-6.

1236. Feinberg J. New drugs for HAART. Interview by Vicki Glaser. AIDS Patient Care STDS. 2004 Nov;18(11):623-8.

1237. Feinberg J. Meeting notes from ICAAC. Tenofovir + emtricitabine vs. AZT + 3TC. AIDS Clin Care. 2005 Jan;17(1):7.

1238. Feiterna-Sperling C, Weizsaecker K, Buhrer C, Casteleyn S, Loui A, Schmitz T, et al. Hematologic effects of maternal antiretroviral therapy and transmission prophylaxis in HIV-1-exposed uninfected newborn infants. J Acquir Immune Defic Syndr. 2007 May 1;45(1):43-51.

1239. Fellay J, Boubaker K, Ledergerber B, Bernasconi E, Furrer H, Battegay M, et al. Prevalence of adverse events associated with potent antiretroviral treatment: Swiss HIV Cohort Study. Lancet. 2001 Oct 20;358(9290):1322-7.

1240. Feng JY, Johnson AA, Johnson KA, Anderson KS. Insights into the molecular mechanism of mitochondrial toxicity by AIDS drugs. J Biol Chem. 2001 Jun 29;276(26):23832-7.

1241. Feng JY, Murakami E, Zorca SM, Johnson AA, Johnson KA, Schinazi RF, et al. Relationship between antiviral activity and host toxicity: comparison of the incorporation efficiencies of 2',3'-dideoxy-5-fluoro-3'-thiacytidine-triphosphate analogs by human immunodeficiency virus type 1 reverse transcriptase and human mitochondrial DNA polymerase. Antimicrob Agents Chemother. 2004 Apr;48(4):1300-6.

1242. Fenton C, Perry CM. Darunavir: in the treatment of HIV-1 infection. Drugs. 2007;67(18):2791-801.

1243. Fernandez JM, Robles JE, Regojo JM, Lopez J, Sanchez D, Arocena J, et al. [Renal lithiasis due to indinavir]. Rev Med Univ Navarra. 2002 Jul-Sep;46(3):28-32.

1244. Fernandez-Rivera J, Garcia R, Lozano F, Macias J, Garcia-Garcia JA, Mira JA, et al. Relationship between low bone mineral density and highly active antiretroviral therapy including protease inhibitors in HIV-infected patients. HIV Clin Trials. 2003 Sep-Oct;4(5):337-46.

1245. Ferrer E, Consiglio E, Podzamczer D, Grau I, Ramon JM, Perez JL, et al. Analysis of the discontinuation of protease inhibitor therapy in routine clinical practice. Scand J Infect Dis. 1999;31(5):495-9.

1246. Fichtenbaum CJ, Gerber JG, Rosenkranz SL, Segal Y, Aberg JA, Blaschke T, et al. Pharmacokinetic interactions between protease inhibitors and statins in HIV seronegative volunteers: ACTG Study A5047. Aids. 2002 Mar 8;16(4):569-77.

1247. Fidler S, Fraser C, Fox J, Tamm N, Griffin JT, Weber J. Comparative potency of three antiretroviral therapy regimes in primary HIV infection. Aids. 2006 Jan 9;20(2):247-52.

1248. Field AK. Oligonucleotides as inhibitors of human immunodeficiency virus. Curr Opin Mol Ther. 1999 Jun;1(3):323-31.

1249. Figgitt DP, Plosker GL. Saquinavir soft-gel capsule: an updated review of its use in the management of HIV infection. Drugs. 2000 Aug;60(2):481-516.

1250. Filippini P, Scolastico C, Battaglia M, Nacca C, Coppola N, Rossi G, et al. Lipodystrophy and serum lipid abnormalities in HIV-positive sub-Saharan population on ART. J Infect. 2006 Jul;53(1):e29-33.

1251. Fine DM. Editorial comment: tenofovir nephrotoxicity--vigilance required. AIDS Read. 2005 Jul;15(7):362-3.

1252. Finlayson JA, Laing RB. Acute paranoid reaction to saquinavir. Am J Health Syst Pharm. 1998 Oct 1;55(19):2016-7.

1253. Fiore S, Ferrazzi E, Newell ML, Trabattoni D, Clerici M. Protease inhibitor-associated increased risk of preterm delivery is an immunological complication of therapy. J Infect Dis. 2007 Mar 15;195(6):914-6; author reply 6-7.

1254. Fisac C, Fumero E, Crespo M, Roson B, Ferrer E, Virgili N, et al. Metabolic benefits 24 months after replacing a protease inhibitor with abacavir, efavirenz or nevirapine. Aids. 2005 Jun 10;19(9):917-25.

1255. Fischl MA, Collier AC, Mukherjee AL, Feinberg JE, Demeter LM, Tebas P, et al. Randomized open-label trial of two simplified, class-sparing regimens following a first suppressive three or four-drug regimen. Aids. 2007 Jan 30;21(3):325-33.

1256. Fischl MA, Richman DD, Flexner C, Para MF, Haubrich R, Karim A, et al. Phase I/II study of the toxicity, pharmacokinetics, and activity of the HIV protease inhibitor SC-52151. J Acquir Immune Defic Syndr Hum Retrovirol. 1997 May 1;15(1):28-34.

1257. Fisher EJ, Chaloner K, Cohn DL, Grant LB, Alston B, Brosgart CL, et al. The safety and efficacy of adefovir dipivoxil in patients with advanced HIV disease: a randomized, placebo-controlled trial. Aids. 2001 Sep 7;15(13):1695-700.

1258. Flandre P, Peytavin G, Meiffredy V, Saidi Y, Descamps D, Delagnes M, et al. Adherence to antiretroviral therapy and outcomes in HIV-infected patients enrolled in an induction/maintenance randomized trial. Antivir Ther. 2002 Jun;7(2):113-21.

1259. Fleischer R, Boxwell D, Sherman KE. Nucleoside analogues and mitochondrial toxicity. Clin Infect Dis. 2004 Apr 15;38(8):e79-80.

1260. Fleischman A, Johnsen S, Systrom DM, Hrovat M, Farrar CT, Frontera W, et al. Effects of a nucleoside reverse transcriptase inhibitor, stavudine, on glucose disposal and mitochondrial function in muscle of healthy adults. Am J Physiol Endocrinol Metab. 2007 Jun;292(6):E1666-73.

1261. Flexner C. Double jeopardy: the hazards of drug-drug interactions. Res Initiat Treat Action. 1998 Dec;4(7):3-8.

1262. Flexner C. Fat city: understanding HIV lipodystrophy. Hopkins HIV Rep. 1998 Sep;10(5):14-5.

1263. Flexner C. HIV-protease inhibitors. N Engl J Med. 1998 Apr 30;338(18):1281-92.

1264. Flexner C. HLA B57 and abacavir hypersensitivity. Hopkins HIV Rep. 2002 May;14(3):5.

1265. Florence E, Schrooten W, Verdonck K, Dreezen C, Colebunders R. Rheumatological complications associated with the use of indinavir and other protease inhibitors. Ann Rheum Dis. 2002 Jan;61(1):82-4.

1266. Floridia M, Bucciardini R, Fragola V, Galluzzo CM, Giannini G, Pirillo MF, et al. Risk factors and occurrence of rash in HIV-positive patients not receiving nonnucleoside reverse transcriptase inhibitor: data from a randomized study evaluating use of protease inhibitors in nucleoside-experienced patients with very low CD4 levels (<50 cells/microL). HIV Med. 2004 Jan;5(1):1-10.

1267. Floridia M, Bucciardini R, Fragola V, Galluzzo CM, Giannini G, Pirillo MF, et al. Risk factors and occurrence of rash in HIV-positive patients not receiving nonnucleoside reverse transcriptase inhibitor: data from a randomized study evaluating use of protease inhibitors in nucleoside-experienced patients with very low CD4 levels (<50 cells/microL). HIV Med. 2004 Jan;5(1):1-10.

1268. Floridia M, Guaraldi G, Tamburrini E, Tibaldi C, Bucceri A, Anzidei G, et al. Lipodystrophy is an independent predictor of hypertriglyceridemia during pregnancy in HIV-infected women. Aids. 2006 Apr 4;20(6):944-7.

1269. Fodale V, Mazzeo A, Pratico C, Aguennouz M, Toscano A, Santamaria LB, et al. Fatal exacerbation of peripheral neuropathy during lamivudine therapy: evidence for iatrogenic mitochondrial damage. Anaesthesia. 2005 Aug;60(8):806-10.

1270. Foli A, Benvenuto F, Piccinini G, Bareggi A, Cossarizza A, Lisziewicz J, et al. Direct analysis of mitochondrial toxicity of antiretroviral drugs. Aids. 2001 Sep 7;15(13):1687-94.

1271. Follansbee S, Deeks S, Bartnoff H. Fifth Conference on Retroviruses & Opportunistic Infections. Interview by Ron Baker. Newsline People AIDS Coalit N Y. 1998 Mar:7-14.

1272. Fontana RJ, Lok AS. Combination of HBIG and lamivudine-resistant mutations: a formula for trouble? Liver Transpl. 2002 Nov;8(11):1082-4.

1273. Ford SL, Reddy YS, Anderson MT, Murray SC, Fernandez P, Stein DS, et al. Single-dose safety and pharmacokinetics of brecanavir, a novel human immunodeficiency virus protease inhibitor. Antimicrob Agents Chemother. 2006 Jun;50(6):2201-6.

1274. Fornataro K. Switching drugs for lipodystophy. Body Posit. 1999 May;12(5):13.

1275. Fornataro K, Jefferys R. New treatment options. Body Posit. 1999 Jun;12(6):11-2.

1276. Fornataro K, Jefferys R. Crixivan side effect update - hair loss and ingrown toenails. Body Posit. 1999 Oct;12(10):12.

1277. Fornataro K, Jefferys R. Viracept and irregular heartbeat warning. Body Posit. 1999 Oct;12(10):10, 2.

1278. Fornataro K, Jefferys R. Ultrase and Viracept. Body Posit. 1999 Oct;12(10):10.

1279. Forsyth SF, French PD, Macfarlane E, Gibbons SE, Miller RF. The use of therapeutic drug monitoring in the management of protease inhibitor-related toxicity. Int J STD AIDS. 2005 Feb;16(2):139-41.

1280. Fortin C, Joly V. Efavirenz for HIV-1 infection in adults: an overview. Expert Rev Anti Infect Ther. 2004 Oct;2(5):671-84.

1281. Fortuny C, Vicente MA, Medina MM, Gonzalez-Ensenat A. Rash as side-effect of nelfinavir in children. Aids. 2000 Feb 18;14(3):335-6.

1282. Foster RH, Faulds D. Abacavir. Drugs. 1998 May;55(5):729-36; discussion 37-8.

1283. Fothergill-Bourbonnais F, Laschinger S, Fillion D, Denomme N, Conway-Vendette J, O'Reilly L, et al. The experience of taking multiple drug therapies for persons with HIV infection: the Canadian perspective. J Assoc Nurses AIDS Care. 2002 Jul-Aug;13(4):32-42.

1284. Foti JL, Piatt JP. Hypersensitivity to efavirenz treated with corticosteroids in a 6-year-old child. AIDS Patient Care STDS. 2003 Jan;17(1):1-3.

1285. Foudraine NA, de Jong JJ, Jan Weverling G, van Benthem BH, Maas J, Keet IP, et al. An open randomized controlled trial of zidovudine plus lamivudine versus stavudine plus lamivudine. Aids. 1998 Aug 20;12(12):1513-9.

1286. Foudraine NA, Weverling GJ, van Gool T, Roos MT, de Wolf F, Koopmans PP, et al. Improvement of chronic diarrhoea in patients with advanced HIV-1 infection during potent antiretroviral therapy. Aids. 1998 Jan 1;12(1):35-41.

1287. Foulds G, LaBoy-Goral L, Wei GC, Apseloff G. The effect of azithromycin on the pharmacokinetics of indinavir. J Clin Pharmacol. 1999 Aug;39(8):842-6.

1288. Fournier S, Deplus S, Janier M, Poinsignon Y, Decazes JM, Modai J. [Anterior uveitis in HIV-infected patients. 3 cases in patients treated with an antiprotease]. Presse Med. 1998 May 16;27(18):844-8.

1289. Fowler MG. Follow-up of children exposed to perinatal antiretrovirals. Teratology. 2000 May;61(5):395-6.

1290. Fox BA, Woffendin C, Yang ZY, San H, Ranga U, Gordon D, et al. Genetic modification of human peripheral blood lymphocytes with a transdominant negative form of Rev: safety and toxicity. Hum Gene Ther. 1995 Aug;6(8):997-1004.

1291. Fox J, Boffito M, Winston A. The clinical implications of antiretroviral pharmacogenomics. Pharmacogenomics. 2006 Jun;7(4):587-96.

1292. Fox PA, Boag FC, Hawkins DA, Francis N. Acute porphyria following commencement of indinavir. Aids. 1999 Apr 1;13(5):622-3.

1293. Fox PA, Hawkins PA, Staughton RC. Cheilitis in association with indinavir. Sex Transm Infect. 2000 Aug;76(4):323-4.

1294. Foy K, Bradley-Springer L, Kempner T, Stevens L, Gahagan L. Enfuvirtide nursing guidelines: a report from the Association of Nurses in AIDS Care Expert Panel on Enfuvirtide. J Assoc Nurses AIDS Care. 2005 Mar-Apr;16(2):2-12.

1295. Foy K, Juethner SN. Enfuvirtide (T-20): potentials and challenges. J Assoc Nurses AIDS Care. 2004 Nov-Dec;15(6):65-71.

1296. Fraaij PL, Neubert J, Bergshoeff AS, van Rossum AM, Hartwig NG, Schroten H, et al. Safety and efficacy of a NRTI-sparing HAART regimen of efavirenz and lopinavir/ritonavir in HIV-1-infected children. Antivir Ther. 2004 Apr;9(2):297-9.

1297. Fraaij PL, Verweel G, van Rossum AM, Hartwig NG, Burger DM, de Groot R. Indinavir/low-dose ritonavir containing HAART in HIV-1 infected children has potent antiretroviral activity, but is associated with side effects and frequent discontinuation of treatment. Infection. 2007 Jun;35(3):186-9.

1298. Frampton JE, Croom KF. Efavirenz/emtricitabine/tenofovir disoproxil fumarate: triple combination tablet. Drugs. 2006;66(11):1501-12; discussion 13-4.

1299. Franco A, Aprea L, Geraci A, Manzillo E, Pizzella T, Simioli F, et al. [Experience at a branch center of the National HIV Protease Inhibitor Registry]. Infez Med. 2001 Sep;9(3):170-5.

1300. Frank I, Bosch RJ, Fiscus S, Valentine F, Flexner C, Segal Y, et al. Activity, safety, and immunological effects of hydroxyurea added to didanosine in antiretroviral-naive and experienced HIV type 1-infected subjects: a randomized, placebo-controlled trial, ACTG 307. AIDS Res Hum Retroviruses. 2004 Sep;20(9):916-26.

1301. Franzen C, Salzberger B, Fatkenheuer G. Avascular necrosis of both femoral heads in an HIV-infected patient receiving protease inhibitors. Eur J Med Res. 2001 Feb 28;6(2):83-4.

1302. Freercks RJ, Mehta U, Stead DF, Meintjes GA. Haemolytic anaemia associated with efavirenz. Aids. 2006 May 12;20(8):1212-3.

1303. French AL, Benning L, Anastos K, Augenbraun M, Nowicki M, Sathasivam K, et al. Longitudinal effect of antiretroviral therapy on markers of hepatic toxicity: impact of hepatitis C coinfection. Clin Infect Dis. 2004 Aug 1;39(3):402-10.

1304. Frerichs FC, Dingemans KP, Brinkman K. Cardiomyopathy with mitochondrial damage associated with nucleoside reverse-transcriptase inhibitors. N Engl J Med. 2002 Dec 5;347(23):1895-6.

1305. Fridkin M, Tsubery H, Tzehoval E, Vonsover A, Biondi L, Filira F, et al. Tuftsin-AZT conjugate: potential macrophage targeting for AIDS therapy. J Pept Sci. 2005 Jan;11(1):37-44.

1306. Friedland G. Top stories of 2004. Nevirapine and efavirenz: similar efficacy, different toxicities, and better separately than combined. AIDS Clin Care. 2005 Jan;17(1):5.

1307. Friedland G, Andrews L, Schreibman T, Agarwala S, Daley L, Child M, et al. Lack of an effect of atazanavir on steady-state pharmacokinetics of methadone in patients chronically treated for opiate addiction. Aids. 2005 Oct 14;19(15):1635-41.

1308. Friedland GH, Gulick RM. Too little of a good thing. AIDS Clin Care. 1998 Oct;10(10):76-7.

1309. Friedland GH, Pollard R, Griffith B, Hughes M, Morse G, Bassett R, et al. Efficacy and safety of delavirdine mesylate with zidovudine and didanosine compared with two-drug combinations of these agents in persons with HIV disease with CD4 counts of 100 to 500 cells/mm3 (ACTG 261). ACTG 261 Team. J Acquir Immune Defic Syndr. 1999 Aug 1;21(4):281-92.

1310. Friend SH, Stoughton RB. The magic of microarrays. Sci Am. 2002 Feb;286(2):44-9, 53.

1311. Friis-Moller N, Reiss P, Sabin CA, Weber R, Monforte A, El-Sadr W, et al. Class of antiretroviral drugs and the risk of myocardial infarction. N Engl J Med. 2007 Apr 26;356(17):1723-35.

1312. Friis-Moller N, Weber R, Reiss P, Thiebaut R, Kirk O, d'Arminio Monforte A, et al. Cardiovascular disease risk factors in HIV patients--association with antiretroviral therapy. Results from the DAD study. Aids. 2003 May 23;17(8):1179-93.

1313. Frissen PH, de Vries J, Weigel HM, Brinkman K. Severe anaphylactic shock after rechallenge with abacavir without preceding hypersensitivity. Aids. 2001 Jan 26;15(2):289.

1314. Fujinaga M, Schulte M, Holodniy M. Assessment of developmental toxicity of antiretroviral drugs using a rat whole embryo culture system. Teratology. 2000 Aug;62(2):108-14.

1315. Fumaz CR, Tuldra A, Ferrer MJ, Paredes R, Bonjoch A, Jou T, et al. Quality of life, emotional status, and adherence of HIV-1-infected patients treated with efavirenz versus protease inhibitor-containing regimens. J Acquir Immune Defic Syndr. 2002 Mar 1;29(3):244-53.

1316. Fundaro C, Genovese O, Rendeli C, Tamburrini E, Salvaggio E. Myelomeningocele in a child with intrauterine exposure to efavirenz. Aids. 2002 Jan 25;16(2):299-300.

1317. Fung HB, Pecini RA, Brown ST, Gropper CA. Indinavir-associated maculopapular eruption. Pharmacotherapy. 1999 Nov;19(11):1328-30.

1318. Fung HB, Stone EA, Piacenti FJ. Tenofovir disoproxil fumarate: a nucleotide reverse transcriptase inhibitor for the treatment of HIV infection. Clin Ther. 2002 Oct;24(10):1515-48.

1319. Funk MB, Linde R, Wintergerst U, Notheis G, Hoffmann F, Schuster T, et al. Preliminary experiences with triple therapy including nelfinavir and two reverse transcriptase inhibitors in previously untreated HIV-infected children. Aids. 1999 Sep 10;13(13):1653-8.

1320. Funk MB, Notheis G, Schuster T, Elanjkal Z, von Hentig N, Sturmer M, et al. Effect of first line therapy including efavirenz and two nucleoside reverse transcriptase inhibitors in HIV-infected children. Eur J Med Res. 2005 Dec 7;10(12):503-8.

1321. Furfine ES, Baker CT, Hale MR, Reynolds DJ, Salisbury JA, Searle AD, et al. Preclinical pharmacology and pharmacokinetics of GW433908, a water-soluble prodrug of the human immunodeficiency virus protease inhibitor amprenavir. Antimicrob Agents Chemother. 2004 Mar;48(3):791-8.

1322. Furrer H, Malinverni R. Systemic inflammatory reaction after starting highly active antiretroviral therapy in AIDS patients treated for extrapulmonary tuberculosis. Am J Med. 1999 Mar;106(3):371-2.

1323. Furtek KJ, Crum NF, Olson PE, Wallace MR. Proton pump inhibitor therapy in atazanavir-treated patients: contraindicated? J Acquir Immune Defic Syndr. 2006 Mar;41(3):394-6.

1324. Fuster D, Clotet B. Review of atazanavir: a novel HIV protease inhibitor. Expert Opin Pharmacother. 2005 Aug;6(9):1565-72.

1325. Fux CA, Christen A, Zgraggen S, Mohaupt MG, Furrer H. Effect of tenofovir on renal glomerular and tubular function. Aids. 2007 Jul 11;21(11):1483-5.

1326. Gadd C. FDA approves new PI. IAPAC Mon. 2006 Jun;12(6):174.

1327. Gagne JF, Desormeaux A, Perron S, Tremblay MJ, Bergeron MG. Targeted delivery of indinavir to HIV-1 primary reservoirs with immunoliposomes. Biochim Biophys Acta. 2002 Feb 1;1558(2):198-210.

1328. Gagnon RF, Alli AI, Watters AK, Tsoukas CM. Indinavir crystalluria. Kidney Int. 2006 Dec;70(12):2047.

1329. Gagnon RF, Mehio A, Iqbal S, Tsoukas CM. [Indinavir-associated tubulointerstitial renal disease]. Nephrol Ther. 2007 Dec;3(7):461-2.

1330. Gagnon RF, Tecimer SN, Watters AK, Hatzakis GE, Tsoukas CM. The natural history of leukocyturia associated with indinavir treatment in HIV+ individuals. Am J Nephrol. 2000 Nov-Dec;20(6):448-54.

1331. Gagnon RF, Tecimer SN, Watters AK, Tsoukas CM. Prospective study of urinalysis abnormalities in HIV-positive individuals treated with indinavir. Am J Kidney Dis. 2000 Sep;36(3):507-15.

1332. Gallant J. Tipranavir. Drugs. 2003;63(15):1619-20.

1333. Gallant JE. Report from ICAAC: new drugs and antiretroviral therapy for naive patients. Hopkins HIV Rep. 2002 Nov;14(6):1-3, 7.

1334. Gallant JE. AACTG A5095, Trizivir, and the role of all-nucleoside regimens: an editorial. Hopkins HIV Rep. 2003 Jul;15(4):1-2.

1335. Gallant JE. Protease-inhibitor boosting in the treatment-experienced patient. AIDS Rev. 2004 Oct-Dec;6(4):226-33.

1336. Gallant JE. The choice of the nucleoside backbone in initial therapy. Hopkins HIV Rep. 2004 Nov;16(6):1-6, 10.

1337. Gallant JE. The ideal nucleoside/nucleotide backbone. J Acquir Immune Defic Syndr. 2004 Sep 1;37 Suppl 1:S44-51.

1338. Gallant JE. Antiretroviral therapy update from the 44th ICAAC. Hopkins HIV Rep. 2005 Jan;17(1):1-3, 7.

1339. Gallant JE. Drug resistance after failure of initial antiretroviral therapy in resource-limited countries. Clin Infect Dis. 2007 Feb 1;44(3):453-5.

1340. Gallant JE, Parish MA, Keruly JC, Moore RD. Changes in renal function associated with tenofovir disoproxil fumarate treatment, compared with nucleoside reverse-transcriptase inhibitor treatment. Clin Infect Dis. 2005 Apr 15;40(8):1194-8.

1341. Gallego L, Barreiro P, del Rio R, Gonzalez de Requena D, Rodriguez-Albarino A, Gonzalez-Lahoz J, et al. Analyzing sleep abnormalities in HIV-infected patients treated with Efavirenz. Clin Infect Dis. 2004 Feb 1;38(3):430-2.

1342. Gallet B, Pulik M, Genet P, Chedin P, Hiltgen M. Vascular complications associated with use of HIV protease inhibitors. Lancet. 1998 Jun 27;351(9120):1958-9.

1343. Galli M, Cozzi-Lepri A, Ridolfo AL, Gervasoni C, Ravasio L, Corsico L, et al. Incidence of adipose tissue alterations in first-line antiretroviral therapy: the LipoICoNa Study. Arch Intern Med. 2002 Dec 9-23;162(22):2621-8.

1344. Galli M, Ridolfo AL, Adorni F, Gervasoni C, Ravasio L, Corsico L, et al. Body habitus changes and metabolic alterations in protease inhibitor-naive HIV-1-infected patients treated with two nucleoside reverse transcriptase inhibitors. J Acquir Immune Defic Syndr. 2002 Jan 1;29(1):21-31.

1345. Galli M, Veglia F, Angarano G, Santambrogio S, Meneghini E, Gritti F, et al. Gender differences in antiretroviral drug-related adipose tissue alterations. Women are at higher risk than men and develop particular lipodystrophy patterns. J Acquir Immune Defic Syndr. 2003 Sep 1;34(1):58-61.

1346. Galluzzi L, Pinti M, Guaraldi G, Mussini C, Troiano L, Roat E, et al. Altered mitochondrial RNA production in adipocytes from HIV-infected individuals with lipodystrophy. Antivir Ther. 2005;10 Suppl 2:M91-9.

1347. Galluzzi L, Pinti M, Troiano L, Prada N, Nasi M, Ferraresi R, et al. Changes in mitochondrial RNA production in cells treated with nucleoside analogues. Antivir Ther. 2005;10(1):191-5.

1348. Gan SK, Samaras K, Carr A, Chisholm D. Anti-retroviral therapy, insulin resistance and lipodystrophy. Diabetes Obes Metab. 2001 Apr;3(2):67-71.

1349. Gan SK, Samaras K, Thompson CH, Kraegen EW, Carr A, Cooper DA, et al. Altered myocellular and abdominal fat partitioning predict disturbance in insulin action in HIV protease inhibitor-related lipodystrophy. Diabetes. 2002 Nov;51(11):3163-9.

1350. Gangar M, Arias G, O'Brien JG, Kemper CA. Frequency of cutaneous reactions on rechallenge with nevirapine and delavirdine. Ann Pharmacother. 2000 Jul-Aug;34(7-8):839-42.

1351. Garat H, el Sayed F, Obadia M, Bazex J. [Erythema multiforme caused by saquinavir]. Ann Dermatol Venereol. 1998 Jan;125(1):42-3.

1352. Garcia Aparicio AM, Munoz Fernandez S, Gonzalez J, Arribas JR, Pena JM, Vazquez JJ, et al. Abnormalities in the bone mineral metabolism in HIV-infected patients. Clin Rheumatol. 2006 Jul;25(4):537-9.

1353. Garcia de la Llana F, Morales F. [Large, atypical accumumlation of adipose tissue in a patient with human immunodeficiency virus infection]. Enferm Infecc Microbiol Clin. 1998 Nov;16(9):431-2.

1354. Garcia Fernandez D, Garcia-Patos Briones V, Mollet Sanchez J, Castells Rodellas A. [Stevens-Johnson syndrome due to nevirapine]. Rev Clin Esp. 2000 Mar;200(3):179-80.

1355. Garcia Garcia MJ, Morano Amado LE, Allegue Rodriguez F, Miralles Alvarez C, Ocampo Hermida A. [Paronychia in patients infected with HIV treated with indinavir]. Rev Clin Esp. 2001 Aug;201(8):455-8.

1356. Garcia-Benayas T, Blanco F, de la Cruz JJ, Senchordi MJ, Gomez-Viera JM, Soriano V, et al. Role of nonnucleosides in the development of HAART-related lipid disturbances. J Acquir Immune Defic Syndr. 2001 Dec 15;28(5):496-8.

1357. Garcia-Benayas T, Blanco F, de la Cruz JJ, Soriano V, Gonzalez-Lahoz J. Replacing stavudine by abacavir reduces lactate levels and may improve lipoatrophy. Aids. 2003 Apr 11;17(6):921-4.

1358. Garcia-Benayas T, Blanco F, Gomez-Viera JM, Barrios A, Soriano V, Gonzalez-Lahoz J. Lipodystrophy body-shape changes in a patient undergoing zidovudine monotherapy. Aids. 2002 May 3;16(7):1087-9.

1359. Garcia-Tejedor A, Perales A, Maiques V. Protease inhibitor treatment in HIV pregnant women. Is it safe for newborns? Int J Gynaecol Obstet. 2002 Feb;76(2):175-6.

1360. Gariano RF, Cooney EL. Uveitis following administration of the protease inhibitor indinavir to a patient with AIDS. Clin Infect Dis. 1997 Mar;24(3):529.

1361. Garrait V, Molina JM. [New strategies for antiretroviral treatment in HIV infected patients]. Pathol Biol (Paris). 2001 Feb;49(1):67-71.

1362. Garrett NJ, Matin N, Edwards SG, Miller RF. Efficacy of boosted protease inhibitor monotherapy in patients with complex medical problems. Aids. 2007 Aug 20;21(13):1821-3.

1363. Gatanaga H, Yazaki H, Tanuma J, Honda M, Genka I, Teruya K, et al. HLA-Cw8 primarily associated with hypersensitivity to nevirapine. Aids. 2007 Jan 11;21(2):264-5.

1364. Gatell J, Salmon-Ceron D, Lazzarin A, Van Wijngaerden E, Antunes F, Leen C, et al. Efficacy and safety of atazanavir-based highly active antiretroviral therapy in patients with virologic suppression switched from a stable, boosted or unboosted protease inhibitor treatment regimen: the SWAN Study (AI424-097) 48-week results. Clin Infect Dis. 2007 Jun 1;44(11):1484-92.

1365. Gathe J, Jr. Adherence and potency with antiretroviral therapy: a combination for success. J Acquir Immune Defic Syndr. 2003 Oct 1;34 Suppl 2:S118-22.

1366. Gathe JC, Jr., Ive P, Wood R, Schurmann D, Bellos NC, DeJesus E, et al. SOLO: 48-week efficacy and safety comparison of once-daily fosamprenavir /ritonavir versus twice-daily nelfinavir in naive HIV-1-infected patients. Aids. 2004 Jul 23;18(11):1529-37.

1367. Gathe JC, Jr., Stone VE, Lahart C. Three HIV-treating physicians express their professional opinions regarding a case scenario. Res Initiat Treat Action. 2000 Sep;6(3):23-5.

1368. Gathe JC, Jr., Wood R, Sanne I, DeJesus E, Schurmann D, Gladysz A, et al. Long-term (120-Week) antiviral efficacy and tolerability of fosamprenavir/ritonavir once daily in therapy-naive patients with HIV-1 infection: an uncontrolled, open-label, single-arm follow-on study. Clin Ther. 2006 May;28(5):745-54.

1369. Gatti G, Di Biagio A, Casazza R, De Pascalis C, Bassetti M, Cruciani M, et al. The relationship between ritonavir plasma levels and side-effects: implications for therapeutic drug monitoring. Aids. 1999 Oct 22;13(15):2083-9.

1370. Gatti G, Vigano A, Sala N, Vella S, Bassetti M, Bassetti D, et al. Indinavir pharmacokinetics and parmacodynamics in children with human immunodeficiency virus infection. Antimicrob Agents Chemother. 2000 Mar;44(3):752-5.

1371. Gaucher M. Update on lipodystrophy. Posit Dir News. 1999 Winter;11(1):20-2.

1372. Gavin PJ, Yogev R. The role of protease inhibitor therapy in children with HIV infection. Paediatr Drugs. 2002;4(9):581-607.

1373. Gaylord G. Ziagen clears FDA advisory panel. Posit Living. 1998 Dec-1999 Jan;7(12):1, 6, 8.

1374. Gaylord G. New Norvir soft-gel capsule formulation approved by FDA. Posit Living. 1999 Aug;8(7):11.

1375. Gaylord G. Agenerase approved by FDA. Posit Living. 1999 May;8(4):6.

1376. Gaylord G. Ziagen OK'd by FDA. Posit Living. 1999 Feb;8(1):1, 11.

1377. Gaylord G. BMS-232632, a new protease inhibitor, is taken once daily. Posit Living. 2000 Jul;9(6):22.

1378. Gazzard BG. What are the perceived advantages and disadvantages of non-nucleoside reverse transcriptase inhibitors as first-line therapy? HIV Med. 2000;1 Suppl 1:11-4.

1379. Gazzard BG, Moyle G. Does atazanavir cause lipodystrophy? J HIV Ther. 2004 May;9(2):41-4.

1380. Gazzard BG, Pozniak AL, Rosenbaum W, Yeni GP, Staszewski S, Arasteh K, et al. An open-label assessment of TMC 125--a new, next-generation NNRTI, for 7 days in HIV-1 infected individuals with NNRTI resistance. Aids. 2003 Dec 5;17(18):F49-54.

1381. Geddes R, Knight S, Moosa MY, Reddi A, Uebel K, Sunpath H. A high incidence of nucleoside reverse transcriptase inhibitor (NRTI)-induced lactic acidosis in HIV-infected patients in a South African context. S Afr Med J. 2006 Aug;96(8):722-4.

1382. Geene D, Sudre P, Anwar D, Goehring C, Saaidia A, Hirschel B. Causes of macrocytosis in HIV-infected patients not treated with zidovudine. Swiss HIV Cohort Study. J Infect. 2000 Mar;40(2):160-3.

1383. Geijo Martinez MP, Macia Martinez MA, Solera Santos J, Barbera Farre JR, Rodriguez Zapata M, Marcos Sanchez F, et al. [Clinical trial comparing efficacy and safety of four highly active antiretroviral therapy (HAART) in antiretroviral-naive treatment with advanced HIV infection]. Rev Clin Esp. 2006 Feb;206(2):67-76.

1384. Geletko SM, Erickson AD. Decreased methadone effect after ritonavir initiation. Pharmacotherapy. 2000 Jan;20(1):93-4.

1385. Geletko SM, Segarra M, Mikolich DJ. Alopecia associated with zidovudine therapy. Pharmacotherapy. 1996 Jan-Feb;16(1):79-81.

1386. Gentil C, Le Jan S, Philippe J, Leibowitch J, Sonigo P, Germain S, et al. Is oxygen a key factor in the lipodystrophy phenotype? Lipids Health Dis. 2006;5:27.

1387. Gentle DL, Stoller ML, Jarrett TW, Ward JF, Geib KS, Wood AF. Protease inhibitor-induced urolithiasis. Urology. 1997 Oct;50(4):508-11.

1388. George SL, Swindells S, Knudson R, Stapleton JT. Unexplained thrombosis in HIV-infected patients receiving protease inhibitors: report of seven cases. Am J Med. 1999 Dec;107(6):624-30.

1389. Gerard L, Chazallon C, Taburet AM, Girard PM, Aboulker JP, Piketty C. Renal function in antiretroviral-experienced patients treated with tenofovir disoproxil fumarate associated with atazanavir/ritonavir. Antivir Ther. 2007;12(1):31-9.

1390. Gerard Y, Maulin L, Dubreuil L, Mouton Y. [HIV protease inhibitors: drug interactions]. Rev Med Interne. 1999 Feb;20(2):141-50.

1391. Gerken G. [Standard hepatitis B therapy]. Praxis (Bern 1994). 2000 Aug 17;89(33):1283-6.

1392. Germinario RJ, Colby-Germinario SP. The effect of human immunodeficiency virus-1 protease inhibitors on the toxicity of a variety of cells. In Vitro Cell Dev Biol Anim. 2003 Jul-Aug;39(7):275-9.

1393. Gerrior J, Kantaros J, Coakley E, Albrecht M, Wanke C. The fat redistribution syndrome in patients infected with HIV: measurements of body shape abnormalities. J Am Diet Assoc. 2001 Oct;101(10):1175-80.

1394. Gerschenson M, Nguyen V, Ewings EL, Ceresa A, Shaw JA, St Claire MC, et al. Mitochondrial toxicity in fetal Erythrocebus patas monkeys exposed transplacentally to zidovudine plus lamivudine. AIDS Res Hum Retroviruses. 2004 Jan;20(1):91-100.

1395. Gerschenson M, Nguyen VT, St Claire MC, Harbaugh SW, Harbaugh JW, Proia LA, et al. Chronic stavudine exposure induces hepatic mitochondrial toxicity in adult Erythrocebus patas monkeys. J Hum Virol. 2001 Nov-Dec;4(6):335-42.

1396. Gerstoft J. [HIV-treatment. Interactions, compliance, prolonged adverse effects and global accessibility]. Ugeskr Laeger. 2000 Aug 28;162(35):4639.

1397. Gerstoft J. [Enfuvirtide]. Ugeskr Laeger. 2004 Nov 22;166(48):4355-7.

1398. Gervasoni C, Ridolfo AL, Trifiro G, Santambrogio S, Norbiato G, Musicco M, et al. Redistribution of body fat in HIV-infected women undergoing combined antiretroviral therapy. Aids. 1999 Mar 11;13(4):465-71.

1399. Gewurz BE, Jacobs M, Proper JA, Dahl TA, Fujiwara T, Dezube BJ. Capravirine, a nonnucleoside reverse-transcriptase inhibitor in patients infected with HIV-1: a phase 1 study. J Infect Dis. 2004 Dec 1;190(11):1957-61.

1400. Gharakhanian S. The HIV-associated lipodystrophy syndrome: research, results, yet more questions. Aids. 2001 Jan 26;15(2):271-3.

1401. Gherardi R, Chariot P, Authier FJ. [Muscular involvement in HIV infection]. Rev Neurol (Paris). 1995 Nov;151(11):603-7.

1402. Gianotti N, Guffanti M, Galli L, Margonato A, Chiaravalli G, Bigoloni A, et al. Electrocardiographic changes in HIV-infected, drug-experienced patients being treated with atazanavir. Aids. 2007 Jul 31;21(12):1648-51.

1403. Giaquinto C, De Romeo A, Giacomet V, Rampon O, Ruga E, Burlina A, et al. Lactic acid levels in children perinatally treated with antiretroviral agents to prevent HIV transmission. Aids. 2001 May 25;15(8):1074-5.

1404. Gibb DM, Newberry A, Klein N, de Rossi A, Grosch-Woerner I, Babiker A. Immune repopulation after HAART in previously untreated HIV-1-infected children. Paediatric European Network for Treatment of AIDS (PENTA) Steering Committee. Lancet. 2000 Apr 15;355(9212):1331-2.

1405. Gilden D. Treatment briefs. GMHC Treat Issues. 1995 Apr;9(4):6.

1406. Gilden D. Getting your space on the magic crixi-van. GMHC Treat Issues. 1996 Mar;10(3):4.

1407. Gilden D. The medical merry-go-round: drugs for 1998 are new but not novel. GMHC Treat Issues. 1997 Winter;12(1):18-25.

1408. Gilden D. A further point about statins. GMHC Treat Issues. 1998 Jun;12(6):8.

1409. Gilden D. Protease inhibitors, sexual dysfunction and Viagra. GMHC Treat Issues. 1999 Mar;13(3):12.

1410. Giles ML, Mijch AM, Garland SM, Grover SR, Hellard ME. HIV and pregnancy in Australia. Aust N Z J Obstet Gynaecol. 2004 Jun;44(3):197-204.

1411. Gill J, Feinberg J. Saquinavir soft gelatin capsule: a comparative safety review. Drug Saf. 2001;24(3):223-32.

1412. Gill MJ. Safety profile of soft gelatin formulation of saquinavir in combination with nucleosides in a broad patient population. NV15182 Study Team. Aids. 1998 Jul 30;12(11):1400-2.

1413. Gilleece Y, Nelson M. Does antiretroviral-induced hyperlipidaemia constitute a cardiovascular risk? J HIV Ther. 2001 May;6(2):37-9.

1414. Ginarte M, Losada E, Prieto A, Lorenzo-Zuniga V, Toribio J. Generalized hair loss induced by indinavir plus ritonavir therapy. Aids. 2002 Aug 16;16(12):1695-6.

1415. Giner V, Fernandez C, Esteban MJ, Galindo MJ, Forner MJ, Guix J, et al. Reversible posterior leukoencephalopathy secondary to indinavir-induced hypertensive crisis: a case report. Am J Hypertens. 2002 May;15(5):465-7.

1416. Girard PM, Pegram PS, Diquet B, Anderson R, Raffi F, Tubiana R, et al. Phase II placebo-controlled trial of fozivudine tidoxil for HIV infection: pharmacokinetics, tolerability, and efficacy. J Acquir Immune Defic Syndr. 2000 Mar 1;23(3):227-35.

1417. Girmenia C, Martino P, Mazzucconi MG, Bizzoni L, Cassone A. HAART and Mycobacterium avium complex in an HIV infected patient with severe factor VII deficiency. Haemophilia. 2000 Mar;6(2):116-7.

1418. Gisolf EH, Jurriaans S, Pelgrom J, van Wanzeele F, van der Ende ME, Brinkman K, et al. The effect of treatment intensification in HIV-infection: a study comparing treatment with ritonavir/saquinavir and ritonavir/saquinavir/stavudine. Prometheus Study Group. Aids. 2000 Mar 10;14(4):405-13.

1419. Giuntini R, Martinelli C, Ambu S, Bartolozzi D, Farese A, Boddi V, et al. Prolonged treatment interruption in chronic HIV infection: a new strategy? Aids. 2005 Jan 28;19(2):209-11.

1420. Glesby MJ. Antiretroviral switching studies--the jury is still out. AIDS Read. 2000 Aug;10(8):482-3.

1421. Glesby MJ, Hoover DR, Vaamonde CM. Osteonecrosis in patients infected with human immunodeficiency virus: a case-control study. J Infect Dis. 2001 Aug 15;184(4):519-23.

1422. Glutzer E, Lalezari JP. Enfuvirtide for nurses: answering patient questions on activity, safety, and lifestyle impact. J Assoc Nurses AIDS Care. 2005 Sep-Oct;16(5):26-34.

1423. Godwin TA. HIV/AIDS case histories: indinavir crystalluria. AIDS Patient Care STDS. 2001 Mar;15(3):169-71.

1424. Goebel FD. [Fusion inhibitors. One year therapy with T-20--initial evaluation]. MMW Fortschr Med. 2004 Apr 26;146 Spec No 1:42-3.

1425. Goedken AM, Herman RA. Once-daily abacavir in place of twice-daily administration. Ann Pharmacother. 2005 Jul-Aug;39(7-8):1302-8.

1426. Goetzman ES, Tian L, Nagy TR, Gower BA, Schoeb TR, Elgavish A, et al. HIV protease inhibitor ritonavir induces lipoatrophy in male mice. AIDS Res Hum Retroviruses. 2003 Dec;19(12):1141-50.

1427. Goicoechea M, Best B. Efavirenz/emtricitabine/tenofovir disoproxil fumarate fixed-dose combination: first-line therapy for all? Expert Opin Pharmacother. 2007 Feb;8(3):371-82.

1428. Goldenberg D. Psychiatric and neuropsychiatric manifestations of HIV infection. J Int Assoc Physicians AIDS Care (Chic Ill). 2003 Apr-Jun;2(2):88; author reply 9-90.

1429. Goldfarb-Rumyantzev AS, Jeyakumar A, Gumpeni R, Rubin D. Lactic acidosis associated with nucleoside analog therapy in an HIV-positive patient. AIDS Patient Care STDS. 2000 Jul;14(7):339-42.

1430. Goldschmidt RH, Moy A. Antiretroviral drug treatment for HIV/AIDS. Am Fam Physician. 1996 Aug;54(2):574-80, 87-8.

1431. Golk M. To AIDS and back with Norvir, D4T, 3TC and nutritional therapies. An interview with Michael Golk. Posit Health News. 1998 Spring(No 16):5-7.

1432. Golub SA, Indyk D, Wainberg ML. Reframing HIV adherence as part of the experience of illness. Soc Work Health Care. 2006;42(3-4):167-88.

1433. Gomes de Arruda EA, Pedrosa De Oliveira Junior FR, Martins Maia F, Ary Duque I. Clinical evaluation of the efficacy and tolerability of ritonavir in combination with two reverse transcriptase inhibitors. Braz J Infect Dis. 2000 Feb;4(1):29-35.

1434. Gomez Candela C, de Cos Blanco AI, Mateo R, Castro E, Lorenzo A, Polo R. [Changes in carbohydrate metabolism in the HIV/AIDS patient]. Nutr Hosp. 2002 May-Jun;17(3):147-53.

1435. Gomez E. Wasting and body changes: what do we know so far? Newsline People AIDS Coalit N Y. 1998 Sep:34-6.

1436. Gonzalez A, Everall I. Reply. Lest we forget: neuropsychiatry and the new generation anti-HIV drugs. Aids. 1999 Oct 1;13(14):1996.

1437. Gonzalez A, Everall IP. Lest we forget: neuropsychiatry and the new generation anti-HIV drugs. Aids. 1998 Dec 24;12(18):2365-7.

1438. Gonzalez de Requena D, Blanco F, Garcia-Benayas T, Jimenez-Nacher I, Gonzalez-Lahoz J, Soriano V. Correlation between lopinavir plasma levels and lipid abnormalities in patients taking lopinavir/ritonavir. AIDS Patient Care STDS. 2003 Sep;17(9):443-5.

1439. Gonzalez de Requena D, Nunez M, Jimenez-Nacher I, Soriano V. Liver toxicity caused by nevirapine. Aids. 2002 Jan 25;16(2):290-1.

1440. Gonzalo A. [Nephropathy caused by crystal deposits induced by indinavir]. Nefrologia. 2001 Jul-Aug;21(4):337.

1441. Goto T, Nakano T, Kohno T, Morimatsu S, Morita C, Hong W, et al. Targets of a protease inhibitor, KNI-272, in HIV-1-infected cells. J Med Virol. 2001 Mar;63(3):203-9.

1442. Gougeon ML, Penicaud L, Fromenty B, Leclercq P, Viard JP, Capeau J. Adipocytes targets and actors in the pathogenesis of HIV-associated lipodystrophy and metabolic alterations. Antivir Ther. 2004 Apr;9(2):161-77.

1443. Gourevitch MN, Friedland GH. Methadone and antiretroviral medications, part I. AIDS Clin Care. 1999 Apr;11(4):30-1 contd.

1444. Grabe DW, Eisele G, Miller C, Singh J, Stein D. Indinavir-induced nephropathy. Clin Nephrol. 1999 Mar;51(3):181-3.

1445. Graber AL. Syndrome of lipodystrophy, hyperlipidemia, insulin resistance, and diabetes in treated patients with human immunodeficiency virus infection. Endocr Pract. 2001 Nov-Dec;7(6):430-7.

1446. Graham NM. Metabolic disorders among HIV-infected patients treated with protease inhibitors: a review. J Acquir Immune Defic Syndr. 2000 Oct 1;25 Suppl 1:S4-11.

1447. Grases F, Costa-Bauza A, Garcia-Gonzalez R, Payeras A, Bassa A, Torres JJ, et al. Indinavir crystallization and urolithiasis. Int Urol Nephrol. 1999;31(1):23-9.

1448. Grases F, Garcia-Gonzalez R, Redondo E, Costa-Bauza A, Simonet BM, Sartini RP, et al. Effects of escin on indinavir crystallization time in the urine of patients with HIV-I infection: a multicenter, randomized, open-label, controlled, four-period crossover trial. Clin Ther. 2004 Dec;26(12):2045-55.

1449. Graves D, Cocohoba J, Gruta C, Goldschmidt R. Potential adverse effects and inferior efficacy in ARV treatment. J Natl Med Assoc. 2004 May;96(5):692-3; author reply 3.

1450. Gray A, Abdool Karim SS, Gengiah TN. Ritonavir/saquinavir safety concerns curtail antiretroviral therapy options for tuberculosis-HIV-co-infected patients in resource-constrained settings. Aids. 2006 Jan 9;20(2):302-3.

1451. Green ST, McKendrick MW, Schmid ML, Mohsen AH, Prakasam SF. Renal calculi developing de novo in a patient taking saquinavir. Int J STD AIDS. 1998 Sep;9(9):555.

1452. Greenberg RN, Feinberg J, Goodrich J, Pilson RS, Siemon-Hryczyk P. Long-term efficacy and safety of twice-daily saquinavir soft gelatin capsules (SGC), with or without nelfinavir, and three times daily saquinavir-SGC, in triple combination therapy for HIV infection: 100-week follow-up. Antivir Ther. 2003 Feb;8(1):37-42.

1453. Greenblatt DJ, von Moltke LL, Daily JP, Harmatz JS, Shader RI. Extensive impairment of triazolam and alprazolam clearance by short-term low-dose ritonavir: the clinical dilemma of concurrent inhibition and induction. J Clin Psychopharmacol. 1999 Aug;19(4):293-6.

1454. Greenblatt DJ, von Moltke LL, Harmatz JS, Fogelman SM, Chen G, Graf JA, et al. Short-term exposure to low-dose ritonavir impairs clearance and enhances adverse effects of trazodone. J Clin Pharmacol. 2003 Apr;43(4):414-22.

1455. Greene MD. Older HIV patients face metabolic complications. Nurse Pract. 2003 Jun;28(6):17-25; quiz 6-7.

1456. Greenwood I, Heylen R, Zakrzewska JM. Anti-retroviral drugs--implications for dental prescribing. Br Dent J. 1998 May 23;184(10):478-82.

1457. Grigem S, Fischer-Posovszky P, Debatin KM, Loizon E, Vidal H, Wabitsch M. The effect of the HIV protease inhibitor ritonavir on proliferation, differentiation, lipogenesis, gene expression and apoptosis of human preadipocytes and adipocytes. Horm Metab Res. 2005 Oct;37(10):602-9.

1458. Grinberg L, Torres G. HAL in 2001: a fat oddity. GMHC Treat Issues. 1999 Mar;13(3):2-5, 8.

1459. Gripshover BM, Ribaudo H, Santana J, Gerber JG, Campbell TB, Hogg E, et al. Amdoxovir versus placebo with enfuvirtide plus optimized background therapy for HIV-1-infected subjects failing current therapy (AACTG A5118). Antivir Ther. 2006;11(5):619-23.

1460. Grodeck B. The kissing question and other ICAAC highlights. Posit Aware. 1996 Nov-Dec;7(6):33-4, 9.

1461. Grodeck B. Nelfinavir (Viracept) moves up the ranks. Posit Aware. 1997 Mar-Apr;8(2):16-7.

1462. Grodeck B. Is immune boosting the next step? Posit Aware. 1997 Jan-Feb;8(1):18-9.

1463. Groeschen HM. Novel HIV treatment approved. Am J Health Syst Pharm. 2007 Sep 15;64(18):1886.

1464. Groll AH, Wood L, Roden M, Mickiene D, Chiou CC, Townley E, et al. Safety, pharmacokinetics, and pharmacodynamics of cyclodextrin itraconazole in pediatric patients with oropharyngeal candidiasis. Antimicrob Agents Chemother. 2002 Aug;46(8):2554-63.

1465. Grossi P, Dalla Gasperina D, Furione M, Vigano M, Minoli L. Lamivudine treatment for HBV infection following thoracic organ transplantation. Transplant Proc. 2001 Feb-Mar;33(1-2):1576-8.

1466. Grossman SJ, Reinford N, Anderson C, Eydelloth RS, Alberts DW, Smith PF, et al. Hepatotoxicity of an HIV protease inhibitor in dogs and rats. Toxicol Appl Pharmacol. 1997 Sep;146(1):40-52.

1467. Grubb JR, Dejam A, Voell J, Blackwelder WC, Sklar PA, Kovacs JA, et al. Lopinavir-ritonavir: effects on endothelial cell function in healthy subjects. J Infect Dis. 2006 Jun 1;193(11):1516-9.

1468. Grunfeld C. HIV protease inhibitors and glucose metabolism. Aids. 2002 Apr 12;16(6):925-6.

1469. Grunke M, Kraetsch HG, Low P, Rascu A, Kalden JR, Harrer T. Nelfinavir associated with peripheral neuropathy in an HIV-infected patient. Infection. 1998 Jul-Aug;26(4):252.

1470. Gruzdev B, Rakhmanova A, Doubovskaya E, Yakovlev A, Peeters M, Rinehart A, et al. A randomized, double-blind, placebo-controlled trial of TMC125 as 7-day monotherapy in antiretroviral naive, HIV-1 infected subjects. Aids. 2003 Nov 21;17(17):2487-94.

1471. Gu Z, Allard B, de Muys JM, Lippens J, Rando RF, Nguyen-Ba N, et al. In vitro antiretroviral activity and in vitro toxicity profile of SPD754, a new deoxycytidine nucleoside reverse transcriptase inhibitor for treatment of human immunodeficiency virus infection. Antimicrob Agents Chemother. 2006 Feb;50(2):625-31.

1472. Guaraldi G, Ventura P, Albuzza M, Orlando G, Bedini A, Amorico G, et al. Pathological fractures in AIDS patients with osteopenia and osteoporosis induced by antiretroviral therapy. Aids. 2001 Jan 5;15(1):137-8.

1473. Guardiola JM, Domingo P, Vazquez G. Switching HIV-1 protease inhibitor therapy: which? When? And why? Arch Intern Med. 1999 Jan 25;159(2):194-5.

1474. Guardiola M, Ferre R, Salazar J, Alonso-Villaverde C, Coll B, Parra S, et al. Protease inhibitor-associated dyslipidemia in HIV-infected patients is strongly influenced by the APOA5-1131T->C gene variation. Clin Chem. 2006 Oct;52(10):1914-9.

1475. Guardiola M, Ferre R, Salazar J, Alonso-Villaverde C, Coll B, Parra S, et al. Protease inhibitor-associated dyslipidemia in HIV-infected patients is strongly influenced by the APOA5-1131T->C gene variation. Clin Chem. 2006 Oct;52(10):1914-9.

1476. Guffanti M, Caumo A, Galli L, Bigoloni A, Galli A, Dagba G, et al. Switching to unboosted atazanavir improves glucose tolerance in highly pretreated HIV-1 infected subjects. Eur J Endocrinol. 2007 Apr;156(4):503-9.

1477. Guillemont J, Pasquier E, Palandjian P, Vernier D, Gaurrand S, Lewi PJ, et al. Synthesis of novel diarylpyrimidine analogues and their antiviral activity against human immunodeficiency virus type 1. J Med Chem. 2005 Mar 24;48(6):2072-9.

1478. Gulick RM, Lalama CM, Ribaudo HJ, Shikuma CM, Schackman BR, Schouten J, et al. Intensification of a triple-nucleoside regimen with tenofovir or efavirenz in HIV-1-infected patients with virological suppression. Aids. 2007 Apr 23;21(7):813-23.

1479. Gulick RM, Ribaudo HJ, Shikuma CM, Lustgarten S, Squires KE, Meyer WA, 3rd, et al. Triple-nucleoside regimens versus efavirenz-containing regimens for the initial treatment of HIV-1 infection. N Engl J Med. 2004 Apr 29;350(18):1850-61.

1480. Gum RJ, Hickman D, Fagerland JA, Heindel MA, Gagne GD, Schmidt JM, et al. Analysis of two matrix metalloproteinase inhibitors and their metabolites for induction of phospholipidosis in rat and human hepatocytes(1). Biochem Pharmacol. 2001 Dec 15;62(12):1661-73.

1481. Guo JJ, Jang R, Louder A, Cluxton RJ. Acute pancreatitis associated with different combination therapies in patients infected with human immunodeficiency virus. Pharmacotherapy. 2005 Aug;25(8):1044-54.

1482. Gupta Samir K. Editorial comment: tenofovir-related nephrotoxicity--who's at risk? AIDS Read. 2007 Feb;17(2):102-3.

1483. Gupta SK. Tenofovir and changes in renal function. Clin Infect Dis. 2005 Aug 15;41(4):570-1; author reply 1.

1484. Gupta SK, Dube MP. Exogenous cushing syndrome mimicking human immunodeficiency virus lipodystrophy. Clin Infect Dis. 2002 Sep 15;35(6):E69-71.

1485. Gurgo AM, Massino Ferri F, Iulianella R, Luciani C, Lucifero A, Staropoli P, et al. [Acute myocardial infarct in HIV-positive patients in treatment with protease inhibitors]. Ital Heart J Suppl. 2001 Nov;2(11):1236-9.

1486. Gurtler L. [AIDS triple therapy. The gap between viral load and side effects]. Fortschr Med. 1998 Sep 30;116(27):4-5.

1487. Gutierrez F, Padilla S, Navarro A, Masia M, Hernandez I, Ramos J, et al. Lopinavir plasma concentrations and changes in lipid levels during salvage therapy with lopinavir/ritonavir-containing regimens. J Acquir Immune Defic Syndr. 2003 Aug 15;33(5):594-600.

1488. Haas DW. Human genetic variability and HIV treatment response. Curr HIV/AIDS Rep. 2006 Jul;3(2):53-8.

1489. Haas DW, Arathoon E, Thompson MA, de Jesus Pedro R, Gallant JE, Uip DE, et al. Comparative studies of two-times-daily versus three-times-daily indinavir in combination with zidovudine and lamivudine. Aids. 2000 Sep 8;14(13):1973-8.

1490. Haas DW, Bartlett JA, Andersen JW, Sanne I, Wilkinson GR, Hinkle J, et al. Pharmacogenetics of nevirapine-associated hepatotoxicity: an Adult AIDS Clinical Trials Group collaboration. Clin Infect Dis. 2006 Sep 15;43(6):783-6.

1491. Haas S, Rockstroh JK, Spengler U, Fischer HP. [Nucleoside induced hepatopathy in HIV patients. Diagnostic value of liver biopsy assessment]. Pathologe. 2004 Sep;25(5):406-11.

1492. Haddow LJ, Wood CW, Ainsworth JG. Discontinuation of non-nucleoside reverse transcriptase inhibitor-based highly active antiretroviral therapy due to nucleoside analogue reverse transcriptase inhibitor-related metabolic toxicity. Int J STD AIDS. 2007 May;18(5):343-6.

1493. Hadigan C, Corcoran C, Stanley T, Piecuch S, Klibanski A, Grinspoon S. Fasting hyperinsulinemia in human immunodeficiency virus-infected men: relationship to body composition, gonadal function, and protease inhibitor use. J Clin Endocrinol Metab. 2000 Jan;85(1):35-41.

1494. Hadigan C, Miller K, Corcoran C, Anderson E, Basgoz N, Grinspoon S. Fasting hyperinsulinemia and changes in regional body composition in human immunodeficiency virus-infected women. J Clin Endocrinol Metab. 1999 Jun;84(6):1932-7.

1495. Hadziyannis SJ, Papatheodoridis GV, Dimou E, Laras A, Papaioannou C. Efficacy of long-term lamivudine monotherapy in patients with hepatitis B e antigen-negative chronic hepatitis B. Hepatology. 2000 Oct;32(4 Pt 1):847-51.

1496. Hagberg L, Janson GL. Clinical and laboratory signs of mitochondrial dysfunction secondary to nucleoside analogue antiretroviral therapy are reversible. Scand J Infect Dis. 2001;33(7):558.

1497. Hagerty SL, Ascher DP. Spontaneous bleeding associated with the use of the protease inhibitor ritonavir in a hemophiliac patient with human immunodeficiency virus infection. Pediatr Infect Dis J. 1998 Oct;17(10):929-30.

1498. Hagmann S, Chung M, Rochford G, Jani M, Trinh-Shevrin C, Sitnitskaya Y, et al. Response to lamivudine treatment in children with chronic hepatitis B virus infection. Clin Infect Dis. 2003 Dec 1;37(11):1434-40.

1499. Hales G, Roth N, Smith D. Possible fatal interaction between protease inhibitors and methamphetamine. Antivir Ther. 2000 Mar;5(1):19.

1500. Halima Y. Workshop explores racial PK differences, TDF-PI interaction. IAPAC Mon. 2006 May;12(5):148-9.

1501. Halkitis PN, Shrem MT, Zade DD, Wilton L. The physical, emotional and interpersonal impact of HAART: exploring the realities of HIV seropositive individuals on combination therapy. J Health Psychol. 2005 May;10(3):345-58.

1502. Hall DB, Macgregor TR. Case-control exploration of relationships between early rash or liver toxicity and plasma concentrations of nevirapine and primary metabolites. HIV Clin Trials. 2007 Nov-Dec;8(6):391-9.

1503. Hamm M, Wawroschek F, Rathert P. Urinary cytology changes in protease inhibitor induced urolithiasis. J Urol. 2000 Apr;163(4):1249-50.

1504. Hammer SM, Bassett R, Squires KE, Fischl MA, Demeter LM, Currier JS, et al. A randomized trial of nelfinavir and abacavir in combination with efavirenz and adefovir dipivoxil in HIV-1-infected persons with virological failure receiving indinavir. Antivir Ther. 2003 Dec;8(6):507-18.

1505. Hammer SM, Squires KE, Hughes MD, Grimes JM, Demeter LM, Currier JS, et al. A controlled trial of two nucleoside analogues plus indinavir in persons with human immunodeficiency virus infection and CD4 cell counts of 200 per cubic millimeter or less. AIDS Clinical Trials Group 320 Study Team. N Engl J Med. 1997 Sep 11;337(11):725-33.

1506. Hammer SM, Vaida F, Bennett KK, Holohan MK, Sheiner L, Eron JJ, et al. Dual vs single protease inhibitor therapy following antiretroviral treatment failure: a randomized trial. Jama. 2002 Jul 10;288(2):169-80.

1507. Hammond E, Mamotte C, Nolan D, Mallal S. HLA-B*5701 typing: evaluation of an allele-specific polymerase chain reaction melting assay. Tissue Antigens. 2007 Jul;70(1):58-61.

1508. Hammond E, Nolan D, James I, Metcalf C, Mallal S. Reduction of mitochondrial DNA content and respiratory chain activity occurs in adipocytes within 6-12 months of commencing nucleoside reverse transcriptase inhibitor therapy. Aids. 2004 Mar 26;18(5):815-7.

1509. Hanabusa H, Tagami H, Hataya H. Renal atrophy associated with long-term treatment with indinavir. N Engl J Med. 1999 Feb 4;340(5):392-3.

1510. Hancock MR. Mitochondrial dysfunction and the role of the non-specialist laboratory. Ann Clin Biochem. 2002 Sep;39(Pt 5):456-63.

1511. Handforth J, Sharland M. Triple nucleoside reverse transcriptase inhibitor therapy in children. Paediatr Drugs. 2004;6(3):147-59.

1512. Hanna L. New studies of methods for preventing perinatal HIV transmission. Beta. 1997 Mar:20.

1513. Hanna L. A new approach to initial antiretroviral therapy: protease-sparing combination regimens. Beta. 1998 Oct:9-13.

1514. Hanna L. Diabetes in women taking protease inhibitors. Beta. 1999 Apr;12(2):15-6.

1515. Hansen AB, Mathiesen S, Gerstoft J. Severe metabolic acidosis and renal failure in an HIV-1 patient receiving tenofovir. Scand J Infect Dis. 2004;36(5):389-92.

1516. Hansen BR, Haugaard SB, Iversen J, Nielsen JO, Andersen O. Impact of switching antiretroviral therapy on lipodystrophy and other metabolic complications: a review. Scand J Infect Dis. 2004;36(4):244-53.

1517. Hare CB, Vu MP, Grunfeld C, Lampiris HW. Simvastatin-nelfinavir interaction implicated in rhabdomyolysis and death. Clin Infect Dis. 2002 Nov 15;35(10):e111-2.

1518. Harrington RD, Woodward JA, Hooton TM, Horn JR. Life-threatening interactions between HIV-1 protease inhibitors and the illicit drugs MDMA and gamma-hydroxybutyrate. Arch Intern Med. 1999 Oct 11;159(18):2221-4.

1519. Harris KS, Brabant W, Styrchak S, Gall A, Daifuku R. KP-1212/1461, a nucleoside designed for the treatment of HIV by viral mutagenesis. Antiviral Res. 2005 Jul;67(1):1-9.

1520. Harris M, Durakovic C, Rae S, Raboud J, Fransen S, Shillington A, et al. A pilot study of nevirapine, indinavir, and lamivudine among patients with advanced human immunodeficiency virus disease who have had failure of combination nucleoside therapy. J Infect Dis. 1998 Jun;177(6):1514-20.

1521. Harris M, Larsen G, Valyi M, Walker E, Montaner JS. Transient neuropathy after needle-free injection outside of recommended sites. Aids. 2006 Mar 21;20(5):784-5.

1522. Harris PJ. Possible toxicity associated with L-697,661 administration in a patient with AIDS. Aids. 1992 Jun;6(6):597-9.

1523. Harry TC, Matthews M, Salvary I. Indinavir use: associated reversible hair loss and mood disturbance. Int J STD AIDS. 2000 Jul;11(7):474-6.

1524. Hart AM, Wilson AD, Montovani C, Smith C, Johnson M, Terenghi G, et al. Acetyl-l-carnitine: a pathogenesis based treatment for HIV-associated antiretroviral toxic neuropathy. Aids. 2004 Jul 23;18(11):1549-60.

1525. Hartman C, Berkowitz D, Shouval D, Eshach-Adiv O, Hino B, Rimon N, et al. Lamivudine treatment for chronic hepatitis B infection in children unresponsive to interferon. Pediatr Infect Dis J. 2003 Mar;22(3):224-9.

1526. Hartmann M. [The side effects of antiretroviral therapy]. Hautarzt. 2006 Nov;57(11):969-74.

1527. Hartmann M, Petzoldt D. [Lipodystrophy syndrome in HIV infection]. Hautarzt. 2000 Mar;51(3):159-63.

1528. Hartmann M, Rump A, Brust J, Schuster D, Mosthaf F, Procaccianti M, et al. Evaluation of an efavirenz-containing regimen: an open-label, multicenter study. HIV Clin Trials. 2001 Sep-Oct;2(5):421-8.

1529. Hasson H, Biswas P, Galli L, Burastero SE, Danise A, Bigoloni A, et al. Selective increase in serum IgE following enfuvirtide administration in HIV-1 infected multidrug resistant patients. New Microbiol. 2006 Oct;29(4):223-30.

1530. Hassoun S, Pisante L, Cattan S, Nallet O, Jarousse B, Jeantils V, et al. [Myocardial infarct and severe angina after antiproteases: 4 cases]. Therapie. 2000 May-Jun;55(3):399-402.

1531. Hatano H, Miller KD, Yoder CP, Yanovski JA, Sebring NG, Jones EC, et al. Metabolic and anthropometric consequences of interruption of highly active antiretroviral therapy. Aids. 2000 Sep 8;14(13):1935-42.

1532. Haubrich R, Berger D, Chiliade P, Colson A, Conant M, Gallant J, et al. Week 24 efficacy and safety of TMC114/ritonavir in treatment-experienced HIV patients. Aids. 2007 Mar 30;21(6):F11-8.

1533. Haubrich R, Thompson M, Schooley R, Lang W, Stein A, Sereni D, et al. A phase II safety and efficacy study of amprenavir in combination with zidovudine and lamivudine in HIV-infected patients with limited antiretroviral experience. Amprenavir PROAB2002 Study Team. Aids. 1999 Dec 3;13(17):2411-20.

1534. Havlir D, Cheeseman SH, McLaughlin M, Murphy R, Erice A, Spector SA, et al. High-dose nevirapine: safety, pharmacokinetics, and antiviral effect in patients with human immunodeficiency virus infection. J Infect Dis. 1995 Mar;171(3):537-45.

1535. Hawkins T. Appearance-related side effects of HIV-1 treatment. AIDS Patient Care STDS. 2006 Jan;20(1):6-18.

1536. Hawkins T, Geist C, Young B, Giblin A, Mercier RC, Thornton K, et al. Comparison of neuropsychiatric side effects in an observational cohort of efavirenz- and protease inhibitor-treated patients. HIV Clin Trials. 2005 Jul-Aug;6(4):187-96.

1537. Hayashi J, Ariyama I. [Therapy of patients with HIV infection]. Nippon Yakurigaku Zasshi. 2001 Aug;118(2):131-4.

1538. Hayashi S, Jayesekera D, Jayewardene A, Shah A, Thevanayagam L, Aweeka F. Altered pharmacokinetics of indinavir by a novel nonnucleoside reverse transcriptase inhibitor (HBY-097): a pharmacokinetic evaluation in HIV-positive patients. J Clin Pharmacol. 1999 Oct;39(10):1085-93.

1539. Hayashi T. [Fuzeon, first of the so-called "fusion inhibitor" drug in new class of AIDS treatments and its warnings]. Nippon Rinsho. 2005 Jan;63(1):173-82.

1540. Hayes P, Muller D, Kuchar D. Left main coronary artery disease in a 40-year-old man receiving HIV protease inhibitors. Aust N Z J Med. 2000 Feb;30(1):92-3.

1541. Haznedar R, Yagci M. Lamivudine therapy for acute hepatitis B infection following peripheral blood stem cell transplantation. Am J Hematol. 2002 Feb;69(2):151.

1542. Healy BJ, Freedman AR. HIV-related neutropaenia exacerbated by efavirenz. HIV Med. 2006 Mar;7(2):129-31.

1543. Heath KV, Chan KJ, Singer J, O'Shaughnessy MV, Montaner JS, Hogg RS. Incidence of morphological and lipid abnormalities: gender and treatment differentials after initiation of first antiretroviral therapy. Int J Epidemiol. 2002 Oct;31(5):1016-20.

1544. Heath KV, Hogg RS, Chan KJ, Harris M, Montessori V, O'Shaughnessy MV, et al. Lipodystrophy-associated morphological, cholesterol and triglyceride abnormalities in a population-based HIV/AIDS treatment database. Aids. 2001 Jan 26;15(2):231-9.

1545. Heath KV, Hogg RS, Singer J, Chan KJ, O'Shaughnessy MV, Montaner JS. Antiretroviral treatment patterns and incident HIV-associated morphologic and lipid abnormalities in a population-based chort. J Acquir Immune Defic Syndr. 2002 Aug 1;30(4):440-7.

1546. Heathcote J. Treatment of HBe antigen-positive chronic hepatitis B. Semin Liver Dis. 2003 Feb;23(1):69-80.

1547. Hebert VY, Crenshaw BL, Romanoff RL, Ekshyyan VP, Dugas TR. Effects of HIV drug combinations on endothelin-1 and vascular cell proliferation. Cardiovasc Toxicol. 2004;4(2):117-31.

1548. Heelon MW, Meade LB. Methadone withdrawal when starting an antiretroviral regimen including nevirapine. Pharmacotherapy. 1999 Apr;19(4):471-2.

1549. Heidere C. Pregnant pause. STEP Perspect. 1998 Summer;98(2):5-6.

1550. Heim M, Schapiro J, Wershavski M, Martinowitz U. Drug-induced and traumatic nail problems in the haemophilias. Haemophilia. 2000 May;6(3):191-4.

1551. Heiser CR, Ernst JA, Barrett JT, French N, Schutz M, Dube MP. Probiotics, soluble fiber, and L-Glutamine (GLN) reduce nelfinavir (NFV)- or lopinavir/ritonavir (LPV/r)-related diarrhea. J Int Assoc Physicians AIDS Care (Chic Ill). 2004 Oct-Dec;3(4):121-9.

1552. Helal A. HIV protease inhibitors and increased bleeding in hemophilia? Cmaj. 1997 Jan 1;156(1):90, 4-5.

1553. Hellinger FJ, Encinosa WE. Inappropriate drug combinations among privately insured patients with HIV disease. Med Care. 2005 Sep;43(9 Suppl):III53-62.

1554. Hellinger J, Cohen C, Morris A, Sheble-Hall S, Gordon D, Foy C, et al. Pilot study of saquinavir and lopinavir/ritonavir twice daily in protease inhibitor-naive HIV-positive patients. HIV Clin Trials. 2005 Mar-Apr;6(2):107-17.

1555. Helliot B, Panis B, Frison E, De Clercq E, Swennen R, Lepoivre P, et al. The acyclic nucleoside phosphonate analogues, adefovir, tenofovir and PMEDAP, efficiently eliminate banana streak virus from banana (Musa spp.). Antiviral Res. 2003 Jul;59(2):121-6.

1556. Henderson L, Yue QY, Bergquist C, Gerden B, Arlett P. St John's wort (Hypericum perforatum): drug interactions and clinical outcomes. Br J Clin Pharmacol. 2002 Oct;54(4):349-56.

1557. Hengel RL, Watts NB, Lennox JL. Benign symmetric lipomatosis associated with protease inhibitors. Lancet. 1997 Nov 29;350(9091):1596.

1558. Hengge UR, Goos M, Esser S, Exner V, Dotterer H, Wiehler H, et al. Randomized, controlled phase II trial of subcutaneous interleukin-2 in combination with highly active antiretroviral therapy (HAART) in HIV patients. Aids. 1998 Dec 3;12(17):F225-34.

1559. Henry DH, Slim J, Lamarca A, Bowers P, Leitz G. Natural history of anemia associated with interferon/ribavirin therapy for patients with HIV/HCV coinfection. AIDS Res Hum Retroviruses. 2007 Jan;23(1):1-9.

1560. Henry K. Report from the 12th Retrovirus Conference. Metabolic complications. AIDS Clin Care. 2005 Apr;17(4):37-8.

1561. Henry K, Craven D. Keeping options open. AIDS Clin Care. 1999 Jan;11(1):4-5.

1562. Henry K, Kitch D, Dube M, Zackin R, Parker RA, Sprecher D, et al. C-Reactive protein levels over time and cardiovascular risk in HIV-infected individuals suppressed on an indinavir-based regimen: AIDS Clinical Trials Group 5056s. Aids. 2004 Dec 3;18(18):2434-7.

1563. Henry K, Melroe H, Huebsch J, Hermundson J, Levine C, Swensen L, et al. Severe premature coronary artery disease with protease inhibitors. Lancet. 1998 May 2;351(9112):1328.

1564. Herman JS, Ives NJ, Nelson M, Gazzard BG, Easterbrook PJ. Incidence and risk factors for the development of indinavir-associated renal complications. J Antimicrob Chemother. 2001 Sep;48(3):355-60.

1565. Hermans BP, Materne R, Marot JC, Vandercam B, Van Beers BE, Van Cangh PJ. Indinavir calculi: diagnosis with magnetic resonance urography. Eur Urol. 2000 May;37(5):634-5.

1566. Hermans P, De Wit S, Sommereijns B, O'Doherty E, Clumeck N. Use of hydroxyurea in heavily pretreated patients with HIV infection. Antivir Ther. 1999;4 Suppl 3:19-22.

1567. Hermieu J, Prevot M, Ravery V, Sauty L, Moulinier F, Delmas V, et al. Urolithiasis and the protease inhibitor indinavir. Eur Urol. 1999;35(3):239-41.

1568. Hermieu JF, Leport C, Ravery V, Delmas V, Boccon-Gibod L. [Lipodystrophy: a complication of protease inhibitors in HIV seropositive patients]. Prog Urol. 1999 Jun;9(3):537-40.

1569. Hermieu JF, Prevot MH, Ravery V, Moulinier F, Delmas V, Bouvet E, et al. [Nephritic colic due to indinavir]. Presse Med. 1998 Mar 14;27(10):465-7.

1570. Hermine O, Allard I, Levy V, Arnulf B, Gessain A, Bazarbachi A. A prospective phase II clinical trial with the use of zidovudine and interferon-alpha in the acute and lymphoma forms of adult T-cell leukemia/lymphoma. Hematol J. 2002;3(6):276-82.

1571. Hernandez LV, Gilson I, Jacobson J, Affi A, Puetz TR, Dindzans VJ. Antiretroviral hepatotoxicity in human immunodeficiency virus-infected patients. Aliment Pharmacol Ther. 2001 Oct;15(10):1627-32.

1572. Herring SJ, Krieger AC. Acute respiratory manifestations of the abacavir hypersensitivity reaction. Aids. 2006 Jan 9;20(2):301-2.

1573. Herschhorn A, Lerman L, Weitman M, Gleenberg IO, Nudelman A, Hizi A. De novo parallel design, synthesis and evaluation of inhibitors against the reverse transcriptase of human immunodeficiency virus type-1 and drug-resistant variants. J Med Chem. 2007 May 17;50(10):2370-84.

1574. Hervey PS, Perry CM. Abacavir: a review of its clinical potential in patients with HIV infection. Drugs. 2000 Aug;60(2):447-79.

1575. Herzmann C, Arasteh K, Murphy RL, Schulbin H, Kreckel P, Drauz D, et al. Safety, pharmacokinetics, and efficacy of (+/-)-beta-2',3'-dideoxy-5-fluoro-3'-thiacytidine with efavirenz and stavudine in antiretroviral-naive human immunodeficiency virus-infected patients. Antimicrob Agents Chemother. 2005 Jul;49(7):2828-33.

1576. Herzmann C, Johnson MA, Youle M. Long-term effect of acetyl-L-carnitine for antiretroviral toxic neuropathy. HIV Clin Trials. 2005 Nov-Dec;6(6):344-50.

1577. Herzmann C, Kinloch S, Johnson M. Rash in an HIV-positive patient. HIV Med. 2005 Nov;6(6):379.

1578. Hester EK, Chandler HV, Sims KM. Fosamprenavir: drug development for adherence. Ann Pharmacother. 2006 Jul-Aug;40(7-8):1301-10.

1579. Hetherington S. Understanding drug hypersensitivity: what to look for when prescribing abacavir. AIDS Read. 2001 Dec;11(12):620-2.

1580. Hetherington S, Hughes AR, Mosteller M, Shortino D, Baker KL, Spreen W, et al. Genetic variations in HLA-B region and hypersensitivity reactions to abacavir. Lancet. 2002 Mar 30;359(9312):1121-2.

1581. Hetherington S, McGuirk S, Powell G, Cutrell A, Naderer O, Spreen B, et al. Hypersensitivity reactions during therapy with the nucleoside reverse transcriptase inhibitor abacavir. Clin Ther. 2001 Oct;23(10):1603-14.

1582. Hewitt RG, Shelton MJ, Esch LD. Gemfibrozil effectively lowers protease inhibitor-associated hypertriglyceridemia in HIV-1-positive patients. Aids. 1999 May 7;13(7):868-9.

1583. Hicks C. Impact of HIV protease inhibitor resistance in treatment-naive populations in the united states. AIDS Read. 2005 Dec;15(12):683-6, 9-90.

1584. Highleyman L. Protease inhibitors may be associated with premature births. Beta. 1998 Oct:4.

1585. Highleyman L. FDA issues Hismanal warning. Food and Drug Administration. Beta. 1998 Apr:3.

1586. Highleyman L. Preveon expanded access program broadened. Beta. 1998 Jul:3.

1587. Highleyman L. Efavirenz expanded access broadened. Beta. 1998 Apr:3.

1588. Highleyman L. New dosing of ddI (Videx) and Nelfinavir (Viracept) approved. Beta. 1999;12(4):3.

1589. Highleyman L. Protease inhibitors and sildenafil (Viagra) should not be combined. Beta. 1999 Apr;12(2):3.

1590. Hilgeroth A, Langner A. First bioanalytical evaluation of nonpeptidic cage dimeric HIV-1 protease inhibitor N-benzyl 4-aryl-1,4-dihydropyridine H17: biotransformation and toxicity on Hep G2 cells. Arch Pharm (Weinheim). 2000 Jan;333(1):32-4.

1591. Hillebrand-Haverkort ME, Prummel MF, ten Veen JH. Ritonavir-induced Cushing's syndrome in a patient treated with nasal fluticasone. Aids. 1999 Sep 10;13(13):1803.

1592. Hiransuthikul N, Hiransuthikul P, Kanasook Y. Lipid profiles of Thai adult HIV-infected patients receiving protease inhibitors. Southeast Asian J Trop Med Public Health. 2007 Jan;38(1):69-77.

1593. Hirsch MS, Klibanski A. What price progress? Pseudo-Cushing's syndrome associated with antiretroviral therapy in patients with human immunodeficiency virus infection. Clin Infect Dis. 1998 Jul;27(1):73-5.

1594. Hirsch MS, Steigbigel RT, Staszewski S, McMahon D, Fischl MA, Hirschel B, et al. Long-term efficacy, safety, and tolerability of indinavir-based therapy in protease inhibitor-naive adults with advanced HIV infection. Clin Infect Dis. 2003 Oct 15;37(8):1119-24.

1595. Hirschel B. Substitution for protease inhibitors in HIV therapy. N Engl J Med. 2003 Dec 18;349(25):2460-1; author reply -1.

1596. Hirschel B, Flepp M, Bucher HC, Zellweger C, Telenti A, Wagels T, et al. Switching from protease inhibitors to efavirenz: differences in efficacy and tolerance among risk groups: a case-control study from the Swiss HIV Cohort. Aids. 2002 Feb 15;16(3):381-5.

1597. Ho RJ, Larsen K, Bui T, Wang XY, Herz AM, Sherbert C, et al. Suppression of maternal virus load with zidovudine, didanosine, and indinavir combination therapy prevents mother-to-fetus HIV transmission in macaques. J Acquir Immune Defic Syndr. 2000 Oct 1;25(2):140-9.

1598. Ho TT, Chan KC, Wong KH, Lee SS. Indinavir-associated facial lipodystrophy in HIV-infected patients. AIDS Patient Care STDS. 1999 Jan;13(1):11-6.

1599. Ho TT, Wong KH, Chan KC, Lee SS. High incidence of nevirapine-associated rash in HIV-infected Chinese. Aids. 1998 Oct 22;12(15):2082-3.

1600. Hocqueloux L, Alberti C, Feugeas JP, Lafaurie M, Lukasiewicz E, Bagnard G, et al. Prevalence, risk factors and outcome of hyperlactataemia in HIV-infected patients. HIV Med. 2003 Jan;4(1):18-23.

1601. Hoegl L, Thoma-Greber E, Rocken M, Korting HC. Shift from persistent oral pseudomembranous to erythematous candidosis in a human immunodeficiency virus (HIV)-infected patient upon combination treatment with an HIV protease inhibitor. Mycoses. 1998 May-Jun;41(5-6):213-7.

1602. Hoffmann F, Funk M, Linde R, Notheis G, Petropoulou T, Eberle J, et al. Effect of antiretroviral triple combinations including the protease inhibitor nelfinavir in heavily pretreated children with HIV-1 infection. Eur J Med Res. 2002 Jul 24;7(7):330-4.

1603. Hoffmann F, Notheis G, Wintergerst U, Eberle J, Gurtler L, Belohradsky BH. Comparison of ritonavir plus saquinavir- and nelfinavir plus saquinavir-containing regimens as salvage therapy in children with human immunodeficiency type 1 infection. Pediatr Infect Dis J. 2000 Jan;19(1):47-51.

1604. Hoggard PG, Back DJ. Intracellular pharmacology of nucleoside analogues and protease inhibitors: role of transporter molecules. Curr Opin Infect Dis. 2002 Feb;15(1):3-8.

1605. Hollmig KA, Beck SB, Doll DC. Severe bleeding complications in HIV-positive haemophiliac patients treated with protease inhibitors. Eur J Med Res. 2001 Mar 26;6(3):112-4.

1606. Holmberg SD, Moorman AC, Greenberg AE. Trends in rates of myocardial infarction among patients with HIV. N Engl J Med. 2004 Feb 12;350(7):730-2; author reply -2.

1607. Holodniy M. Darunavir in the treatment of HIV-1 infection: a viewpoint by Mark Holodniy. Drugs. 2007;67(18):2803.

1608. Holodniy M, Koch J, Mistal M, Schmidt JM, Khandwala A, Pennington JE, et al. A double blind, randomized, placebo-controlled phase II study to assess the safety and efficacy of orally administered SP-303 for the symptomatic treatment of diarrhea in patients with AIDS. Am J Gastroenterol. 1999 Nov;94(11):3267-73.

1609. Honaker MR, Shokouh-Amiri MH, Vera SR, Alloway RR, Grewal HP, Hardinger KL, et al. Evolving experience of hepatitis B virus prophylaxis in liver transplantation. Transpl Infect Dis. 2002 Sep;4(3):137-43.

1610. Honda M, Yasuoka A, Aoki M, Oka S. A generalized seizure following initiation of nelfinavir in a patient with human immunodeficiency virus type 1 infection, suspected due to interaction between nelfinavir and phenytoin. Intern Med. 1999 Mar;38(3):302-3.

1611. Hong HH, Dunnick J, Herbert R, Devereux TR, Kim Y, Sills RC. Genetic alterations in K-ras and p53 cancer genes in lung neoplasms from Swiss (CD-1) male mice exposed transplacentally to AZT. Environ Mol Mutagen. 2007 Apr-May;48(3-4):299-306.

1612. Hoogewerf M, Regez RM, Schouten WE, Weigel HM, Frissen PH, Brinkman K. Change to abacavir-lamivudine-tenofovir combination treatment in patients with HIV-1 who had complete virological suppression. Lancet. 2003 Dec 13;362(9400):1979-80.

1613. Horn T. Lipodrama. Res Initiat Treat Action. 1999 Dec;5(5):13-5.

1614. Horster S, Goebel FD. Serious doubts on safety and efficacy of CCR5 antagonists : CCR5 antagonists teeter on a knife-edge. Infection. 2006 Apr;34(2):110-3.

1615. Horvath A, Tokes S, Hartman T, Watson K, Turpin JA, Buckheit RW, Jr., et al. Potent inhibition of HIV-1 entry by (s4dU)35. Virology. 2005 Apr 10;334(2):214-23.

1616. Hoschele D. Cell culture models for the investigation of NRTI-induced mitochondrial toxicity. Relevance for the prediction of clinical toxicity. Toxicol In Vitro. 2006 Aug;20(5):535-46.

1617. Hosseini SH, Kohler JJ, Haase CP, Tioleco N, Stuart T, Keebaugh E, et al. Targeted transgenic overexpression of mitochondrial thymidine kinase (TK2) alters mitochondrial DNA (mtDNA) and mitochondrial polypeptide abundance: transgenic TK2, mtDNA, and antiretrovirals. Am J Pathol. 2007 Mar;170(3):865-74.

1618. Hoyt G. Life after Sustiva. Surviv News (Atlanta Ga). 2004 May-Jun;15(3):8.

1619. Hsu A, Granneman GR, Cao G, Carothers L, Japour A, El-Shourbagy T, et al. Pharmacokinetic interaction between ritonavir and indinavir in healthy volunteers. Antimicrob Agents Chemother. 1998 Nov;42(11):2784-91.

1620. Huang JS, Lee D, Becerra K, Santos R, Barber E, Mathews WC. Body image in men with HIV. AIDS Patient Care STDS. 2006 Oct;20(10):668-77.

1621. Huang JS, Rietschel P, Hadigan CM, Rosenthal DI, Grinspoon S. Increased abdominal visceral fat is associated with reduced bone density in HIV-infected men with lipodystrophy. Aids. 2001 May 25;15(8):975-82.

1622. Huang YW, Liu CJ, Lai MY, Lee PH, Tsai MK, Wang SS, et al. Discontinuation of lamivudine treatment for hepatitis flare after kidney or heart transplantation in hepatitis B surface antigen-positive patients: A retrospective case series. Clin Ther. 2006 Sep;28(9):1327-34.

1623. Huff A. Protease inhibitor side effects take people by surprise. GMHC Treat Issues. 1997 Winter;12(1):25-7.

1624. Huff B. What a difference a day makes. GMHC Treat Issues. 2001 Nov-Dec;15(11-12):15.

1625. Huff B. Tenacious tenofovir struts its stuff in a virtual ICAAC. GMHC Treat Issues. 2001 Oct;15(10):9-11.

1626. Huff B. The case against Zerit. GMHC Treat Issues. 2002 Oct;16(10):1-4.

1627. Huff B. HCV snapshots: macro to micro. GMHC Treat Issues. 2003 Oct;17(10):10-1.

1628. Huff B. Kaletra goes it alone. GMHC Treat Issues. 2003 Sep;17(9):11.

1629. Huff B. Reyataz dosing options discussed. Excerpts from the FDA atazanavir hearing. GMHC Treat Issues. 2003 Jun;17(6):8-11.

1630. Huff B. Boosted Reyataz: 48-week results. GMHC Treat Issues. 2004 Jan-Feb;18(1-2):15.

1631. Huff B. Aptivus in the hotseat. Excerpts from the FDA hearings. GMHC Treat Issues. 2005 May-Jun;19(5-6):6-8.

1632. Huff B. Plotting the perfect protease inhibitor. GMHC Treat Issues. 2005 Jan-Feb;19(1-2):15.

1633. Huff B. Something new under the sun. Maraviroc poised for approval. GMHC Treat Issues. 2006 Aug-Dec;20(8-12):1-4.

1634. Huffman FG, Walgren ME. L-glutamine supplementation improves nelfinavir-associated diarrhea in HIV-infected individuals. HIV Clin Trials. 2003 Sep-Oct;4(5):324-9.

1635. Hug B, Naef M, Bucher HC, Sponagel L, Lehmann K, Battegay M. Treatment for human immunodeficiency virus with indinavir may cause relevant urological side-effects, effectively treatable by rehydration. BJU Int. 1999 Oct;84(6):610-4.

1636. Hugen PW, Burger DM, ter Hofstede HJ, Koopmans PP, Stek M, Hekster YA, et al. Dose-finding study of a once-daily indinavir/ritonavir regimen. J Acquir Immune Defic Syndr. 2000 Nov 1;25(3):236-45.

1637. Hughes CA, Freitas A, Miedzinski LJ. Interaction between lopinavir/ritonavir and warfarin. Cmaj. 2007 Aug 14;177(4):357-9.

1638. Hughes CA, Taylor GD. Metformin in an HIV-infected patient with protease inhibitor-induced diabetic ketoacidosis. Ann Pharmacother. 2001 Jul-Aug;35(7-8):877-80.

1639. Hughes DA, Vilar FJ, Ward CC, Alfirevic A, Park BK, Pirmohamed M. Cost-effectiveness analysis of HLA B*5701 genotyping in preventing abacavir hypersensitivity. Pharmacogenetics. 2004 Jun;14(6):335-42.

1640. Hughes MD, Williams PL. Challenges in using observational studies to evaluate adverse effects of treatment. N Engl J Med. 2007 Apr 26;356(17):1705-7.

1641. Hughes W, McDowell JA, Shenep J, Flynn P, Kline MW, Yogev R, et al. Safety and single-dose pharmacokinetics of abacavir (1592U89) in human immunodeficiency virus type 1-infected children. Antimicrob Agents Chemother. 1999 Mar;43(3):609-15.

1642. Hui DY. Effects of HIV protease inhibitor therapy on lipid metabolism. Prog Lipid Res. 2003 Mar;42(2):81-92.

1643. Huitema AD, Kuiper RA, Meenhorst PL, Mulder JW, Beijnen JH. Photophobia in a patient with high indinavir plasma concentrations. Ther Drug Monit. 2003 Dec;25(6):735-7.

1644. Hulgan T, Haas DW, Haines JL, Ritchie MD, Robbins GK, Shafer RW, et al. Mitochondrial haplogroups and peripheral neuropathy during antiretroviral therapy: an adult AIDS clinical trials group study. Aids. 2005 Sep 2;19(13):1341-9.

1645. Hulgan T, Sterling TR, Daugherty J, Arbogast PG, Raffanti S, Ray W. Prescribing of contraindicated protease inhibitor and statin combinations among HIV-infected persons. J Acquir Immune Defic Syndr. 2005 Mar 1;38(3):277-82.

1646. Humphrey RW, Wyvill KM, Nguyen BY, Shay LE, Kohler DR, Steinberg SM, et al. A phase I trial of the pharmacokinetics, toxicity, and activity of KNI-272, an inhibitor of HIV-1 protease, in patients with AIDS or symptomatic HIV infection. Antiviral Res. 1999 Feb;41(1):21-33.

1647. Hurst M, Faulds D. Lopinavir. Drugs. 2000 Dec;60(6):1371-9; discussion 80-1.

1648. Hurwitz BE, Klimas NG, Llabre MM, Maher KJ, Skyler JS, Bilsker MS, et al. HIV, metabolic syndrome X, inflammation, oxidative stress, and coronary heart disease risk : role of protease inhibitor exposure. Cardiovasc Toxicol. 2004;4(3):303-16.

1649. Hussain S, Khayat A, Tolaymat A, Rathore MH. Nephrotoxicity in a child with perinatal HIV on tenofovir, didanosine and lopinavir/ritonavir. Pediatr Nephrol. 2006 Jul;21(7):1034-6.

1650. Hussar DA. New drugs: Maraviroc and Lanreotide. J Am Pharm Assoc (2003). 2007 Nov-Dec;47(6):778-83.

1651. Huster KM, Goebel FD. [Good, but adverse effect-producing drugs. The importance of HIV protease inhibitors in combination therapy]. Pharm Unserer Zeit. 2001;30(3):217-20.

1652. Hutter D, Akgun S, Ramamoorthy R, Dever LL. Medication bezoar and esophagitis in a patient with HIV infection receiving combination antiretroviral therapy. Am J Med. 2000 Jun 1;108(8):684-5.

1653. Hwang SW, Leo YS. Nucleoside analogue-induced fatal lactic acidosis in two HIV-infected patients in Singapore. Singapore Med J. 2001 Jun;42(6):247-51.

1654. Iannitto E, Minardi V, Calvaruso G, Mule A, Ammatuna E, Di Trapani R, et al. Hepatitis B virus reactivation and alemtuzumab therapy. Eur J Haematol. 2005 Mar;74(3):254-8.

1655. Idoko JA, Akinsete L, Abalaka AD, Keshinro LB, Dutse L, Onyenekwe B, et al. A multicentre study to determine the efficacy and tolerability of a combination of nelfinavir (VIRACEPT), zalcitabine (HIVID) and zidovudine in the treatment of HIV infected Nigerian patients. West Afr J Med. 2002 Apr-Jun;21(2):83-6.

1656. Igoudjil A, Abbey-Toby A, Begriche K, Grodet A, Chataigner K, Peytavin G, et al. High doses of stavudine induce fat wasting and mild liver damage without impairing mitochondrial respiration in mice. Antivir Ther. 2007;12(3):389-400.

1657. Iloeje UH, Yuan Y, L'Italien G, Mauskopf J, Holmberg SD, Moorman AC, et al. Protease inhibitor exposure and increased risk of cardiovascular disease in HIV-infected patients. HIV Med. 2005 Jan;6(1):37-44.

1658. Iniguez C, Larrode P, Mayordomo JI, Mauri JA, Tres A, Morales F. [Peripheral nervous system neurotoxicity secondary to chemotherapy treatment]. Neurologia. 2000 Oct;15(8):343-51.

1659. Inouye Y, Kanamori T, Yoshida T, Bu X, Shionoya M, Koike T, et al. Inhibition of human immunodeficiency virus proliferation by macrocyclic polyamines and their metal complexes. Biol Pharm Bull. 1994 Feb;17(2):243-50.

1660. Ippolito G, Puro V. Zidovudine toxicity in uninfected healthcare workers. Italian Registry of Antiretroviral Prophylaxis. Am J Med. 1997 May 19;102(5B):58-62.

1661. Iribarren JA, Ramos JT, Guerra L, Coll O, de Jose MI, Domingo P, et al. [Prevention of vertical transmission and treatment of infection caused by the human immunodeficiency virus in the pregnant woman. Recommendations of the Study Group for AIDS, Infectious Diseases, and Clinical Microbiology, the Spanish Pediatric Association, the National AIDS Plan and the Spanish Gynecology and Obstetrics Society]. Enferm Infecc Microbiol Clin. 2001 Aug-Sep;19(7):314-35.

1662. Isnard Bagnis C, Du Montcel ST, Fonfrede M, Jaudon MC, Thibault V, Carcelain G, et al. Changing electrolyte and acido-basic profile in HIV-infected patients in the HAART era. Nephron Physiol. 2006;103(3):p131-8.

1663. Izzedine H, Isnard-Bagnis C, Hulot JS, Vittecoq D, Cheng A, Jais CK, et al. Renal safety of tenofovir in HIV treatment-experienced patients. Aids. 2004 Apr 30;18(7):1074-6.

1664. Izzedine H, Launay-Vacher V, Baumelou A, Deray G. An appraisal of antiretroviral drugs in hemodialysis. Kidney Int. 2001 Sep;60(3):821-30.

1665. Izzedine H, Launay-Vacher V, Deray G. Fanconi syndrome associated with didanosine therapy. Aids. 2005 May 20;19(8):844-5.

1666. Izzedine H, Launay-Vacher V, Issad B, Deray G. Anti-viral drugs in continuous ambulatory peritoneal dialysis (CAPD). Minerva Urol Nefrol. 2002 Jun;54(2):93-106.

1667. Izzedine H, M'Rad M B, Bardier A, Daudon M, Salmon D. Atazanavir crystal nephropathy. Aids. 2007 Nov 12;21(17):2357-8.

1668. Izzedine H, Valantin MA, Daudon M, Mohand HA, Caby F, Katlama C. Efavirenz urolithiasis. Aids. 2007 Sep 12;21(14):1992.

1669. Jablonowski H. Studies of zidovudine in combination with didanosine and zalcitabine. J Acquir Immune Defic Syndr Hum Retrovirol. 1995;10 Suppl 1:S52-6.

1670. Jablonowski H. [Antiretroviral therapy in HIV infection]. Med Monatsschr Pharm. 1996 Jul;19(7):196-205.

1671. Jablonowski H. [Antiretroviral therapy 1999/2000]. Internist (Berl). 1999 Oct;40(10):1104-18.

1672. Jaboli MF, Fabbri C, Liva S, Azzaroli F, Nigro G, Giovanelli S, et al. Long-term alpha interferon and lamivudine combination therapy in non-responder patients with anti-HBe-positive chronic hepatitis B: results of an open, controlled trial. World J Gastroenterol. 2003 Jul;9(7):1491-5.

1673. Jain MK. Drug-induced liver injury associated with HIV medications. Clin Liver Dis. 2007 Aug;11(3):615-39, vii-viii.

1674. Jain RG, Furfine ES, Pedneault L, White AJ, Lenhard JM. Metabolic complications associated with antiretroviral therapy. Antiviral Res. 2001 Sep;51(3):151-77.

1675. Jain S, Tiwary AK, Sapra B, Jain NK. Formulation and evaluation of ethosomes for transdermal delivery of lamivudine. AAPS PharmSciTech. 2007;8(4):E111.

1676. Jambroes M, Weverling GJ, Reiss P, Danner SA, Jurriaans S, ten Veen JH, et al. [HIV-1 therapy in the Netherlands; virological and immunological response to antiretroviral therapy]. Ned Tijdschr Geneeskd. 2001 Aug 18;145(33):1591-7.

1677. James CW, McNelis KC, Cohen DM, Szabo S, Bincsik AK. Recurrent ingrown toenails secondary to indinavir/ritonavir combination therapy. Ann Pharmacother. 2001 Jul-Aug;35(7-8):881-4.

1678. James CW, McNelis KC, Matalia MD, Cohen DM, Szabo S. Central nervous system toxicity and amprenavir oral solution. Ann Pharmacother. 2002 Jan;36(1):174.

1679. James CW, Steinhaus MC, Szabo S, Dressier RM. Tenofovir-related nephrotoxicity: case report and review of the literature. Pharmacotherapy. 2004 Mar;24(3):415-8.

1680. James CW, Wu TS, McNelis KC. Sexual dysfunction secondary to gemfibrozil. Pharmacotherapy. 2002 Jan;22(1):123-5.

1681. James J, Carruthers A, Carruthers J. HIV-associated facial lipoatrophy. Dermatol Surg. 2002 Nov;28(11):979-86.

1682. James JS. Ritonavir and saquinavir combination: 12-week data at ICAAC. AIDS Treat News. 1996 Oct 4(No 256):3.

1683. James JS. Protease inhibitors: patient education critical. AIDS Treat News. 1996 Apr 5(no 244):1-3.

1684. James JS. Ritonavir: expanded access begins, warning on drug interactions. AIDS Treat News. 1996 Jan 19(no 239):4.

1685. James JS. Fortovase approved: new saquinavir formulation. AIDS Treat News. 1997 Nov 21(No 283):1.

1686. James JS. 1592 (abacavir): do not rechallenge after hypersensitivity reaction. AIDS Treat News. 1997 Dec 19(No 285):1, 5.

1687. James JS. Delavirdine (Rescriptor) approved. AIDS Treat News. 1997 Apr 18(No 269):1-3.

1688. James JS. Lipodystrophy research coordination needed. AIDS Treat News. 1998 Sep 18(303):1-5.

1689. James JS. Successful treatment of "buffalo hump" with growth hormone. AIDS Treat News. 1998 Jul 10(No 298):5-6.

1690. James JS. Viagra warning re "poppers" and notice re protease inhibitors. AIDS Treat News. 1998 May 1(No 294):1.

1691. James JS. Efavirenz (Sustiva) may equal or exceed protease inhibitor in initial antiretroviral combination. AIDS Treat News. 1998 Jul 17(No 299):1-3.

1692. James JS. Lipodystrophy: Glaxo researchers suggest mechanisms, publish data. AIDS Treat News. 1999 Mar 19(No 315):1-4.

1693. James JS. Viagra: new warning with protease inhibitors. AIDS Treat News. 1999 May 7(No 318):3.

1694. James JS. Marijuana safety study completed: weight gain, no safety problems. AIDS Treat News. 2000 Aug 4(348):3-4.

1695. James JS. Kaletra OK'd by FDA. Posit Living. 2000 Nov;9(9):8, 13.

1696. James JS. St. John's wort warning: do not combine with protease inhibitors, NNRTIs. AIDS Treat News. 2000 Feb 18(No 337):3-5.

1697. James JS. Tenofovir: FDA hearing on important new antiretroviral. AIDS Treat News. 2001 Oct 19(372):2-4.

1698. James JS. Tenofovir: FDA hearing October 3, public comment deadlines September 26. AIDS Treat News. 2001 Aug 24(370):3-4.

1699. James JS. Nevirapine misinformation: will it kill? IAPAC Mon. 2004 Dec;10(12):450-4.

1700. James JS. Sculptra facial treatment: new physician locator. AIDS Treat News. 2005 Feb 25(410):4.

1701. James JS. Genetic testing may avoid abacavir hypersensitivity reaction. AIDS Treat News. 2006 Jul-Sep(419):6-7.

1702. Jamieson DJ, Sibailly TS, Sadek R, Roels TH, Ekpini ER, Boni-Ouattara E, et al. HIV-1 viral load and other risk factors for mother-to-child transmission of HIV-1 in a breast-feeding population in Cote d'Ivoire. J Acquir Immune Defic Syndr. 2003 Dec 1;34(4):430-6.

1703. Jamjian MC, McNicholl IR. Enfuvirtide: first fusion inhibitor for treatment of HIV infection. Am J Health Syst Pharm. 2004 Jun 15;61(12):1242-7.

1704. Janes MS, Hanson BJ, Hill DM, Buller GM, Agnew JY, Sherwood SW, et al. Rapid analysis of mitochondrial DNA depletion by fluorescence in situ hybridization and immunocytochemistry: potential strategies for HIV therapeutic monitoring. J Histochem Cytochem. 2004 Aug;52(8):1011-8.

1705. Jansen PL. [Selective targetting of antiviral agents to the liver]. Ned Tijdschr Geneeskd. 1995 Sep 16;139(37):1868-9.

1706. Jaradat M, Phillips C, Yum MN, Cushing H, Moe S. Acute tubulointerstitial nephritis attributable to indinavir therapy. Am J Kidney Dis. 2000 Apr;35(4):E16.

1707. Jarvis B, Faulds D. Lamivudine. A review of its therapeutic potential in chronic hepatitis B. Drugs. 1999 Jul;58(1):101-41.

1708. Jayaweera DT. Minimising the dosage-limiting toxicities of foscarnet induction therapy. Drug Saf. 1997 Apr;16(4):258-66.

1709. Jayaweera DT, Scerpella E, Robinson M, Rode R, Campo R, Rodriguez A, et al. The safety and efficacy of indinavir and ritonavir (400/400 mg BID) in HIV-1-infected individuals from an inner-city minority population: a pilot study. Int J STD AIDS. 2003 Nov;14(11):732-6.

1710. Jeanton M, Modeste AB, Cailleux N, Lecomte F, Guiard Schmid JB, Levesque H, et al. [A new cause of nephritic colic: indinavir. Apropos of a case]. Rev Med Interne. 1997;18(11):909-10.

1711. Jenny-Avital ER. NRTI-related mitochondrial toxicity in an HIV-infected woman. AIDS Clin Care. 2003 Oct;15(10):87-9.

1712. Jensen-Fangel S. The effectiveness of highly active antiretroviral therapy in HIV-infected patients. Dan Med Bull. 2004 Nov;51(4):371-92.

1713. Jensen-Fangel S, Justesen US, Black FT, Pedersen C, Obel N. The use of calcium carbonate in nelfinavir-associated diarrhoea in HIV-1-infected patients. HIV Med. 2003 Jan;4(1):48-52.

1714. Jensen-Fangel S, Larsen L, Thomsen HF, Nielsen LP, Black FT, Obel N. [Treatment of HIV infections and AIDS with protease inhibitor and two nucleoside analogs]. Ugeskr Laeger. 1999 Mar 22;161(12):1751-4.

1715. Jeurissen FJ, Schneider MM, Borleffs JC. Is the combination of hepatitis and indinavir potentially dangerous? Aids. 1998 Mar 5;12(4):441-2.

1716. Jevtovic DO, Salemovic D, Ranin J, Pesic I, Zerjav S, Djurkovic-Djakovic O. Long-term survival of HIV-infected patients treated with highly active antiretroviral therapy in Serbia and Montenegro. HIV Med. 2007 Mar;8(2):75-9.

1717. Jiang S, Lu H, Liu S, Zhao Q, He Y, Debnath AK. N-substituted pyrrole derivatives as novel human immunodeficiency virus type 1 entry inhibitors that interfere with the gp41 six-helix bundle formation and block virus fusion. Antimicrob Agents Chemother. 2004 Nov;48(11):4349-59.

1718. Jimenez FJ, Pinilla J, Repiso M, Labarga P. [Complete auriculoventricular block in a patient treatment with Lopinavir/Ritonavir]. Enferm Infecc Microbiol Clin. 2002 Oct;20(8):418.

1719. Jimenez-Lerma JM, Iraurgi I. [Potential opiate withdrawal syndrome after ritonavir administration in a patient treated with methadone]. Rev Clin Esp. 1999 Mar;199(3):188-9.

1720. John H, Muller NJ, Opravil M, Hauri D. Indinavir urinary stones as origin of upper urinary tract obstruction. Urol Int. 1997;59(4):257-9.

1721. John L, Marra F, Ensom MH. Role of therapeutic drug monitoring for protease inhibitors. Ann Pharmacother. 2001 Jun;35(6):745-54.

1722. John M, McKinnon EJ, James IR, Nolan DA, Herrmann SE, Moore CB, et al. Randomized, controlled, 48-week study of switching stavudine and/or protease inhibitors to combivir/abacavir to prevent or reverse lipoatrophy in HIV-infected patients. J Acquir Immune Defic Syndr. 2003 May 1;33(1):29-33.

1723. John M, Moore CB, James IR, Nolan D, Upton RP, McKinnon EJ, et al. Chronic hyperlactatemia in HIV-infected patients taking antiretroviral therapy. Aids. 2001 Apr 13;15(6):717-23.

1724. John M, Nolan D, Mallal S. Antiretroviral therapy and the lipodystrophy syndrome. Antivir Ther. 2001 Mar;6(1):9-20.

1725. Johnson AA, Ray AS, Hanes J, Suo Z, Colacino JM, Anderson KS, et al. Toxicity of antiviral nucleoside analogs and the human mitochondrial DNA polymerase. J Biol Chem. 2001 Nov 2;276(44):40847-57.

1726. Johnson D. Therapeutic management of HIV. Oral Dis. 2002;8 Suppl 2:17-20.

1727. Johnson M, Nieto-Cisneros L, Horban A, Arasteh K, Gonzalez-Garcia J, Artigas JG, et al. Comparison of gastrointestinal tolerability and patient preference for treatment with the 625 mg and 250 mg nelfinavir tablet formulations. HIV Med. 2005 Mar;6(2):107-13.

1728. Johnson MA, Moore KH, Yuen GJ, Bye A, Pakes GE. Clinical pharmacokinetics of lamivudine. Clin Pharmacokinet. 1999 Jan;36(1):41-66.

1729. Johnson S, Baraboutis JG. Adverse effects associated with use of nevirapine in HIV postexposure prophylaxis for 2 health care workers. Jama. 2000 Dec 6;284(21):2722-3.

1730. Johnson S, Chan J, Bennett CL. Hepatotoxicity after prophylaxis with a nevirapine-containing antiretroviral regimen. Ann Intern Med. 2002 Jul 16;137(2):146-7.

1731. Johnson SR, Marion AA, Vrchoticky T, Emmanuel PJ, Lujan-Zilbermann J. Cushing syndrome with secondary adrenal insufficiency from concomitant therapy with ritonavir and fluticasone. J Pediatr. 2006 Mar;148(3):386-8.

1732. Joly V, Flandre P, Meiffredy V, Brun-Vezinet F, Gastaut JA, Goujard C, et al. Efficacy of zidovudine compared to stavudine, both in combination with lamivudine and indinavir, in human immunodeficiency virus-infected nucleoside-experienced patients with no prior exposure to lamivudine, stavudine, or protease inhibitors (novavir trial). Antimicrob Agents Chemother. 2002 Jun;46(6):1906-13.

1733. Joly V, Yeni P. [Treatment strategies and surveillance of chronic HIV infection in adults]. Rev Prat. 1999 Oct 15;49(16):1773-80.

1734. Joly V, Yeni P. Nucleoside analogue-sparing strategy for the treatment of chronic HIV infection: potential interest and clinical experience. Antivir Ther. 2005;10(1):29-40.

1735. Jonas MM, Mizerski J, Badia IB, Areias JA, Schwarz KB, Little NR, et al. Clinical trial of lamivudine in children with chronic hepatitis B. N Engl J Med. 2002 May 30;346(22):1706-13.

1736. Jones R, Sawleshwarkar S, Michailidis C, Jackson A, Mandalia S, Stebbing J, et al. Impact of antiretroviral choice on hypercholesterolaemia events: the role of the nucleoside reverse transcriptase inhibitor backbone. HIV Med. 2005 Nov;6(6):396-402.

1737. Jones SP, Qazi N, Morelese J, Lebrecht D, Sutinen J, Yki-Jarvinen H, et al. Assessment of adipokine expression and mitochondrial toxicity in HIV patients with lipoatrophy on stavudine- and zidovudine-containing regimens. J Acquir Immune Defic Syndr. 2005 Dec 15;40(5):565-72.

1738. Jordan WC, Jefferson R, Yemofio F, Tolbert L, Conlon V, Carroll H, et al. Nevirapine plus efavirenz plus didanosine: a simple, safe, and effective once-daily regimen for patients with HIV infection. J Natl Med Assoc. 2003 Dec;95(12):1152-7.

1739. Joseph EK, Chen X, Khasar SG, Levine JD. Novel mechanism of enhanced nociception in a model of AIDS therapy-induced painful peripheral neuropathy in the rat. Pain. 2004 Jan;107(1-2):147-58.

1740. Journot V, Chene G, De Castro N, Rancinan C, Cassuto JP, Allard C, et al. Use of efavirenz is not associated with a higher risk of depressive disorders: a substudy of the randomized clinical trial ALIZE-ANRS 099. Clin Infect Dis. 2006 Jun 15;42(12):1790-9.

1741. Jover F, Cuadrado JM, Andreu L, Merino J. Reversible coma caused by risperidone-ritonavir interaction. Clin Neuropharmacol. 2002 Sep-Oct;25(5):251-3.

1742. Jover F, Cuadrado JM, Roig P, Rodriguez M, Andreu L, Merino J. Efavirenz-associated gynecomastia: report of five cases and review of the literature. Breast J. 2004 May-Jun;10(3):244-6.

1743. Joy S, Poi M, Hughes L, Brady MT, Koletar SL, Para MF, et al. Third-trimester maternal toxicity with nevirapine use in pregnancy. Obstet Gynecol. 2005 Nov;106(5 Pt 1):1032-8.

1744. Julg B, Bogner JR, Goebel FD. Severe hepatotoxicity associated with the combination of enfuvirtide and tipranavir/ritonavir: case report. Aids. 2006 Jul 13;20(11):1563.

1745. Julg BD, Bogner JR, Crispin A, Goebel FD. Progression of renal impairment under therapy with tenofovir. Aids. 2005 Aug 12;19(12):1332-3.

1746. Justesen US, Brosen K, Pedersen C. [HIV protease inhibitors and interactions]. Ugeskr Laeger. 2000 Aug 28;162(35):4677-81.

1747. Justesen US, Fox Z, Pedersen C, Cahn P, Gerstoft J, Clumeck N, et al. Pharmacokinetics of two randomized trials evaluating the safety and efficacy of indinavir, saquinavir and lopinavir in combination with low-dose ritonavir: the MaxCmin1 and 2 trials. Basic Clin Pharmacol Toxicol. 2007 Nov;101(5):339-44.

1748. Justesen US, Hansen IM, Andersen AB, Klitgaard NA, Black FT, Gerstoft J, et al. The long-term pharmacokinetics and safety of adding low-dose ritonavir to a nelfinavir 1,250 mg twice-daily regimen in HIV-infected patients. HIV Med. 2005 Sep;6(5):334-40.

1749. Justesen US, Mygind LH, Pedersen SS, Pedersen C. [Experiences with antiretroviral combination therapy]. Ugeskr Laeger. 1999 Mar 22;161(12):1747-51.

1750. Justesen US, Pedersen C. [Lactic acidosis type B. A life-threatening adverse effect of antiretroviral therapy]. Ugeskr Laeger. 2000 Aug 28;162(35):4664-5.

1751. Jutte A, Schwenk A, Franzen C, Romer K, Diet F, Diehl V, et al. Increasing morbidity from myocardial infarction during HIV protease inhibitor treatment? Aids. 1999 Sep 10;13(13):1796-7.

1752. Kainer MA, Mijch A. Anaphylactoid reaction, angioedema, and urticaria associated with lamivudine. Lancet. 1996 Nov 30;348(9040):1519.

1753. Kakuda TN. Pharmacology of nucleoside and nucleotide reverse transcriptase inhibitor-induced mitochondrial toxicity. Clin Ther. 2000 Jun;22(6):685-708.

1754. Kakuda TN, Anderson PL, Becker SL. CD4 cell decline with didanosine and tenofovir and failure of triple nucleoside/nucleotide regimens may be related. Aids. 2004 Dec 3;18(18):2442-4.

1755. Kakuda TN, Brundage RC, Anderson PL, Fletcher CV. Nucleoside reverse transcriptase inhibitor-induced mitochondrial toxicity as an etiology for lipodystrophy. Aids. 1999 Nov 12;13(16):2311-2.

1756. Kakuda TN, Struble KA, Piscitelli SC. Protease inhibitors for the treatment of human immunodeficiency virus infection. Am J Health Syst Pharm. 1998 Feb 1;55(3):233-54.

1757. Kalaitzis C, Dimitriadis G, Tsatidis T, Kuntz R, Touloupidis S, Kelidis G. Treatment of indinavir sulfate induced urolithiasis in HIV-positive patients. Int Urol Nephrol. 2002;34(1):13-5.

1758. Kalaitzis C, Passadakis P, Giannakopoulos S, Panagoutsos S, Mpantis E, Triantafyllidis A, et al. Urological management of indinavir-associated acute renal failure in HIV-positive patients. Int Urol Nephrol. 2007;39(3):743-6.

1759. Kalaitzis C, Touloupidis S, Patris E, Lehrich K, Kuntz RM. [Indinavir urolithiasis in HIV-positive patients. Treatment and prophylaxis]. Urologe A. 2004 Feb;43(2):168-71.

1760. Kan VL, Nylen ES. Diabetic ketoacidosis in an HIV patient: a new mechanism of HIV protease inhibitor-induced glucose intolerance. Aids. 1999 Oct 1;13(14):1987-9.

1761. Kandula VR, Khanlou H, Farthing C. Tipranavir: a novel second-generation nonpeptidic protease inhibitor. Expert Rev Anti Infect Ther. 2005 Feb;3(1):9-21.

1762. Kapic E, Becic F, Zvizdic S. [Enfuvirtide, mechanism of action and pharmacological properties]. Med Arh. 2005;59(5):313-6.

1763. Kaplan RC, Tien PC, Lazar J. Antiretroviral drugs and the risk of myocardial infarction. N Engl J Med. 2007 Aug 16;357(7):715; author reply 6-7.

1764. Kaplan SS, Hicks CB. Lopinavir/ritonavir in the treatment of human immunodeficiency virus infection. Expert Opin Pharmacother. 2005 Aug;6(9):1573-85.

1765. Kaptanoglu AF, Kutluay L. Ichthyosiform eruption associated with lamivudine in a patient with chronic hepatitis-B infection. Int J Clin Pract. 2005 Oct;59(10):1237-8.

1766. Karakousis PC, Page KR, Bishai WR. From the Infectious Diseases Society of America (IDSA) meeting - important new findings in HIV treatment and pathogenesis, 2003. Hopkins HIV Rep. 2004 Jan;16(1):2-3.

1767. Karamov EV, Lukashov VV, Tarusova NB, Kornilaeva GV, Rodova MA, Kukhanova MK, et al. [Suppression of the human immunodeficiency virus in cultured cells by 5'-phosphites of 3'-azido-2',3'-dideoxynucleosides]. Mol Biol (Mosk). 1990 Nov-Dec;24(6):1695-701.

1768. Karasu Z, Ozacar T, Akyildiz M, Demirbas T, Arikan C, Kobat A, et al. Low-dose hepatitis B immune globulin and higher-dose lamivudine combination to prevent hepatitis B virus recurrence after liver transplantation. Antivir Ther. 2004 Dec;9(6):921-7.

1769. Karmochkine M, Raguin G. Severe coronary artery disease in a young HIV-infected man with no cardiovascular risk factor who was treated with indinavir. Aids. 1998 Dec 24;12(18):2499.

1770. Karras A, Rabian C, Zylberberg H, Hermine O, Duchatelle V, Durand F, et al. Severe anoxic hepatic necrosis in an HIV-1-hepatitis C virus-co-infected patient starting antiretroviral triple combination therapy. Aids. 1998 May 7;12(7):827-9.

1771. Kashuba AD, Tierney C, Downey GF, Acosta EP, Vergis EN, Klingman K, et al. Combining fosamprenavir with lopinavir/ritonavir substantially reduces amprenavir and lopinavir exposure: ACTG protocol A5143 results. Aids. 2005 Jan 28;19(2):145-52.

1772. Kasper T. Unequal care sustains vertical transmission rate. GMHC Treat Issues. 1999 Feb;13(2):11-2.

1773. Kast RE, Foley KF, Focosi D. Doxorubicin cardiomyopathy via TLR-2 stimulation: potential for prevention using current anti-retroviral inhibitors such as ritonavir and nelfinavir. Hematol Oncol. 2007 Jun;25(2):96-7.

1774. Katlama C. [Managing HIV infection. 2 new aspects]. Presse Med. 1999 Nov 27;28 Suppl 3:11-4.

1775. Katlama C, Clotet B, Plettenberg A, Jost J, Arasteh K, Bernasconi E, et al. The role of abacavir (ABC, 1592) in antiretroviral therapy-experienced patients: results from a randomized, double-blind, trial. CNA3002 European Study Team. Aids. 2000 May 5;14(7):781-9.

1776. Katlama C, Esposito R, Gatell JM, Goffard JC, Grinsztejn B, Pozniak A, et al. Efficacy and safety of TMC114/ritonavir in treatment-experienced HIV patients: 24-week results of POWER 1. Aids. 2007 Feb 19;21(4):395-402.

1777. Katner HP, Paar DP, Nadler JP, Jensen EH, Wilson HM, Finn TS, et al. Open-label study of a twice-daily indinavir 800-mg/ritonavir 200-mg regimen in HIV-infected adults failing a protease inhibitor regimen. J Acquir Immune Defic Syndr. 2002 Dec 15;31(5):483-7.

1778. Katzenstein D. The longer the better? Four years of durable, initially boosted protease treatment. Aids. 2004 Mar 26;18(5):811-3.

1779. Kaul DR, Cinti SK, Carver PL, Kazanjian PH. HIV protease inhibitors: advances in therapy and adverse reactions, including metabolic complications. Pharmacotherapy. 1999 Mar;19(3):281-98.

1780. Kawai Y, Ikegaya S, Hata M, Kawahito M, Imamura S, Yoshida A, et al. Successful lamivudine therapy for post-chemotherapeutic fulminant hepatitis B in a hepatitis B virus carrier with non-Hodgkin's lymphoma: case report and review of the literature. Ann Hematol. 2001 Aug;80(8):482-4.

1781. Kawsar M, El-Gadi S. Subcutaneous granulomatous lesions related to ritonavir therapy in a HIV infected patient. Int J STD AIDS. 2002 Apr;13(4):273-4.

1782. Kearney BP, Sayre JR, Flaherty JF, Chen SS, Kaul S, Cheng AK. Drug-drug and drug-food interactions between tenofovir disoproxil fumarate and didanosine. J Clin Pharmacol. 2005 Dec;45(12):1360-7.

1783. Kearney BP, Yale K, Shah J, Zhong L, Flaherty JF. Pharmacokinetics and dosing recommendations of tenofovir disoproxil fumarate in hepatic or renal impairment. Clin Pharmacokinet. 2006;45(11):1115-24.

1784. Kegg S, Lau R. Tamoxifen in antiretroviral-associated gynaecomastia. Int J STD AIDS. 2002 Aug;13(8):582-3.

1785. Keiser PH, Sension MG, DeJesus E, Rodriguez A, Olliffe JF, Williams VC, et al. Substituting abacavir for hyperlipidemia-associated protease inhibitors in HAART regimens improves fasting lipid profiles, maintains virologic suppression, and simplifies treatment. BMC Infect Dis. 2005 Jan 12;5(1):2.

1786. Kelleher AD, Sewell AK, Price DA. Dyslipidemia due to retroviral protease inhibitors. Nat Med. 2002 Apr;8(4):308; author reply -9.

1787. Kellner H, Zoller WG. [Successful primary therapy of chronic hepatitis B with lamivudine]. Z Gastroenterol. 2000 Sep;38(9):813-4.

1788. Kelly DV, Beique LC, Bowmer MI. Extrapyramidal symptoms with ritonavir/indinavir plus risperidone. Ann Pharmacother. 2002 May;36(5):827-30.

1789. Kelly M. Induction-maintenance antiretroviral strategies to reduce long-term toxicity. J HIV Ther. 2003 Feb;8(1):11-4.

1790. Kempf DJ, Waring JF, Morfitt DC, Werner P, Ebert B, Mitten M, et al. Practical preclinical model for assessing the potential for unconjugated hyperbilirubinemia produced by human immunodeficiency virus protease inhibitors. Antimicrob Agents Chemother. 2006 Feb;50(2):762-4.

1791. Kennedy I, Williams S. Occupational exposure to HIV and post-exposure prophylaxis in healthcare workers. Occup Med (Lond). 2000 Aug;50(6):387-91.

1792. Kerr C. Trizivir on the market. Trends Microbiol. 2001 Jan;9(1):13.

1793. Kerr SJ, Duncombe C, Avihingsanon A, Ananworanich J, Boyd M, Sopa B, et al. Dyslipidemia in an Asian population after treatment for two years with protease inhibitor-containing regimens. J Int Assoc Physicians AIDS Care (Chic Ill). 2007 Mar;6(1):36-46.

1794. Khaliq Y, Gallicano K, Venance S, Kravcik S, Cameron DW. Effect of ketoconazole on ritonavir and saquinavir concentrations in plasma and cerebrospinal fluid from patients infected with human immunodeficiency virus. Clin Pharmacol Ther. 2000 Dec;68(6):637-46.

1795. Khanlou H, Adair M, Farthing C. Reduction of buffalo hump by switching to amprenavir in an HIV-infected patient. Arch Intern Med. 2000 Dec 11-25;160(22):3499-500.

1796. Khater FJ, Youssef S, Iskandar SB, Myers JW, Moorman JP. Lactic acidosis during nucleoside antiretroviral HIV therapy. South Med J. 2004 Feb;97(2):208.

1797. Khoo SH, Lloyd J, Dalton M, Bonington A, Hart E, Gibbons S, et al. Pharmacologic optimization of protease inhibitors and nonnucleoside reverse transcriptase inhibitors (POPIN)--a randomized controlled trial of therapeutic drug monitoring and adherence support. J Acquir Immune Defic Syndr. 2006 Apr 1;41(4):461-7.

1798. Khouri S, Cushing H. Lactic acidosis secondary to nucleoside analogue antiretroviral therapy. AIDS Read. 2000 Oct;10(10):602-6.

1799. Kiertiburanakul S, Wannaying B, Tonsuttakul S, Kehachindawat P, Apivanich S, Somsakul S, et al. Tolerability of HIV postexposure prophylaxis among healthcare workers. J Hosp Infect. 2006 Jan;62(1):112-4.

1800. Kilby JM, Eron JJ. Novel therapies based on mechanisms of HIV-1 cell entry. N Engl J Med. 2003 May 29;348(22):2228-38.

1801. Killingley B, Pozniak A. The first once-daily single-tablet regimen for the treatment of HIV-infected patients. Drugs Today (Barc). 2007 Jul;43(7):427-42.

1802. Kim JS, Hahn JS, Park SY, Kim Y, Park IH, Lee CK, et al. Long-term outcome after prophylactic lamivudine treatment on hepatitis B virus reactivation in non-Hodgkin's lymphoma. Yonsei Med J. 2007 Feb 28;48(1):78-89.

1803. Kim KH, Lee KH, Chang HY, Ahn SH, Tong S, Yoon YJ, et al. Evolution of hepatitis B virus sequence from a liver transplant recipient with rapid breakthrough despite hepatitis B immune globulin prophylaxis and lamivudine therapy. J Med Virol. 2003 Nov;71(3):367-75.

1804. Kim MJ, Leclercq P, Lanoy E, Cervera P, Antuna-Puente B, Maachi M, et al. A 6-month interruption of antiretroviral therapy improves adipose tissue function in HIV-infected patients: the ANRS EP29 Lipostop Study. Antivir Ther. 2007;12(8):1273-83.

1805. Kim RB. Drug transporters in HIV Therapy. Top HIV Med. 2003 Jul-Aug;11(4):136-9.

1806. Kim RJ, Wilson CG, Wabitsch M, Lazar MA, Steppan CM. HIV protease inhibitor-specific alterations in human adipocyte differentiation and metabolism. Obesity (Silver Spring). 2006 Jun;14(6):994-1002.

1807. Kim YJ, Kim BG, Jung JO, Yoon JH, Lee HS. High rates of progressive hepatic functional deterioration whether lamivudine therapy is continued or discontinued after emergence of a lamivudine-resistant mutant: a prospective randomized controlled study. J Gastroenterol. 2006 Mar;41(3):240-9.

1808. Kinai E, Hanabusa H. Renal tubular toxicity associated with tenofovir assessed using urine-beta 2 microglobulin, percentage of tubular reabsorption of phosphate and alkaline phosphatase levels. Aids. 2005 Nov 18;19(17):2031-3.

1809. King JR, Acosta EP. Tipranavir: a novel nonpeptidic protease inhibitor of HIV. Clin Pharmacokinet. 2006;45(7):665-82.

1810. King JR, Nachman S, Yogev R, Hodge J, Aldrovandi G, Hughes MD, et al. Efficacy, tolerability and pharmacokinetics of two nelfinavir-based regimens in human immunodeficiency virus-infected children and adolescents: pediatric AIDS clinical trials group protocol 403. Pediatr Infect Dis J. 2005 Oct;24(10):880-5.

1811. Kino T, Chrousos GP. Acquired immunodeficiency syndrome-related insulin resistance and lipodystrophy: a multifactorial viral and iatrogenic condition. Endocr Pract. 2001 Nov-Dec;7(6):480-4.

1812. Kino T, Mirani M, Alesci S, Chrousos GP. AIDS-related lipodystrophy/insulin resistance syndrome. Horm Metab Res. 2003 Mar;35(3):129-36.

1813. Kirk O, Katzenstein TL, Gerstoft J, Mathiesen L, Nielsen H, Pedersen C, et al. Combination therapy containing ritonavir plus saquinavir has superior short-term antiretroviral efficacy: a randomized trial. Aids. 1999 Jan 14;13(1):F9-16.

1814. Kirk O, Lundgren JD, Pedersen C, Mathiesen LR, Nielsen H, Katzenstein TL, et al. A randomized trial comparing initial HAART regimens of nelfinavir/nevirapine and ritonavir/saquinavir in combination with two nucleoside reverse transcriptase inhibitors. Antivir Ther. 2003 Dec;8(6):595-602.

1815. Kis L, Heitzmann F, Keusch G, Moddel M. [Severe anemia in the framework of zidovudine treatment in HIV disease]. Praxis (Bern 1994). 2006 Jan 25;95(4):119-22.

1816. Kiser JJ, Lichtenstein KA, Anderson PL, Fletcher CV. Effects of esomeprazole on the pharmacokinetics of atazanavir and fosamprenavir in a patient with human immunodeficiency virus infection. Pharmacotherapy. 2006 Apr;26(4):511-4.

1817. Kitano K, Kohgo S, Yamada K, Sakata S, Ashida N, Hayakawa H, et al. Attempt to reduce cytotoxicity by synthesizing the L-enantiomer of 4'-C-ethynyl-2'-deoxypurine nucleosides as antiviral agents against HIV and HBV. Antivir Chem Chemother. 2004 May;15(3):161-7.

1818. Kleim JP, Winters M, Dunkler A, Suarez JR, Riess G, Winkler I, et al. Antiviral activity of the human immunodeficiency virus type 1-specific nonnucleoside reverse transcriptase inhibitor HBY 097 alone and in combination with zidovudine in a phase II study. HBY 097/2001 Study Group. J Infect Dis. 1999 Mar;179(3):709-13.

1819. Klein D, Hurley LB, Quesenberry CP, Jr., Sidney S. Do protease inhibitors increase the risk for coronary heart disease in patients with HIV-1 infection? J Acquir Immune Defic Syndr. 2002 Aug 15;30(5):471-7.

1820. Kline MW, Brundage RC, Fletcher CV, Schwarzwald H, Calles NR, Buss NE, et al. Combination therapy with saquinavir soft gelatin capsules in children with human immunodeficiency virus infection. Pediatr Infect Dis J. 2001 Jul;20(7):666-71.

1821. Knechten H, Sturner KH, Hohn C, Braun P. Switch to efavirenz in a protease inhibitor-containing regimen. HIV Clin Trials. 2001 May-Jun;2(3):200-4.

1822. Knobel H, Miro JM, Domingo P, Rivero A, Marquez M, Force L, et al. Failure of a short-term prednisone regimen to prevent nevirapine-associated rash: a double-blind placebo-controlled trial: the GESIDA 09/99 study. J Acquir Immune Defic Syndr. 2001 Sep 1;28(1):14-8.

1823. Kobayashi M, Suzuki F, Akuta N, Suzuki Y, Arase Y, Ikeda K, et al. Response to long-term lamivudine treatment in patients infected with hepatitis B virus genotypes A, B, and C. J Med Virol. 2006 Oct;78(10):1276-83.

1824. Koch CA, Wolkersdoerfer G. [Hyperlipoproteineumia in HIV patients undergoing antiretroviral therapy: which risk is greater--pancreatitis or coronary disease?]. Dtsch Med Wochenschr. 2000 Nov 24;125(47):1450.

1825. Koch RO, Graziadei IW, Zangerle R, Romani N, Maier H, Vogel W. Acute hepatic failure and lactate acidosis associated with antiretroviral treatment for HIV. Wien Klin Wochenschr. 2003 Feb 28;115(3-4):135-40.

1826. Kodoth S, Bakshi S, Scimeca P, Black K, Pahwa S. Possible linkage of amprenavir with intracranial bleeding in an HIV-infected hemophiliac. AIDS Patient Care STDS. 2001 Jul;15(7):347-52.

1827. Koh MT. Unrecognized near-fatal hyperlactatemia in an HIV-infected infant exposed to nucleoside reverse transcriptase inhibitors. Int J Infect Dis. 2007 Jan;11(1):85-6.

1828. Kohan AD, Armenakas NA, Fracchia JA. Indinavir urolithiasis: an emerging cause of renal colic in patients with human immunodeficiency virus. J Urol. 1999 Jun;161(6):1765-8.

1829. Kohda H, Tanaka S, Yamaoka Y. Saponins from leaves of Acanthopanax hypoleucus Makino. Chem Pharm Bull (Tokyo). 1990 Dec;38(12):3380-3.

1830. Kohler JJ, Lewis W. A brief overview of mechanisms of mitochondrial toxicity from NRTIs. Environ Mol Mutagen. 2007 Apr-May;48(3-4):166-72.

1831. Kohli-Pamnani A, Huynh P, Lobo F. Amprenavir-induced maculopapular exanthem followed by desensitization in a patient with late-stage human immunodeficiency virus. Ann Allergy Asthma Immunol. 2006 Apr;96(4):620-3.

1832. Kohrt HE, Ouyang DL, Keeffe EB. Systematic review: lamivudine prophylaxis for chemotherapy-induced reactivation of chronic hepatitis B virus infection. Aliment Pharmacol Ther. 2006 Oct 1;24(7):1003-16.

1833. Kolter DP. Current concepts of metabolic abnormalities in HIV patients: focus on lipodystrophy. AIDS Read. 2003 Dec;13(12 Suppl):S5-13.

1834. Konlee M. AIDS and CFIDS-where is the cure? Posit Health News. 1998 Fall(No 17):3.

1835. Konlee M. An evaluation of drug cocktail combinations for their immunological value in preventing/remitting opportunistic infections. Posit Health News. 1998 Spring(No 16):2-4.

1836. Konopnicki D, De Wit S, Poll B, Crommentuyn K, Huitema A, Clumeck N. Indinavir/ritonavir-based therapy in HIV-1-infected antiretroviral therapy-naive patients: comparison of 800/100 mg and 400/100 mg twice daily. HIV Med. 2005 Jan;6(1):1-6.

1837. Kontorinis N, Dieterich DT. Toxicity of non-nucleoside analogue reverse transcriptase inhibitors. Semin Liver Dis. 2003 May;23(2):173-82.

1838. Kopp JB, Falloon J, Filie A, Abati A, King C, Hortin GL, et al. Indinavir-associated interstitial nephritis and urothelial inflammation: clinical and cytologic findings. Clin Infect Dis. 2002 Apr 15;34(8):1122-8.

1839. Kopp JB, Miller KD, Mican JA, Feuerstein IM, Vaughan E, Baker C, et al. Crystalluria and urinary tract abnormalities associated with indinavir. Ann Intern Med. 1997 Jul 15;127(2):119-25.

1840. Koppel K, Bratt G, Rajs J. Sudden cardiac death in a patient on 2 years of highly active antiretroviral treatment: a case report. Aids. 1999 Oct 1;13(14):1993-4.

1841. Koppel K, Bratt G, Schulman S, Bylund H, Sandstrom E. Hypofibrinolytic state in HIV-1-infected patients treated with protease inhibitor-containing highly active antiretroviral therapy. J Acquir Immune Defic Syndr. 2002 Apr 15;29(5):441-9.

1842. Kosmiski LA, Kuritzkes DR, Lichtenstein KA, Glueck DH, Gourley PJ, Stamm ER, et al. Fat distribution and metabolic changes are strongly correlated and energy expenditure is increased in the HIV lipodystrophy syndrome. Aids. 2001 Oct 19;15(15):1993-2000.

1843. Kourtis AP, Schmid CH, Jamieson DJ, Lau J. Use of antiretroviral therapy in pregnant HIV-infected women and the risk of premature delivery: a meta-analysis. Aids. 2007 Mar 12;21(5):607-15.

1844. Kovacs JA, Bechtel C, Davey RT, Jr., Falloon J, Polis MA, Walker RE, et al. Combination therapy with didanosine and interferon-alpha in human immunodeficiency virus-infected patients: results of a phase I/II trial. J Infect Dis. 1996 Apr;173(4):840-8.

1845. Kravchenko AV. [Combined antiretroviral therapy with nevirapine of HIV-infected adults]. Ter Arkh. 2004;76(11):68-71.

1846. Kravcik S. HIV lipodystrophy: a review. HIV Clin Trials. 2000 Nov-Dec;1(3):37-50.

1847. Kravcik S. Pharmacology and clinical experience with saquinavir. Expert Opin Pharmacother. 2001 Feb;2(2):303-15.

1848. Krischer J, Rutschmann O, Roten SV, Harms M, Saurat JH, Pechere M. Neutrophil eccrine hidradenitis in a patient with AIDS. J Dermatol. 1998 Mar;25(3):199-200.

1849. Krogstad P, Lee S, Johnson G, Stanley K, McNamara J, Moye J, et al. Nucleoside-analogue reverse-transcriptase inhibitors plus nevirapine, nelfinavir, or ritonavir for pretreated children infected with human immunodeficiency virus type 1. Clin Infect Dis. 2002 Apr 1;34(7):991-1001.

1850. Krogstad P, Wiznia A, Luzuriaga K, Dankner W, Nielsen K, Gersten M, et al. Treatment of human immunodeficiency virus 1-infected infants and children with the protease inhibitor nelfinavir mesylate. Clin Infect Dis. 1999 May;28(5):1109-18.

1851. Krown SE, Aeppli D, Balfour HH, Jr. Phase II, randomized, open-label, community-based trial to compare the safety and activity of combination therapy with recombinant interferon-alpha2b and zidovudine versus zidovudine alone in patients with asymptomatic to mildly symptomatic HIV infection. HIV Protocol C91-253 Study Team. J Acquir Immune Defic Syndr Hum Retrovirol. 1999 Mar 1;20(3):245-54.

1852. Krown SE, Lee JY, Lin L, Fischl MA, Ambinder R, Von Roenn JH. Interferon-alpha2b with protease inhibitor-based antiretroviral therapy in patients with AIDS-associated Kaposi sarcoma: an AIDS malignancy consortium phase I trial. J Acquir Immune Defic Syndr. 2006 Feb 1;41(2):149-53.

1853. Kshirsagar SA, Blaschke TF, Sheiner LB, Krygowski M, Acosta EP, Verotta D. Improving data reliability using a non-compliance detection method versus using pharmacokinetic criteria. J Pharmacokinet Pharmacodyn. 2007 Feb;34(1):35-55.

1854. Kucera LS, Iyer NP, Puckett SH, Buckheit RW, Jr., Westbrook L, Toyer BR, et al. Activity of triciribine and triciribine-5'-monophosphate against human immunodeficiency virus types 1 and 2. AIDS Res Hum Retroviruses. 1993 Apr;9(4):307-14.

1855. Kulemann V, Bauer M, Graninger W, Joukhadar C. Safety and potential of drug interactions of caspofungin and voriconazole in multimorbid patients. Pharmacology. 2005 Dec;75(4):165-78.

1856. Kumar M, Satapathy S, Monga R, Das K, Hissar S, Pande C, et al. A randomized controlled trial of lamivudine to treat acute hepatitis B. Hepatology. 2007 Jan;45(1):97-101.

1857. Kumar PN, Sweet DE, McDowell JA, Symonds W, Lou Y, Hetherington S, et al. Safety and pharmacokinetics of abacavir (1592U89) following oral administration of escalating single doses in human immunodeficiency virus type 1-infected adults. Antimicrob Agents Chemother. 1999 Mar;43(3):603-8.

1858. Kumarasamy N, Venkatesh KK, Devaleenal B, Palanivel V, Cecelia AJ, Muthu S, et al. Safety of switching to nevirapine-based highly active antiretroviral therapy at elevated CD4 cell counts in a resource-constrained setting. J Acquir Immune Defic Syndr. 2007 Aug 15;45(5):598-600.

1859. Kummer O, Mossdorf E, Battegay M, Elzi L, Bodmer M, Krahenbuhl S, et al. Treatment of an atazanivir associated grade 4 hyperbilirubinaemia with efavirenz. Gut. 2007 Oct;56(10):1477-8.

1860. Kunde K. [HIV therapy: toxic liver injuries caused by protease inhibitors?]. Dtsch Med Wochenschr. 2000 Mar 24;125(12):A12-3.

1861. Kwong GP, Ghani AC, Rode RA, Bartley LM, Cowling BJ, da Silva B, et al. Comparison of the risks of atherosclerotic events versus death from other causes associated with antiretroviral use. Aids. 2006 Oct 3;20(15):1941-50.

1862. la Porte CJ, Colbers EP, Bertz R, Voncken DS, Wikstrom K, Boeree MJ, et al. Pharmacokinetics of adjusted-dose lopinavir-ritonavir combined with rifampin in healthy volunteers. Antimicrob Agents Chemother. 2004 May;48(5):1553-60.

1863. Labetoulle M, Goujard C, Frau E, Rogier H, Niessen F, Rudent A, et al. [Incidence and evaluation of viral retinitis in patients infected with the HIV virus and treated with HIV protease inhibitors]. J Fr Ophtalmol. 1998 Oct;21(8):567-76.

1864. Lacambra Calvet C, Eroles Vega G, Plaza Canteli S, Solis Villa J. [Indinavir-induced anuria]. Rev Clin Esp. 1999 Mar;199(3):189.

1865. Lackmann GM, Schmidt B, Niehues T. [Exanthema simulating measles without measles virus? Allergic reaction to a non-nucleoside reverse transcriptase inhibitor in an HIV infected boy treated with HAART]. Hautarzt. 2003 Aug;54(8):765-6.

1866. Lafeuillade A. Factors affecting adherence and convenience in antiretroviral therapy. Int J STD AIDS. 2001 Nov;12 Suppl 4:18-24.

1867. Lafeuillade A, Hittinger G, Chadapaud S, Maillefet S, Rieu A, Poggi C. The HYDILE trial: efficacy and tolerance of a quadruple combination of reverse transcriptase inhibitors versus the same regimen plus hydroxyurea or hydroxyurea and interleukin-2 in HIV-infected patients failing protease inhibitor-based combinations. HIV Clin Trials. 2002 Jul-Aug;3(4):263-71.

1868. Lafeuillade A, Hittinger G, Philip G, Lambry V, Jolly P, Poggi C. Metabolic evaluation of HIV-infected patients receiving a regimen containing lopinavir/ritonavir (Kaletra). HIV Clin Trials. 2004 Nov-Dec;5(6):392-8.

1869. Lafeuillade A, Poggi C, Chadapaud S, Hittinger G, Chouraqui M, Delbeke E. HIV-1 induction-maintenance at the lymph node level: the "Apollo-97" Study. J Acquir Immune Defic Syndr. 2001 Oct 1;28(2):154-7.

1870. Lafeuillade A, Poggi C, Djediouane A, Chollet L, Profizi N, Sayada C. A pilot study of a combination of three reverse transcriptase inhibitors in HIV-1 infection. Antivir Ther. 1997 Dec;2(4):219-27.

1871. Lafeuillade A, Poggi C, Hittinger G, Chadapaud S. Phenotypic and genotypic resistance to nucleoside reverse transcriptase inhibitors in HIV-1 clinical isolates. HIV Med. 2001 Oct;2(4):231-5.

1872. Lagathu C, Bastard JP, Auclair M, Maachi M, Kornprobst M, Capeau J, et al. Antiretroviral drugs with adverse effects on adipocyte lipid metabolism and survival alter the expression and secretion of proinflammatory cytokines and adiponectin in vitro. Antivir Ther. 2004 Dec;9(6):911-20.

1873. Lagathu C, Kim M, Maachi M, Vigouroux C, Cervera P, Capeau J, et al. HIV antiretroviral treatment alters adipokine expression and insulin sensitivity of adipose tissue in vitro and in vivo. Biochimie. 2005 Jan;87(1):65-71.

1874. Lai AR, Tashima KT, Taylor LE. Antiretroviral medication considerations for individuals coinfected with HIV and hepatitis C virus. AIDS Patient Care STDS. 2006 Oct;20(10):678-92.

1875. Lai CL, Chien RN, Leung NW, Chang TT, Guan R, Tai DI, et al. A one-year trial of lamivudine for chronic hepatitis B. Asia Hepatitis Lamivudine Study Group. N Engl J Med. 1998 Jul 9;339(2):61-8.

1876. Lai CL, Rosmawati M, Lao J, Van Vlierberghe H, Anderson FH, Thomas N, et al. Entecavir is superior to lamivudine in reducing hepatitis B virus DNA in patients with chronic hepatitis B infection. Gastroenterology. 2002 Dec;123(6):1831-8.

1877. Lai S, Lai H, Celentano DD, Vlahov D, Ren S, Margolick J, et al. Factors associated with accelerated atherosclerosis in HIV-1-infected persons treated with protease inhibitors. AIDS Patient Care STDS. 2003 May;17(5):211-9.

1878. Lainka E, Oezbek S, Falck M, Ndagijimana J, Niehues T. Marked dyslipidemia in human immunodeficiency virus-infected children on protease inhibitor-containing antiretroviral therapy. Pediatrics. 2002 Nov;110(5):e56.

1879. Lalezari JP, Bellos NC, Sathasivam K, Richmond GJ, Cohen CJ, Myers RA, Jr., et al. T-1249 retains potent antiretroviral activity in patients who had experienced virological failure while on an enfuvirtide-containing treatment regimen. J Infect Dis. 2005 Apr 1;191(7):1155-63.

1880. Lalezari JP, DeJesus E, Northfelt DW, Richmond G, Wolfe P, Haubrich R, et al. A controlled Phase II trial assessing three doses of enfuvirtide (T-20) in combination with abacavir, amprenavir, ritonavir and efavirenz in non-nucleoside reverse transcriptase inhibitor-naive HIV-infected adults. Antivir Ther. 2003 Aug;8(4):279-87.

1881. Lalezari JP, Henry K, O'Hearn M, Montaner JS, Piliero PJ, Trottier B, et al. Enfuvirtide, an HIV-1 fusion inhibitor, for drug-resistant HIV infection in North and South America. N Engl J Med. 2003 May 29;348(22):2175-85.

1882. Lalezari JP, Luber AD. Enfuvirtide. Drugs Today (Barc). 2004 Mar;40(3):259-69.

1883. Lalezari JP, Ward DJ, Tomkins SA, Garges HP. Preliminary safety and efficacy data of brecanavir, a novel HIV-1 protease inhibitor: 24 week data from study HPR10006. J Antimicrob Chemother. 2007 Jul;60(1):170-4.

1884. Lallemand F, Salhi Y, Linard F, Giami A, Rozenbaum W. Sexual dysfunction in 156 ambulatory HIV-infected men receiving highly active antiretroviral therapy combinations with and without protease inhibitors. J Acquir Immune Defic Syndr. 2002 Jun 1;30(2):187-90.

1885. Landovitz RJ, Sax PE. Symptomatic junctional bradycardia after treatment with nelfinavir. Clin Infect Dis. 1999 Aug;29(2):449-50.

1886. Landovitz RJ, Sax PE. NRTI-associated mitochondrial toxicity. AIDS Clin Care. 2001 May;13(5):43-5, 8-9, 52.

1887. Lands L. Fat, sugar and drugs on the French Riviera. GMHC Treat Issues. 1999 Mar;13(3):9-11.

1888. Lankisch TO, Moebius U, Wehmeier M, Behrens G, Manns MP, Schmidt RE, et al. Gilbert's disease and atazanavir: from phenotype to UDP-glucuronosyltransferase haplotype. Hepatology. 2006 Nov;44(5):1324-32.

1889. Lanzafame M, Trevenzoli M, Faggian F, Marcati P, Gatti F, Carolo G, et al. Interaction between levothyroxine and indinavir in a patient with HIV infection. Infection. 2002 Jan;30(1):54-5.

1890. Lardeur JY, Remblier C, Viel S, Raud-Raynier P, Sosner P, Walter M, et al. [Myocardial infarct with protease inhibitors: a case report]. Therapie. 2002 May-Jun;57(3):311-3.

1891. Larru B, de Mendoza C, Bellon JM, de Jose MI, Mellado MJ, Soriano V, et al. Predictive factors of virological success to salvage regimens containing protease inhibitors in HIV-1 infected children. BMC Infect Dis. 2007;7:55.

1892. Larson R, Capili B, Eckert-Norton M, Colagreco JP, Anastasi JK. Disorders of glucose metabolism in the context of human immunodeficiency virus infection. J Am Acad Nurse Pract. 2006 Mar;18(3):92-103.

1893. Lascaux AS, Lesprit P, Bertocchi M, Levy Y. Inflammatory oedema of the legs: a new side-effect of lopinavir. Aids. 2001 Apr 13;15(6):819.

1894. Lassalle S, Cervera P, Hofman V, Mari M, Dellamonica P, Hofman P. [Antiretroviral treatments-related lipodystrophy syndrome: clinico-pathological findings]. Ann Pathol. 2005 Sep;25(4):309-17.

1895. Lau DT, Khokhar MF, Doo E, Ghany MG, Herion D, Park Y, et al. Long-term therapy of chronic hepatitis B with lamivudine. Hepatology. 2000 Oct;32(4 Pt 1):828-34.

1896. Lauenroth-Mai E, Schlote F. HIV-associated lipodystrophy syndrome: LioN-HAART cohort: (lipodystrophy in patients on nucleoside-based HAART). Highly active antiretroviral therapy. J Acquir Immune Defic Syndr. 2002 Oct 1;31(2):253-5.

1897. Laurence J. AIDS and endocrinology. AIDS Patient Care STDS. 1997 Oct;11(5):317-8.

1898. Laurence J. Vascular complications associated with use of HIV protease inhibitors. Lancet. 1998 Jun 27;351(9120):1960.

1899. Laurence J. Accelerated bone mineral loss in HIV-positive patients. AIDS Read. 2000 Apr;10(4):192, 200.

1900. Laurence J. Hot topics in AIDS therapeutics. AIDS Read. 2002 Jan;12(1):10-1.

1901. Laurence J. HIV therapeutics, continued: another HIV protease inhibitor approved. AIDS Read. 2003 Aug;13(8):355-6.

1902. Laurence J. Pivotal moments in HIV treatment: the 14th CROI. AIDS Read. 2007 May;17(5):239-40.

1903. Laurence J, Modarresi R. Modeling metabolic effects of the HIV protease inhibitor ritonavir in vitro. Am J Pathol. 2007 Nov;171(5):1724; author reply 5.

1904. Laurent C, Kouanfack C, Koulla-Shiro S, Njoume M, Nkene YM, Ciaffi L, et al. Long-term safety, effectiveness and quality of a generic fixed-dose combination of nevirapine, stavudine and lamivudine. Aids. 2007 Mar 30;21(6):768-71.

1905. Laurent C, Kouanfack C, Koulla-Shiro S, Nkoue N, Bourgeois A, Calmy A, et al. Effectiveness and safety of a generic fixed-dose combination of nevirapine, stavudine, and lamivudine in HIV-1-infected adults in Cameroon: open-label multicentre trial. Lancet. 2004 Jul 3-9;364(9428):29-34.

1906. Law JK, Ali JA, Harrigan PR, Sherlock CH, Savage KJ, Yoshida EM. Fatal postlymphoma chemotherapy hepatitis B reactivation secondary to the emergence of a YMDD mutant strain with lamivudine resistance in a noncirrhotic patient. Am J Hematol. 2006 Dec;81(12):969-72.

1907. Law WP, Dore GJ, Duncombe CJ, Mahanontharit A, Boyd MA, Ruxrungtham K, et al. Risk of severe hepatotoxicity associated with antiretroviral therapy in the HIV-NAT Cohort, Thailand, 1996-2001. Aids. 2003 Oct 17;17(15):2191-9.

1908. Lawrence J, Schapiro J, Winters M, Montoya J, Zolopa A, Pesano R, et al. Clinical resistance patterns and responses to two sequential protease inhibitor regimens in saquinavir and reverse transcriptase inhibitor-experienced persons. J Infect Dis. 1999 Jun;179(6):1356-64.

1909. Lazzarin A. Enfuvirtide: the first HIV fusion inhibitor. Expert Opin Pharmacother. 2005 Mar;6(3):453-64.

1910. Lazzarin A, Campbell T, Clotet B, Johnson M, Katlama C, Moll A, et al. Efficacy and safety of TMC125 (etravirine) in treatment-experienced HIV-1-infected patients in DUET-2: 24-week results from a randomised, double-blind, placebo-controlled trial. Lancet. 2007 Jul 7;370(9581):39-48.

1911. Lazzarin A, Clotet B, Cooper D, Reynes J, Arasteh K, Nelson M, et al. Efficacy of enfuvirtide in patients infected with drug-resistant HIV-1 in Europe and Australia. N Engl J Med. 2003 May 29;348(22):2186-95.

1912. Le Moing V, Chene G, Leport C, Lewden C, Duran S, Garre M, et al. Impact of discontinuation of initial protease inhibitor therapy on further virological response in a cohort of human immunodeficiency virus-infected patients. Clin Infect Dis. 2002 Jan 15;34(2):239-47.

1913. Le Moing V, Rabaud C, Journot V, Duval X, Cuzin L, Cassuto JP, et al. Incidence and risk factors of bacterial pneumonia requiring hospitalization in HIV-infected patients started on a protease inhibitor-containing regimen. HIV Med. 2006 May;7(4):261-7.

1914. Leandri RD, Dulious E, Benbrik E, Jouannet P, De Almeida M. Deficit in cytochrome c oxidase activity induced in rat sperm mitochondria by in vivo exposure to zidovudine. Int J Androl. 2003 Oct;26(5):305-9.

1915. Leao JC, Frezzini C, Porter S. Enfuvirtide: a new class of antiretroviral therapy for HIV infection. Oral Dis. 2004 Nov;10(6):327-9.

1916. Leautez S, Billaud E. [Value of saquinavir in antiretroviral treatment of adult HIV-1 infection in 2001]. Presse Med. 2001 Sep 22;30(26):1299-303.

1917. Lebray P, Benhamou Y, Pol S, Myers RP, Poynard T, Di Martino V. NNRTI-related or -unrelated hepatotoxicity? Hepatology. 2002 Aug;36(2):512-3; author reply 3-4.

1918. Lebrecht D, Vargas-Infante YA, Setzer B, Kirschner J, Walker UA. Uridine supplementation antagonizes zalcitabine-induced microvesicular steatohepatitis in mice. Hepatology. 2007 Jan;45(1):72-9.

1919. Lee EC, Walmsley S, Fantus IG. New-onset diabetes mellitus associated with protease inhibitor therapy in an HIV-positive patient: case report and review. Cmaj. 1999 Jul 27;161(2):161-4.

1920. Lee GA, Mafong DD, Noor MA, Lo JC, Mulligan K, Schwarz JM, et al. HIV protease inhibitors increase adiponectin levels in HIV-negative men. J Acquir Immune Defic Syndr. 2004 May 1;36(1):645-7.

1921. Lee GA, Rao MN, Grunfeld C. The effects of HIV protease inhibitors on carbohydrate and lipid metabolism. Curr HIV/AIDS Rep. 2005 Feb;2(1):39-50.

1922. Lee GM, Gortmaker SL, McIntosh K, Hughes MD, Oleske JM. Quality of life for children and adolescents: impact of HIV infection and antiretroviral treatment. Pediatrics. 2006 Feb;117(2):273-83.

1923. Lee LM, Henderson DK. Tolerability of postexposure antiretroviral prophylaxis for occupational exposures to HIV. Drug Saf. 2001;24(8):587-97.

1924. Lee YC, Young KC, Su WC, Tsao CJ, Chen TY. Emergence of YMDD mutant hepatitis B virus after allogeneic stem cell transplantation from a HBsAG-positive donor during lamivudine prophylaxis. Haematologica. 2004 Apr;89(4):ECR09.

1925. Leen CL. Perspectives on HAART: switch maintenance therapy. Int J STD AIDS. 2003 Sep;14(9):577-82.

1926. Lehman HP, Benson JO, Beninger PR, Anderson CA, Blumenthal SJ, Sharrar RG. A five-year evaluation of reports of overdose with indinavir sulfate. Pharmacoepidemiol Drug Saf. 2003 Sep;12(6):449-57.

1927. Lein B. Immune-based therapies. PI Perspect. 1995 Dec(no 17):16-8.

1928. Leitch H, Trudeau M, Routy JP. Effect of protease inhibitor-based highly active antiretroviral therapy on survival in HIV-associated advanced Kaposi's sarcoma patients treated with chemotherapy. HIV Clin Trials. 2003 Mar-Apr;4(2):107-14.

1929. Leith J, Piliero P, Storfer S, Mayers D, Hinzmann R. Appropriate use of nevirapine for long-term therapy. J Infect Dis. 2005 Aug 1;192(3):545-6; author reply 6.

1930. Leitz G, Robinson P. The development of lipodystrophy on a protease inhibitor-sparing highly active antiretroviral therapy regimen. Aids. 2000 Mar 10;14(4):468-9.

1931. Leitze Z, Nadeem A, Choudhary A, Saul Z, Roberts I, Manthous CA. Nevirapine-induced hepatitis treated with corticosteroids? Aids. 1998 Jun 18;12(9):1115-7.

1932. Lenhard JM, Croom DK, Weiel JE, Winegar DA. HIV protease inhibitors stimulate hepatic triglyceride synthesis. Arterioscler Thromb Vasc Biol. 2000 Dec;20(12):2625-9.

1933. Lenhard JM, Weiel JE, Paulik MA, Furfine ES. Stimulation of vitamin A(1) acid signaling by the HIV protease inhibitor indinavir. Biochem Pharmacol. 2000 May 1;59(9):1063-8.

1934. Leon A, Martinez E, Mallolas J, Laguno M, Blanco JL, Pumarola T, et al. Early virological failure in treatment-naive HIV-infected adults receiving didanosine and tenofovir plus efavirenz or nevirapine. Aids. 2005 Jan 28;19(2):213-5.

1935. Leonard EG, McComsey GA. Metabolic complications of antiretroviral therapy in children. Pediatr Infect Dis J. 2003 Jan;22(1):77-84.

1936. Leone J, Beguinot I, Dehlinger V, Jaussaud R, Rouger C, Strady C, et al. Adhesive capsulitis of the shoulder induced by protease inhibitor therapy. Three new cases. Rev Rhum Engl Ed. 1998 Dec;65(12):800-1.

1937. Lesho EP, Gey DC. Managing issues related to antiretroviral therapy. Am Fam Physician. 2003 Aug 15;68(4):675-86.

1938. Leung N. Clinical experience with lamivudine. Semin Liver Dis. 2002;22 Suppl 1:15-21.

1939. Levin GM, Nelson LA, DeVane CL, Preston SL, Eisele G, Carson SW. A pharmacokinetic drug-drug interaction study of venlafaxine and indinavir. Psychopharmacol Bull. 2001 Spring;35(2):62-71.

1940. Levin J, Rochon D. Phat phacts. Res Initiat Treat Action. 1998 Dec;4(7):11-2.

1941. Levine AM, Gill PS, Cohen J, Hawkins JG, Formenti SC, Aguilar S, et al. Suramin antiviral therapy in the acquired immunodeficiency syndrome. Clinical, immunological, and virologic results. Ann Intern Med. 1986 Jul;105(1):32-7.

1942. Lewandowska D, Durlik M, Pazik J, Lewandowski Z, Lao M. [The influence of lamivudine therapy on the course of chronic hepatitis B in renal allograft recipients]. Pol Merkur Lekarski. 2003 Oct;15(88):367-70.

1943. Lewis A, Mitchell S. Efavirenz and retinal toxicity. Eye. 2002 Jan;16(1):107.

1944. Lewis DA. Antiretroviral combination therapy for HIV infection. Dent Update. 2003 Jun;30(5):242-7.

1945. Lewis RH, Popescu M. Lipodystrophy: results of a data evaluation of patients receiving nelfinavir-containing combination therapy. J Acquir Immune Defic Syndr. 2000 Apr 1;23(4):355-6.

1946. Lewis W. Mitochondrial dysfunction and nucleoside reverse transcriptase inhibitor therapy: experimental clarifications and persistent clinical questions. Antiviral Res. 2003 May;58(3):189-97.

1947. Lewis W. Mitochondrial DNA replication, nucleoside reverse-transcriptase inhibitors, and AIDS cardiomyopathy. Prog Cardiovasc Dis. 2003 Jan-Feb;45(4):305-18.

1948. Lewis W. Nucleoside reverse transcriptase inhibitors, mitochondrial DNA and AIDS therapy. Antivir Ther. 2005;10 Suppl 2:M13-27.

1949. Lewis W, Copeland WC, Day BJ. Mitochondrial dna depletion, oxidative stress, and mutation: mechanisms of dysfunction from nucleoside reverse transcriptase inhibitors. Lab Invest. 2001 Jun;81(6):777-90.

1950. Lewis W, Grupp IL, Grupp G, Hoit B, Morris R, Samarel AM, et al. Cardiac dysfunction occurs in the HIV-1 transgenic mouse treated with zidovudine. Lab Invest. 2000 Feb;80(2):187-97.

1951. Lewis W, Haase CP, Miller YK, Ferguson B, Stuart T, Ludaway T, et al. Transgenic expression of the deoxynucleotide carrier causes mitochondrial damage that is enhanced by NRTIs for AIDS. Lab Invest. 2005 Aug;85(8):972-81.

1952. Lewis W, Haase CP, Raidel SM, Russ RB, Sutliff RL, Hoit BD, et al. Combined antiretroviral therapy causes cardiomyopathy and elevates plasma lactate in transgenic AIDS mice. Lab Invest. 2001 Nov;81(11):1527-36.

1953. Li AM. Ritonavir and fluticasone: beware of this potentially fatal combination. J Pediatr. 2006 Mar;148(3):294-5.

1954. Liang JS, Distler O, Cooper DA, Jamil H, Deckelbaum RJ, Ginsberg HN, et al. HIV protease inhibitors protect apolipoprotein B from degradation by the proteasome: a potential mechanism for protease inhibitor-induced hyperlipidemia. Nat Med. 2001 Dec;7(12):1327-31.

1955. Liaw YF, Leung NW, Chang TT, Guan R, Tai DI, Ng KY, et al. Effects of extended lamivudine therapy in Asian patients with chronic hepatitis B. Asia Hepatitis Lamivudine Study Group. Gastroenterology. 2000 Jul;119(1):172-80.

1956. Lichtenstein BS. Dietary consideration and protease inhibitors. STEP Perspect. 1996 Fall;8(3):11-4.

1957. Lichtenstein KA, Ward DJ, Moorman AC, Delaney KM, Young B, Palella FJ, Jr., et al. Clinical assessment of HIV-associated lipodystrophy in an ambulatory population. Aids. 2001 Jul 27;15(11):1389-98.

1958. Lichterfeld M, Fischer HP, Spengler U, Rockstroh JK. [Fatty liver and increased serum lactate in a woman with HIV]. Dtsch Med Wochenschr. 2003 Jan 17;128(3):81-4.

1959. Lichterfeld M, Nischalke HD, Bergmann F, Wiesel W, Rieke A, Theisen A, et al. Long-term efficacy and safety of ritonavir/indinavir at 400/400 mg twice a day in combination with two nucleoside reverse transcriptase inhibitors as first line antiretroviral therapy. HIV Med. 2002 Jan;3(1):37-43.

1960. Liechty CA, Solberg P, Mwima G, Were W, Weidle PJ, Mermin J. Nevirapine-induced Stevens-Johnson syndrome in a mother and son. Aids. 2005 Jun 10;19(9):993-4.

1961. Liguori M, Urso R, Croce GF. [Metabolic disorders due to HIV-1 protease inhibitors]. Recenti Prog Med. 1998 Dec;89(12):652-3.

1962. Lim LL, Wai CT, Lee YM, Kong HL, Lim R, Koay E, et al. Prophylactic lamivudine prevents hepatitis B reactivation in chemotherapy patients. Aliment Pharmacol Ther. 2002 Nov;16(11):1939-44.

1963. Lim ML, Min SS, Eron JJ, Bertz RJ, Robinson M, Gaedigk A, et al. Coadministration of lopinavir/ritonavir and phenytoin results in two-way drug interaction through cytochrome P-450 induction. J Acquir Immune Defic Syndr. 2004 Aug 15;36(5):1034-40.

1964. Lim SE, Ponamarev MV, Longley MJ, Copeland WC. Structural determinants in human DNA polymerase gamma account for mitochondrial toxicity from nucleoside analogs. J Mol Biol. 2003 May 23;329(1):45-57.

1965. Lin JH, Chen IW, King J. Dose-dependent toxicokinetics of L-689,502, a potent human immunodeficiency virus protease inhibitor, in rats and dogs. J Pharmacol Exp Ther. 1992 Oct;263(1):105-11.

1966. Lin LZ, Hu SF, Chu M, Chan TM, Chai H, Angerhofer CK, et al. Phenolic aporphine-benzylisoquinoline alkaloids from Thalictrum faberi. Phytochemistry. 1999 Mar;50(5):829-34.

1967. Linde M. 'Fine tuning' HIV therapy. Report on the 9th Conference on Retroviruses and Opportunistic Infections. Posit Living. 2002 Apr-May;11(3):8-9, 16, 44.

1968. Lindsay MK. Prevention of perinatal HIV infection: cause for optimism. AIDS Clin Care. 1999 Dec;11(12):95-7, 9, 102.

1969. Lipsky JJ. Abnormal fat accumulation in patients with HIV-1 infection. Lancet. 1998 Mar 21;351(9106):847-8.

1970. Liss M, Boyle BA. HAART-associated body habitus and metabolic changes, Part 2. AIDS Read. 2000 Dec;10(12):688-91.

1971. Liss M, Boyle BA. HAART-associated body habitus and metabolic changes, Part 1. AIDS Read. 2000 Nov;10(11):622, 9-31.

1972. Littera R, Carcassi C, Masala A, Piano P, Serra P, Ortu F, et al. HLA-dependent hypersensitivity to nevirapine in Sardinian HIV patients. Aids. 2006 Aug 1;20(12):1621-6.

1973. Little RF, Pittaluga S, Grant N, Steinberg SM, Kavlick MF, Mitsuya H, et al. Highly effective treatment of acquired immunodeficiency syndrome-related lymphoma with dose-adjusted EPOCH: impact of antiretroviral therapy suspension and tumor biology. Blood. 2003 Jun 15;101(12):4653-9.

1974. Livrozet JM. [Lipid profile for treatment with protease inhibitors]. Med Mal Infect. 2006 Jul;36 Suppl 2:S212-7.

1975. Llibre-Codina JM, Casado-Gomez MA, Sanchez-de la Rosa R, Perez-Elias MJ, Santos-Gonzalez J, Miralles-Alvarez C, et al. [Cost of nucleoside analogue reverse transcriptase inhibitor-related toxicity in HIV-1-infected patients]. Enferm Infecc Microbiol Clin. 2007 Feb;25(2):98-107.

1976. Lo CM, Liu CL, Chan SC, Lau GK, Fan ST. Failure of hepatitis B vaccination in patients receiving lamivudine prophylaxis after liver transplantation for chronic hepatitis B. J Hepatol. 2005 Aug;43(2):283-7.

1977. Lo GH, Lai KH. Is it meaningful to pursue the safety of long-term lamivudine treatment in patients with chronic hepatitis B? Gastroenterology. 2004 Jun;126(7):1932-3; author reply 3.

1978. Lochet P, Peyriere H, Le Moing V, Blayac JP, Hansel S, Reynes J. [Assessment of renal abnormalities in 107 HIV patients treated with tenofovir]. Therapie. 2005 Mar-Apr;60(2):175-81.

1979. Lockhart SM, Rathbun RC, Stephens JR, Baker DL, Drevets DA, Greenfield RA, et al. Cutaneous reactions with tenofovir disoproxil fumarate: a report of nine cases. Aids. 2007 Jun 19;21(10):1370-3.

1980. Locutura J, Lorenzo JF, Mijan A. [Portal thrombosis in a female patient treated with protease inhibitors]. Med Clin (Barc). 1999 Mar 13;112(9):359.

1981. Loeliger AE, Steel H, McGuirk S, Powell WS, Hetherington SV. The abacavir hypersensitivity reaction and interruptions in therapy. Aids. 2001 Jul 6;15(10):1325-6.

1982. Lonergan JT, Barber RE, Mathews WC. Safety and efficacy of switching to alternative nucleoside analogues following symptomatic hyperlactatemia and lactic acidosis. Aids. 2003 Nov 21;17(17):2495-9.

1983. Lonergan JT, Behling C, Pfander H, Hassanein TI, Mathews WC. Hyperlactatemia and hepatic abnormalities in 10 human immunodeficiency virus-infected patients receiving nucleoside analogue combination regimens. Clin Infect Dis. 2000 Jul;31(1):162-6.

1984. Lopez Garcia F, Mora Rufete A, Escolano Hortelano CM, Gutierrez Rodero F. [Hyperlipidemia in patients with HIV infection treated with protease inhibitors]. Rev Clin Esp. 1999 Nov;199(11):780-1.

1985. Lopez Garcia F, Mora Rufete A, Padilla Urrea S, Gutierrez Rodero F. [A 36-year-old woman with HIV infection and abdominal distension]. Rev Clin Esp. 1999 Aug;199(8):533-4.

1986. Lopez O, Bonnefont-Rousselot D, Edeas M, Emerit J, Bricaire F. Could antioxidant supplementation reduce antiretroviral therapy-induced chronic stable hyperlactatemia? Biomed Pharmacother. 2003 May-Jun;57(3-4):113-6.

1987. Lopez-Cortes LF, Ruiz-Valderas R, Rivero A, Camacho A, Marquez-Solero M, Santos J, et al. Efficacy of low-dose boosted saquinavir once daily plus nucleoside reverse transcriptase inhibitors in pregnant HIV-1-infected women with a therapeutic drug monitoring strategy. Ther Drug Monit. 2007 Apr;29(2):171-6.

1988. Lopez-Cortes LF, Ruiz-Valderas R, Ruiz-Morales J, Leon E, de Campos AV, Marin-Niebla A, et al. Efavirenz trough levels are not associated with virological failure throughout therapy with 800 mg daily and a rifampicin-containing antituberculosis regimen. J Antimicrob Chemother. 2006 Nov;58(5):1017-23.

1989. Loreno M, Bo P, Senzolo M, Cillo U, Naoumov N, Burra P. Successful pregnancy in a liver transplant recipient treated with lamivudine for de novo hepatitis B in the graft. Transpl Int. 2005 Jan;17(11):730-4.

1990. Lorenzi P, Spicher VM, Laubereau B, Hirschel B, Kind C, Rudin C, et al. Antiretroviral therapies in pregnancy: maternal, fetal and neonatal effects. Swiss HIV Cohort Study, the Swiss Collaborative HIV and Pregnancy Study, and the Swiss Neonatal HIV Study. Aids. 1998 Dec 24;12(18):F241-7.

1991. Lorenzi P, Yerly S, Abderrakim K, Fathi M, Rutschmann OT, von Overbeck J, et al. Toxicity, efficacy, plasma drug concentrations and protease mutations in patients with advanced HIV infection treated with ritonavir plus saquinavir. Swiss HIV Cohort Study. Aids. 1997 Oct;11(12):F95-9.

1992. Losso MH, Lourtau LD, Toibaro JJ, Saenz C, Gonzalez C. The use of saquinavir/ritonavir 1000/100 mg twice daily in patients with tuberculosis receiving rifampin. Antivir Ther. 2004 Dec;9(6):1031-3.

1993. Lotsch J, Harder S, Sturmer M, Doerr HW, Geisslinger G, Staszewski S, et al. Association of saquinavir plasma concentrations with side effects but not with antiretroviral outcome in patients infected with protease inhibitor-susceptible human immunodeficiency virus type 1. Antimicrob Agents Chemother. 2007 Sep;51(9):3264-72.

1994. Loughrey JP, Tsen LC. Human immunodeficiency virus in pregnancy. N Engl J Med. 2002 Oct 10;347(15):1208-9; author reply -9.

1995. Loutfy MR, Ackad N, Antoniou T, Baril JG, Conway B, de Wet J, et al. Randomized controlled trial of once-daily tenofovir, lamivudine, and lopinavir/ritonavir versus remaining on the same regimen in virologically suppressed HIV-infected patients on their first PI-containing HAART regimen. HIV Clin Trials. 2007 Sep-Oct;8(5):259-68.

1996. Loutfy MR, Antoniou T, Shen S, Diong C, Vlaicu M, Halpenny R, et al. Virologic and immunologic impact and durability of enfuvirtide-based antiretroviral therapy in HIV-infected treatment-experienced patients in a clinical setting. HIV Clin Trials. 2007 Jan-Feb;8(1):36-44.

1997. Loutfy MR, Harris M, Raboud JM, Antoniou T, Kovacs C, Shen S, et al. A large prospective study assessing injection site reactions, quality of life and preference in patients using the Biojector vs standard needles for enfuvirtide administration. HIV Med. 2007 Oct;8(7):427-32.

1998. Low H. One lump or two. Notes Undergr. 1997 Jun-Jul(No 35):1, 7.

1999. Lowe SH, Wensing AM, Hassink EA, ten Kate RW, Richter C, Schreij G, et al. Comparison of two once-daily regimens with a regimen consisting of nelfinavir, didanosine, and stavudine in antiretroviral therapy-naive adults: 48-week results from the Antiretroviral Regimen Evaluation Study (ARES). HIV Clin Trials. 2005 Sep-Oct;6(5):235-45.

2000. Lowenhaupt EA, Matson K, Qureishi B, Saitoh A, Pugatch D. Psychosis in a 12-year-old HIV-positive girl with an increased serum concentration of efavirenz. Clin Infect Dis. 2007 Nov 15;45(10):e128-30.

2001. Lozano F, Leon EM, Mira JA, Corzo JE, Gomez-Mateos JM. Relapsing blepharitis in patients under highly active antiretroviral therapy including indinavir. Aids. 2004 Jan 23;18(2):354-6.

2002. Lozano F, Ramayo E, Corzo JE, Gomez-Mateos J. [Symptomatic hyperlactemia in patients infected with the human immunodeficiency virus treated with nucleoside analogs]. Med Clin (Barc). 2001 Jun 9;117(1):36.

2003. Lu WL, Xie DY, Yao JL, Yao GB, Cui ZY, Zhang DF, et al. [Efficacy and safety in chronic hepatitis B adolescent patients with lamivudine therapy]. Zhonghua Gan Zang Bing Za Zhi. 2004 Jul;12(7):429-31.

2004. Luber AD. Use of acid-reducing agents in protease inhibitor-based HAART and the potential for negative treatment outcomes. AIDS Read. 2005 Dec;15(12):692-5, 8-700.

2005. Lucas GM, Sterling TR, Bartlett JG, Gallant JE. Selected topics from the 38th annual meeting of the Infectious Diseases Society of America, September 7-10, 2000, New Orleans, Louisiana and selected topics from the 40th Interscience Conference on Antimicrobial Agents and Chemotherapy, September 17-20, 2000, Toronto, Ontario, Canada. HIV Clin Trials. 2001 Mar-Apr;2(2):171-82.

2006. Lum PY, He YD, Slatter JG, Waring JF, Zelinsky N, Cavet G, et al. Gene expression profiling of rat liver reveals a mechanistic basis for ritonavir-induced hyperlipidemia. Genomics. 2007 Oct;90(4):464-73.

2007. Luna B, Townsend MU. Tipranavir: the first nonpeptidic protease inhibitor for the treatment of protease resistance. Clin Ther. 2007 Nov;29(11):2309-18.

2008. Lund KC, Wallace KB. Direct, DNA pol-gamma-independent effects of nucleoside reverse transcriptase inhibitors on mitochondrial bioenergetics. Cardiovasc Toxicol. 2004;4(3):217-28.

2009. Luzhansky JZ, Pierce AB, Hoy JF, Hall AJ. Leber's hereditary optic neuropathy in the setting of nucleoside analogue toxicity. Aids. 2001 Aug 17;15(12):1588-9.

2010. Luzzati R, Del Bravo P, Di Perri G, Luzzani A, Concia E. Riboflavine and severe lactic acidosis. Lancet. 1999 Mar 13;353(9156):901-2.

2011. Ly T, Ruiz ME. Prolonged QT interval and torsades de pointes associated with atazanavir therapy. Clin Infect Dis. 2007 Mar 15;44(6):e67-8.

2012. Lyon DE, Truban E. HIV-related lipodystrophy: a clinical syndrome with implications for nursing practice. J Assoc Nurses AIDS Care. 2000 Mar-Apr;11(2):36-42; quiz 3-6.

2013. Ma Q, Brazeau D, Forrest A, Morse GD. Advances in pharmacogenomics of antiretrovirals: an update. Pharmacogenomics. 2007 Sep;8(9):1169-78.

2014. Ma Q, Okusanya OO, Smith PF, Dicenzo R, Slish JC, Catanzaro LM, et al. Pharmacokinetic drug interactions with non-nucleoside reverse transcriptase inhibitors. Expert Opin Drug Metab Toxicol. 2005 Oct;1(3):473-85.

2015. Maagaard A, Holberg-Petersen M, Kollberg G, Oldfors A, Sandvik L, Bruun JN. Mitochondrial (mt)DNA changes in tissue may not be reflected by depletion of mtDNA in peripheral blood mononuclear cells in HIV-infected patients. Antivir Ther. 2006;11(5):601-8.

2016. Maagaard A, Holberg-Petersen M, Kvittingen EA, Sandvik L, Bruun JN. Depletion of mitochondrial DNA copies/cell in peripheral blood mononuclear cells in HIV-1-infected treatment-naive patients. HIV Med. 2006 Jan;7(1):53-8.

2017. MacArthur RD, Novak RM, Peng G, Chen L, Xiang Y, Hullsiek KH, et al. A comparison of three highly active antiretroviral treatment strategies consisting of non-nucleoside reverse transcriptase inhibitors, protease inhibitors, or both in the presence of nucleoside reverse transcriptase inhibitors as initial therapy (CPCRA 058 FIRST Study): a long-term randomised trial. Lancet. 2006 Dec 16;368(9553):2125-35.

2018. Macassa E, Delaugerre C, Teglas JP, Jullien V, Treluyer JM, Veber F, et al. Change to a once-daily combination including boosted atazanavir in HIV-1-infected children. Pediatr Infect Dis J. 2006 Sep;25(9):809-14.

2019. MacDougall D, Zuniga JM. IAPAC drug guide. July 2002. IAPAC Mon. 2002 Jul;8(7):202-21.

2020. MacDougall DS. Indinavir: lightening the load. J Int Assoc Physicians AIDS Care. 1996 Aug;2(8):6-11.

2021. Machado ES, Passoni LF, Sidi LC, Andrade HB, De Menezes JA. Successful desensitization of enfuvirtide after a first attempt failure. Aids. 2006 Oct 24;20(16):2130-1.

2022. Macher A, Thomas D, Paul SM. Contraindicated antiretroviral drug combinations. N J Med. 2003 Sep;100(9 Suppl):41-3; quiz 73-4.

2023. Macia Escalante S, Rodriguez Lescure A, Garcia Sepulcre MF, Guillen Ponce C, Carrato Mena A. [Patient with reactivation of hepatitis B after chemotherapy. Role of lamivudine therapy]. Gastroenterol Hepatol. 2006 Aug-Sep;29(7):433.

2024. MacKenzie-Wood AR, Whitfeld MJ, Ray JE. Itraconazole and HIV protease inhibitors: an important interaction. Med J Aust. 1999 Jan 4;170(1):46-7.

2025. Mackie NE, Fidler S, Tamm N, Clarke JR, Back D, Weber JN, et al. Clinical implications of stopping nevirapine-based antiretroviral therapy: relative pharmacokinetics and avoidance of drug resistance. HIV Med. 2004 May;5(3):180-4.

2026. Madariaga MG, Swindells S, McKee EE. Oxazolidinones and human immunodeficiency virus. Antimicrob Agents Chemother. 2007 Mar;51(3):1130; author reply

2027. Madge S, Kinloch-de-Loes S, Mercey D, Johnson MA, Weller IV. Lipodystrophy in patients naive to HIV protease inhibitors. Aids. 1999 Apr 16;13(6):735-7.

2028. Madruga JV, Berger D, McMurchie M, Suter F, Banhegyi D, Ruxrungtham K, et al. Efficacy and safety of darunavir-ritonavir compared with that of lopinavir-ritonavir at 48 weeks in treatment-experienced, HIV-infected patients in TITAN: a randomised controlled phase III trial. Lancet. 2007 Jul 7;370(9581):49-58.

2029. Maggi P, Lillo A, Perilli F, Maserati R, Chirianni A. Colour-Doppler ultrasonography of carotid vessels in patients treated with antiretroviral therapy: a comparative study. Aids. 2004 Apr 30;18(7):1023-8.

2030. Maggi P, Perilli F, Lillo A, Gargiulo M, Ferraro S, Grisorio B, et al. Rapid progression of carotid lesions in HAART-treated HIV-1 patients. Atherosclerosis. 2007 Jun;192(2):407-12.

2031. Maggi P, Serio G, Epifani G, Fiorentino G, Saracino A, Fico C, et al. Premature lesions of the carotid vessels in HIV-1-infected patients treated with protease inhibitors. Aids. 2000 Nov 10;14(16):F123-8.

2032. Maggiolo F. Efavirenz. Expert Opin Pharmacother. 2007 Jun;8(8):1137-45.

2033. Maggiolo F, Ripamonti D, Suter F. Switch strategies in patients on effective HAART. J Antimicrob Chemother. 2005 Jun;55(6):821-3.

2034. Maguire CM, Crawford DH, Hourigan LF, Clouston AD, Walpole ET, Powell EE. Case report: lamivudine therapy for submassive hepatic necrosis due to reactivation of hepatitis B following chemotherapy. J Gastroenterol Hepatol. 1999 Aug;14(8):801-3.

2035. Mah Ming JB, Gill MJ. Drug-induced rhabdomyolysis after concomitant use of clarithromycin, atorvastatin, and lopinavir/ritonavir in a patient with HIV. AIDS Patient Care STDS. 2003 May;17(5):207-10.

2036. Maher B, Lloyd J, Wilkins EG, Fraser WD, Back D, Park BK, et al. Lipodystrophy in patients with HIV-1 infection: effect of stopping protease inhibitors on TNF-alpha and TNF-receptor levels, and on metabolic parameters. Antivir Ther. 2004 Dec;9(6):879-87.

2037. Maia BS, Engelson ES, Wang J, Kotler DP. Antiretroviral therapy affects the composition of weight loss in HIV infection: implications for clinical nutrition. Clin Nutr. 2005 Dec;24(6):971-8.

2038. Maisonneuve C, Igoudjil A, Begriche K, Letteron P, Guimont MC, Bastin J, et al. Effects of zidovudine, stavudine and beta-aminoisobutyric acid on lipid homeostasis in mice: possible role in human fat wasting. Antivir Ther. 2004 Oct;9(5):801-10.

2039. Majluf-Cruz A, Silva-Estrada M, Sanchez-Barboza R, Montiel-Manzano G, Trevino-Perez S, Santoscoy-Gomez M, et al. Venous thrombosis among patients with AIDS. Clin Appl Thromb Hemost. 2004 Jan;10(1):19-25.

2040. Malavaud B, Dinh B, Bonnet E, Izopet J, Payen JL, Marchou B. Increased incidence of indinavir nephrolithiasis in patients with hepatitis B or C virus infection. Antivir Ther. 2000 Mar;5(1):3-5.

2041. Malik A, Abraham P, Malik N. Acute renal failure and Fanconi syndrome in an AIDS patient on tenofovir treatment--case report and review of literature. J Infect. 2005 Aug;51(2):E61-5.

2042. Mallal S, Nolan D, Witt C, Masel G, Martin AM, Moore C, et al. Association between presence of HLA-B*5701, HLA-DR7, and HLA-DQ3 and hypersensitivity to HIV-1 reverse-transcriptase inhibitor abacavir. Lancet. 2002 Mar 2;359(9308):727-32.

2043. Mallal SA, John M, Moore CB, James IR, McKinnon EJ. Contribution of nucleoside analogue reverse transcriptase inhibitors to subcutaneous fat wasting in patients with HIV infection. Aids. 2000 Jul 7;14(10):1309-16.

2044. Mallolas J, Blanco JL, Sarasa M, Giner V, Martinez E, Garcia-Viejo MA, et al. Dose-finding study of once-daily indinavir/ritonavir plus zidovudine and lamivudine in HIV-infected patients. J Acquir Immune Defic Syndr. 2000 Nov 1;25(3):229-35.

2045. Mallon PW. 11th Conference on Retroviruses and Opportunistic Infections, San Francisco, 8-11 February 2004: where are the breakthroughs? J HIV Ther. 2004 Feb;9(1):19-22.

2046. Mallon PW. Pathogenesis of lipodystrophy and lipid abnormalities in patients taking antiretroviral therapy. AIDS Rev. 2007 Jan-Mar;9(1):3-15.

2047. Manchanda T, Schiedel D, Fischer D, Dekaban GA, Rieder MJ. Adverse drug reactions to protease inhibitors. Can J Clin Pharmacol. 2002 Fall;9(3):137-46.

2048. Mancuso A, Pagliaro L. Lamivudine for chemotherapy-induced reactivation of HBV: prophylaxis or treatment? Am J Gastroenterol. 2002 May;97(5):1268-9.

2049. Manegold C, Hannoun C, Wywiol A, Dietrich M, Polywka S, Chiwakata CB, et al. Reactivation of hepatitis B virus replication accompanied by acute hepatitis in patients receiving highly active antiretroviral therapy. Clin Infect Dis. 2001 Jan;32(1):144-8.

2050. Manero FJ, Sesma J, Arazo P. [Bilateral hip necrosis, corticoids, and human immunodeficiency virus protease inhibitors]. Enferm Infecc Microbiol Clin. 2001 Jan;19(1):34-5.

2051. Manfredi R. Management of dyslipidemia in patients with HIV disease. Clin Microbiol Infect. 2000 Nov;6(11):579-84.

2052. Manfredi R. [Problems in the management of HIV infection in clinical practice. Patients still on dual therapy 8 years after the introduction of HAART]. Recenti Prog Med. 2003 Nov;94(11):506-7.

2053. Manfredi R. HIV infection, antiretroviral therapy, and hepatic function. Emerging epidemiological, pathogenetic, and clinical issues, and their consequences on disease management. Aids. 2003 Oct 17;17(15):2253-6.

2054. Manfredi R. [Treatment of HIV infection in clinical practice. Wide-range genotypic resistance to all nucleoside analogues and protease inhibitors, and severe intolerance to all non-nucleoside inhibitors of inverse transcriptase]. Recenti Prog Med. 2003 Dec;94(12):560-1.

2055. Manfredi R. [HIV disease, antiretroviral treatment and the liver--emerging problems]. Recenti Prog Med. 2003 Apr;94(4):149-53.

2056. Manfredi R, Calza L, Chiodo F. Gynecomastia associated with highly active antiretroviral therapy. Ann Pharmacother. 2001 Apr;35(4):438-9.

2057. Manfredi R, Calza L, Chiodo F. Another emerging event occurring during HIV infection treated with any antiretroviral therapy: frequency and role of gynecomastia. Infez Med. 2004 Mar;12(1):51-9.

2058. Manfredi R, Calza L, Chiodo F. Gynecomastia, lipodystrophy syndrome, and dyslipidemia occurring or worsening during antiretroviral regimens other than protease inhibitor-based ones. J Acquir Immune Defic Syndr. 2004 Jan 1;35(1):99-102.

2059. Manfredi R, Calza L, Chiodo F. Efavirenz versus nevirapine in current clinical practice: a prospective, open-label observational study. J Acquir Immune Defic Syndr. 2004 Apr 15;35(5):492-502.

2060. Manfredi R, Calza L, Chiodo F. Prospective, open-label comparative study of liver toxicity in an unselected population of HIV-infected patients treated for the first time with efavirenz or nevirapine. HIV Clin Trials. 2005 Nov-Dec;6(6):302-11.

2061. Manfredi R, Calza L, Chiodo F. An extremely different dysmetabolic profile between the two available nonnucleoside reverse transcriptase inhibitors: efavirenz and nevirapine. J Acquir Immune Defic Syndr. 2005 Feb 1;38(2):236-8.

2062. Manfredi R, Calza L, Chiodo F. [Hyperlactacidemia during antiretroviral therapy: frequency and clinical-therapeutic correlations]. Infez Med. 2006 Mar;14(1):33-6.

2063. Manfredi R, Chiodo F. Disorders of lipid metabolism in patients with HIV disease treated with antiretroviral agents: frequency, relationship with administered drugs, and role of hypolipidaemic therapy with bezafibrate. J Infect. 2001 Apr;42(3):181-8.

2064. Manfredi R, Sabbatani S. Serious, multi-organ hypersensitivity to lopinavir alone, involving cutaneous-mucous rash, and myeloid, liver, and kidney function. Aids. 2006 Nov 28;20(18):2399-400.

2065. Mangum EM, Graham KK. Lopinavir-Ritonavir: a new protease inhibitor. Pharmacotherapy. 2001 Nov;21(11):1352-63.

2066. Mann M, Piazza-Hepp T, Koller E, Struble K, Murray J. Unusual distributions of body fat in AIDS patients: a review of adverse events reported to the Food and Drug Administration. AIDS Patient Care STDS. 1999 May;13(5):287-95.

2067. Manosuthi W, Thongyen S, Chumpathat N, Muangchana K, Sungkanuparph S. Incidence and risk factors of rash associated with efavirenz in HIV-infected patients with preceding nevirapine-associated rash. HIV Med. 2006 Sep;7(6):378-82.

2068. Mansuri MM, Hitchcock MJ, Buroker RA, Bregman CL, Ghazzouli I, Desiderio JV, et al. Comparison of in vitro biological properties and mouse toxicities of three thymidine analogs active against human immunodeficiency virus. Antimicrob Agents Chemother. 1990 Apr;34(4):637-41.

2069. Marazzi MC, Germano P, Liotta G, Guidotti G, Loureiro S, da Cruz Gomes A, et al. Safety of nevirapine-containing antiretroviral triple therapy regimens to prevent vertical transmission in an African cohort of HIV-1-infected pregnant women. HIV Med. 2006 Jul;7(5):338-44.

2070. Marberger M. Urinary stones. Curr Opin Urol. 1999 Jul;9(4):315-7.

2071. Marceau G, Jacomel C, Ughetto S, Roszyk L, Dastugue B, Laurichesse H, et al. [Outcome of hyperlactatemia and lipodystrophy syndromes in patients infected with human immunodeficiency virus]. Ann Biol Clin (Paris). 2004 Jul-Aug;62(4):471-8.

2072. Marceau G, Sapin V, Jacomet C, Ughetto S, Cormerais L, Regagnon C, et al. Frequency, risk factors, and outcome of hyperlactatemia in HIV-positive persons: implications for the management of treated patients. Clin Chem. 2003 Jul;49(7):1154-62.

2073. Marcellin P. Advances in therapy for chronic hepatitis B. Semin Liver Dis. 2002;22 Suppl 1:33-6.

2074. Marconi P, Lorenzini P, Borrelli I, Liuzzi G, Sette P, Zaccarelli M, et al. Safety and efficacy of regimens containing emtricitabine in HIV-infected patients taking highly active antiretroviral therapy. New Microbiol. 2006 Jul;29(3):169-75.

2075. Marcos Bravo MC, Ocampo Hermida A, Moreno Rodilla E. [Hypersensitivity reactions to antiretroviral agents in HIV-infected patients]. Med Clin (Barc). 2007 Jan 20;128(2):61-9.

2076. Marcotte B. Lipodystrophy and women: a beach ball on sticks. Posit Aware. 2004 May-Jun;15(3):14-6.

2077. Marier JF, Borges M, Plante G, Dimarco M, Morelli G, Tippabhotla SK, et al. Bioequivalence of abacavir generic and innovator formulations under fasting and fed conditions. Int J Clin Pharmacol Ther. 2006 Jun;44(6):284-91.

2078. Marier JF, Dimarco M, Guilbaud R, Dodard C, Morelli G, Tippabhotla SK, et al. Pharmacokinetics of lamivudine, zidovudine, and nevirapine administered as a fixed-dose combination formulation versus coadministration of the individual products. J Clin Pharmacol. 2007 Nov;47(11):1381-9.

2079. Marin-Niebla A, Lopez-Cortes LF, Ruiz-Valderas R, Viciana P, Mata R, Gutierrez A, et al. Clinical and pharmacokinetic data support once-daily low-dose boosted saquinavir (1,200 milligrams saquinavir with 100 milligrams ritonavir) in treatment-naive or limited protease inhibitor-experienced human immunodeficiency virus-infected patients. Antimicrob Agents Chemother. 2007 Jun;51(6):2035-42.

2080. Markowitz M. [Protease inhibitors]. Sidahora. 1996 Dec - 1997 Jan:39-44.

2081. Markowitz M. New antiretroviral may help failing PI regimens. AIDS Alert. 2001 Sep;16(9):116-7.

2082. Markowitz M, Conant M, Hurley A, Schluger R, Duran M, Peterkin J, et al. A preliminary evaluation of nelfinavir mesylate, an inhibitor of human immunodeficiency virus (HIV)-1 protease, to treat HIV infection. J Infect Dis. 1998 Jun;177(6):1533-40.

2083. Markowitz M, Saag M, Powderly WG, Hurley AM, Hsu A, Valdes JM, et al. A preliminary study of ritonavir, an inhibitor of HIV-1 protease, to treat HIV-1 infection. N Engl J Med. 1995 Dec 7;333(23):1534-9.

2084. Markowitz M, Slater LN, Schwartz R, Kazanjian PH, Hathaway B, Wheeler D, et al. Long-term efficacy and safety of tipranavir boosted with ritonavir in HIV-1-infected patients failing multiple protease inhibitor regimens: 80-week data from a phase 2 study. J Acquir Immune Defic Syndr. 2007 Aug 1;45(4):401-10.

2085. Marks K, Gulick RM. New antiretroviral agents for the treatment of HIV infection. Curr HIV/AIDS Rep. 2004 Jun;1(2):82-8.

2086. Marra A, Lewi D, Lanzoni V, Wey SB, Odashiro LN, Gomes PS, et al. Lactic acidosis and antiretroviral therapy: a case report and literature review. Braz J Infect Dis. 2000 Jun;4(3):151-5.

2087. Marroni M, Gaburri M, Mecozzi F, Baldelli F. Acute interstitial nephritis secondary to the administration of indinavir. Ann Pharmacother. 1998 Jul-Aug;32(7-8):843-4.

2088. Martin A, Smith D, Carr A, Hoy J, Chuah J, Mallal S, et al. Progression of lipodystrophy (LD) with continued thymidine analogue usage: long-term follow-up from a randomized clinical trial (the PIILR study). HIV Clin Trials. 2004 Jul-Aug;5(4):192-200.

2089. Martin A, Smith DE, Carr A, Ringland C, Amin J, Emery S, et al. Reversibility of lipoatrophy in HIV-infected patients 2 years after switching from a thymidine analogue to abacavir: the MITOX Extension Study. Aids. 2004 Apr 30;18(7):1029-36.

2090. Martin AM, Hammond E, Nolan D, Pace C, Den Boer M, Taylor L, et al. Accumulation of mitochondrial DNA mutations in human immunodeficiency virus-infected patients treated with nucleoside-analogue reverse-transcriptase inhibitors. Am J Hum Genet. 2003 Mar;72(3):549-60.

2091. Martin AM, Nolan D, James I, Cameron P, Keller J, Moore C, et al. Predisposition to nevirapine hypersensitivity associated with HLA-DRB1*0101 and abrogated by low CD4 T-cell counts. Aids. 2005 Jan 3;19(1):97-9.

2092. Martin GJ, Blazes DL, Mayers DL, Spooner KM. Stavudine-induced macrocytosis during therapy for human immunodeficiency virus infection. Clin Infect Dis. 1999 Aug;29(2):459-60.

2093. Martin IP, Breen PA, Weigle DS. Absence of hypersensitivity to glucocorticoids in antiretroviral-associated lipodystrophy. Obes Res. 2003 Jan;11(1):21-4.

2094. Martin K, Lawson-Ayayi S, Miremont-Salame G, Blaizeau MJ, Balestre E, Lacoste D, et al. Symptomatic bone disorders in HIV-infected patients: incidence in the Aquitaine cohort (1999-2002). HIV Med. 2004 Nov;5(6):421-6.

2095. Martin-Carbonero L, Barreiro P, Soriano V, Gonzalez-Lahoz J. Tolerability of abacavir in the clinical setting. Clin Microbiol Infect. 2000 Nov;6(11):621-2.

2096. Martinez E, Blanco JL, Arnaiz JA, Perez-Cuevas JB, Mocroft A, Cruceta A, et al. Hepatotoxicity in HIV-1-infected patients receiving nevirapine-containing antiretroviral therapy. Aids. 2001 Jul 6;15(10):1261-8.

2097. Martinez E, Casamitjana R, Conget I, Gatell JM. Protease inhibitor-associated hyperinsulinaemia. Aids. 1998 Oct 22;12(15):2077-9.

2098. Martinez E, Collazos J, Mayo J, Blanco MS. Sexual dysfunction with protease inhibitors. Lancet. 1999 Mar 6;353(9155):810-1.

2099. Martinez E, Conget I, Lozano L, Casamitjana R, Gatell JM. Reversion of metabolic abnormalities after switching from HIV-1 protease inhibitors to nevirapine. Aids. 1999 May 7;13(7):805-10.

2100. Martinez E, Domingo P, Galindo MJ, Milinkovic A, Arroyo JA, Baldovi F, et al. Risk of metabolic abnormalities in patients infected with HIV receiving antiretroviral therapy that contains lopinavir-ritonavir. Clin Infect Dis. 2004 Apr 1;38(7):1017-23.

2101. Martinez E, Domingo P, Ribera E, Milinkovic A, Arroyo JA, Conget I, et al. Effects of metformin or gemfibrozil on the lipodystrophy of HIV-infected patients receiving protease inhibitors. Antivir Ther. 2003 Oct;8(5):403-10.

2102. Martinez E, Garcia-Viejo MA, Blanco JL, Bianchi L, Buira E, Conget I, et al. Impact of switching from human immunodeficiency virus type 1 protease inhibitors to efavirenz in successfully treated adults with lipodystrophy. Clin Infect Dis. 2000 Nov;31(5):1266-73.

2103. Martinez E, Gatell JM. [Lipodystrophy and antiretroviral agents]. Rev Clin Esp. 1999 Aug;199(8):485-6.

2104. Martinez E, Leguizamon M, Mallolas J, Miro JM, Gatell JM. Influence of environmental temperature on incidence of indinavir-related nephrolithiasis. Clin Infect Dis. 1999 Aug;29(2):422-5.

2105. Martinez E, Milinkovic A, de Lazzari E, Ravasi G, Blanco JL, Larrousse M, et al. Pancreatic toxic effects associated with co-administration of didanosine and tenofovir in HIV-infected adults. Lancet. 2004 Jul 3-9;364(9428):65-7.

2106. Martinez E, Mocroft A, Garcia-Viejo MA, Perez-Cuevas JB, Blanco JL, Mallolas J, et al. Risk of lipodystrophy in HIV-1-infected patients treated with protease inhibitors: a prospective cohort study. Lancet. 2001 Feb 24;357(9256):592-8.

2107. Martinez E, Tuset M, Milinkovic A, Miro JM, Gatell JM. Management of dyslipidaemia in HIV-infected patients receiving antiretroviral therapy. Antivir Ther. 2004 Oct;9(5):649-63.

2108. Martinez F, Mommeja-Marin H, Estepa-Maurice L, Beaufils H, Bochet M, Daudon M, et al. Indinavir crystal deposits associated with tubulointerstitial nephropathy. Nephrol Dial Transplant. 1998 Mar;13(3):750-3.

2109. Martinez-Rodriguez RH, Sanchez Martin FM, Escovar La Riva P, Corbella Alonso J, Millan Rodriguez F, Villavicencio Mavrich H. [Indinavir stones]. Actas Urol Esp. 2007 Mar;31(3):298.

2110. Mary-Krause M, Cotte L, Simon A, Partisani M, Costagliola D. Increased risk of myocardial infarction with duration of protease inhibitor therapy in HIV-infected men. Aids. 2003 Nov 21;17(17):2479-86.

2111. Marzano A, Ciancio A, Salizzoni M, Rizzetto M, Negro F. Hepatitis B virus subtypes and lamivudine resistance. Lancet. 2001 Jul 14;358(9276):153-4.

2112. Marzolini C, Telenti A, Decosterd LA, Greub G, Biollaz J, Buclin T. Efavirenz plasma levels can predict treatment failure and central nervous system side effects in HIV-1-infected patients. Aids. 2001 Jan 5;15(1):71-5.

2113. Marzolini C, Troillet N, Telenti A, Baumann P, Decosterd LA, Eap CB. Efavirenz decreases methadone blood concentrations. Aids. 2000 Jun 16;14(9):1291-2.

2114. Mascolini M. Outing HIV (or, the tailor retailored). J Int Assoc Physicians AIDS Care. 1996 Sep;2(9):29-56.

2115. Mascolini M. Protease inhibitors and nucleoside combinations, or, Alice in Gaithersburg. J Int Assoc Physicians AIDS Care. 1996 Apr;2(4):23-32, 7.

2116. Mascolini M. The rolling uncertainties of antiprotease prescribing. J Int Assoc Physicians AIDS Care. 1996 Feb;2(2):6-10.

2117. Mascolini M. Delavirdine data: skewed or skewered? J Int Assoc Physicians AIDS Care. 1997 Feb;3(2):42-6.

2118. Mascolini M. 6 HIV riddles intersect at ICAAC. J Int Assoc Physicians AIDS Care. 1998 Dec;4(12):4-27.

2119. Mascolini M. New antiretroviral tactics: transitions or mere trends? An interview with Joep Lange,MD,PhD. Interview by Mark Mascolini. J Int Assoc Physicians AIDS Care. 1999 Jul;5(7):25-9.

2120. Mascolini M. On the trail of fugitive fat: the chase turns to NRTIs. J Int Assoc Physicians AIDS Care. 1999 Oct;5(10):24-43.

2121. Mascolini M. Raising the stakes at Retro '99 or amplified diversity. J Int Assoc Physicians AIDS Care. 1999 Mar;5(3):12-9, 24-39, 46.

2122. Mascolini M. The latest word on lipodystrophy and mitochondrial toxicity (and old words that still resound). IAPAC Mon. 2002 Jan;8(1):14-32.

2123. Masia M, Gutierrez F, Padilla S, Ramos JM, Pascual J. Severe toxicity associated with the combination of tenofovir and didanosine: case report and review. Int J STD AIDS. 2005 Sep;16(9):646-8.

2124. Masia-Canuto M, Bernal-Morell E, Gutierrez-Rodero F. [Lipid alterations and cardiovascular risk associated with antiretroviral therapy]. Enferm Infecc Microbiol Clin. 2006 Dec;24(10):637-48.

2125. Masland T, King P. Flirting with strange ideas. Mbeki reaches out to a controversial AIDS researcher. Newsweek. 2000 Apr 17;135(16):36.

2126. Mastroianni CM, d'Ettorre G, Forcina G, Lichtner M, Corpolongo A, Coletta S, et al. Rhabdomyolysis after cerivastatin-gemfibrozil therapy in an HIV-infected patient with protease inhibitor-related hyperlipidemia. Aids. 2001 Apr 13;15(6):820-1.

2127. Mastrolorenzo A, Rusconi S, Scozzafava A, Barbaro G, Supuran CT. Inhibitors of HIV-1 protease: current state of the art 10 years after their introduction. From antiretroviral drugs to antifungal, antibacterial and antitumor agents based on aspartic protease inhibitors. Curr Med Chem. 2007;14(26):2734-48.

2128. Matarrese P, Gambardella L, Cassone A, Vella S, Cauda R, Malorni W. Mitochondrial membrane hyperpolarization hijacks activated T lymphocytes toward the apoptotic-prone phenotype: homeostatic mechanisms of HIV protease inhibitors. J Immunol. 2003 Jun 15;170(12):6006-15.

2129. Matarrese P, Tinari A, Gambardella L, Mormone E, Narilli P, Pierdominici M, et al. HIV protease inhibitors prevent mitochondrial hyperpolarization and redox imbalance and decrease endogenous uncoupler protein-2 expression in gp 120-activated human T lymphocytes. Antivir Ther. 2005;10 Suppl 2:M29-45.

2130. Mateos F, Tarraga I, Blanch JJ, Martinez E, Solera J. [Hemolytic anemia associated with indinavir administration]. Enferm Infecc Microbiol Clin. 1999 Nov;17(9):479-80.

2131. Mateu-de Antonio J, Grau S, Gimeno-Bayon JL, Carmona A. Ritonavir-induced carbamazepine toxicity. Ann Pharmacother. 2001 Jan;35(1):125-6.

2132. Mathe G. Human obesity and thinness, hyperlipidemia, hyperglycemia, and insulin resistance associated with HIV1 protease inhibitors. Prevention by alternating several antiproteases in short sequences. Biomed Pharmacother. 1999 Dec;53(10):449-51.

2133. Mathias CV, Mathias CF, Simoes MJ, Amed AM, Simoes RS, Oliveira-Filho RM, et al. Safety of nelfinavir use during pregnancy. An experimental approach in rats. Clin Exp Obstet Gynecol. 2005;32(3):163-5.

2134. Matsuo K, Takenaka K, Shimomura H, Fujii N, Shinagawa K, Kiura K, et al. Lamivudine and glycyrrhizin for treatment of chemotherapy-induced hepatitis B virus (HBV) hepatitis in a chronic HBV carrier with non-Hodgkin lymphoma. Leuk Lymphoma. 2001 Mar;41(1-2):191-5.

2135. Matsushita S. [Current status and future issues of anti-HIV chemotherapy]. Uirusu. 2003 Dec;53(2):141-6.

2136. Matsushita S, Yoshimura K, Kimura T, Kamihira A, Takano M, Eto K, et al. Spontaneous recovery of hemoglobin and neutrophil levels in Japanese patients on a long-term Combivir containing regimen. J Clin Virol. 2005 Jul;33(3):188-93.

2137. Maurice J, Beesley S. Protease inhibitors and food: how to maximize absorption into the blood. STEP Perspect. 1997 Summer;9(2):11-2.

2138. Mauss S. [Prevention and therapy of HIV-associated lipodystrophy syndrome and antiretroviral caused metabolic changes]. MMW Fortschr Med. 2005 Apr 25;147 Spec No 1:49-53.

2139. Mauss S, Adams O, Willers R, Jablonowski H. Combination therapy with ZDV + DDI versus ZDV + DDC in patients with progression of HIV-infection under treatment with ZDV. J Acquir Immune Defic Syndr Hum Retrovirol. 1996 Apr 15;11(5):469-77.

2140. Mauss S, Corzillius M, Wolf E, Schwenk A, Adam A, Jaeger H, et al. Risk factors for the HIV-associated lipodystrophy syndrome in a closed cohort of patients after 3 years of antiretroviral treatment. HIV Med. 2002 Jan;3(1):49-55.

2141. Mauss S, Schmutz G. [HIV-lipodystrophy syndrome]. Med Klin (Munich). 2001 Jul 15;96(7):391-401.

2142. Mauss S, Stechel J, Willers R, Schmutz G, Berger F, Richter WO. Differentiating hyperlipidaemia associated with antiretroviral therapy. Aids. 2003 Jan 24;17(2):189-94.

2143. Mauss S, Wolf E, Jaeger H. Reversal of protease inhibitor-related visceral abdominal fat accumulation with recombinant human growth hormone. Ann Intern Med. 1999 Aug 17;131(4):313-4.

2144. Mauss S, Wolf E, Jaeger H. Impaired glucose tolerance in HIV-positive patients receiving and those not receiving protease inhibitors. Ann Intern Med. 1999 Jan 19;130(2):162-3.

2145. Max B, Sherer R. Management of the adverse effects of antiretroviral therapy and medication adherence. Clin Infect Dis. 2000 Jun;30 Suppl 2:S96-116.

2146. Mazhude C, Jones S, Murad S, Taylor C, Easterbrook P. Female sex but not ethnicity is a strong predictor of non-nucleoside reverse transcriptase inhibitor-induced rash. Aids. 2002 Jul 26;16(11):1566-8.

2147. Mazur W, Krol F, Cianciara J, Nazzal K, Gladysz A, Juszczyk J, et al. A multi-center open study to determine the effect of lamivudine on HBV DNA clearance and to assess the safety of the regimen in patients with chronic hepatitis B infection. Med Sci Monit. 2002 Apr;8(4):CR257-62.

2148. McArthur J. Acute neuromyopathy syndrome. Hopkins HIV Rep. 2002 Jul;14(4):5.

2149. McBride M, Chin MT, Lee SM, Kelly B. Lipid lowering therapy in patients with HIV infection. Lancet. 1998 Nov 28;352(9142):1782-3.

2150. McCabe L. The new body of AIDS: Crixivan bellies, legs, and humps. Newsline People AIDS Coalit N Y. 1998 Sep:37-9.

2151. McCallister S, Valdez H, Curry K, MacGregor T, Borin M, Freimuth W, et al. A 14-day dose-response study of the efficacy, safety, and pharmacokinetics of the nonpeptidic protease inhibitor tipranavir in treatment-naive HIV-1-infected patients. J Acquir Immune Defic Syndr. 2004 Apr 1;35(4):376-82.

2152. McCance-Katz EF, Farber S, Selwyn PA, O'Connor A. Decrease in methodone levels with nelfinavir mesylate. Am J Psychiatry. 2000 Mar;157(3):481.

2153. McCance-Katz EF, Rainey PM, Friedland G, Jatlow P. The protease inhibitor lopinavir-ritonavir may produce opiate withdrawal in methadone-maintained patients. Clin Infect Dis. 2003 Aug 15;37(4):476-82.

2154. McCance-Katz EF, Rainey PM, Smith P, Morse GD, Friedland G, Boyarsky B, et al. Drug interactions between opioids and antiretroviral medications: interaction between methadone, LAAM, and delavirdine. Am J Addict. 2006 Jan-Feb;15(1):23-34.

2155. McCarthy M. New HIV drugs show promise in early studies. Lancet. 2002 Mar 2;359(9308):767.

2156. McComsey G. Update on mitochondrial toxicity of antiretrovirals and its link to lipodystrophy. AIDS Rev. 2002 Jul-Sep;4(3):140-7.

2157. McComsey G. Editorial comment: reversing lipoatrophy--better solutions needed. AIDS Read. 2004 Dec;14(12):648-9.

2158. McComsey G, Bhumbra N, Ma JF, Rathore M, Alvarez A. Impact of protease inhibitor substitution with efavirenz in HIV-infected children: results of the First Pediatric Switch Study. Pediatrics. 2003 Mar;111(3):e275-81.

2159. McComsey G, Lonergan JT. Mitochondrial dysfunction: patient monitoring and toxicity management. J Acquir Immune Defic Syndr. 2004 Sep 1;37 Suppl 1:S30-5.

2160. McComsey G, Southwell H, Gripshover B, Salata R, Valdez H. Effect of antioxidants on glucose metabolism and plasma lipids in HIV-infected subjects with lipoatrophy. J Acquir Immune Defic Syndr. 2003 Aug 15;33(5):605-7.

2161. McComsey GA, Lederman MM. High doses of riboflavin and thiamine may help in secondary prevention of hyperlactatemia. AIDS Read. 2002 May;12(5):222-4.

2162. McComsey GA, Morrow JD. Lipid oxidative markers are significantly increased in lipoatrophy but not in sustained asymptomatic hyperlactatemia. J Acquir Immune Defic Syndr. 2003 Sep 1;34(1):45-9.

2163. McComsey GA, Paulsen DM, Lonergan JT, Hessenthaler SM, Hoppel CL, Williams VC, et al. Improvements in lipoatrophy, mitochondrial DNA levels and fat apoptosis after replacing stavudine with abacavir or zidovudine. Aids. 2005 Jan 3;19(1):15-23.

2164. McComsey GA, Whalen CC, Mawhorter SD, Asaad R, Valdez H, Patki AH, et al. Placebo-controlled trial of prednisone in advanced HIV-1 infection. Aids. 2001 Feb 16;15(3):321-7.

2165. McComsey GA, Yau L. Asymptomatic hyperlactataemia: predictive value, natural history and correlates. Antivir Ther. 2004 Apr;9(2):205-12.

2166. McCoy C. Darunavir: a nonpeptidic antiretroviral protease inhibitor. Clin Ther. 2007 Aug;29(8):1559-76.

2167. McCrindle BW, Urbina EM, Dennison BA, Jacobson MS, Steinberger J, Rocchini AP, et al. Drug therapy of high-risk lipid abnormalities in children and adolescents: a scientific statement from the American Heart Association Atherosclerosis, Hypertension, and Obesity in Youth Committee, Council of Cardiovascular Disease in the Young, with the Council on Cardiovascular Nursing. Circulation. 2007 Apr 10;115(14):1948-67.

2168. McDonald CK, Kuritzkes DR. Human immunodeficiency virus type 1 protease inhibitors. Arch Intern Med. 1997 May 12;157(9):951-9.

2169. McGovern B. Hepatic safety and HAART. J Int Assoc Physicians AIDS Care (Chic Ill). 2004 Nov;3 Suppl 2:S24-40.

2170. McGovern BH, Ditelberg JS, Taylor LE, Gandhi RT, Christopoulos KA, Chapman S, et al. Hepatic steatosis is associated with fibrosis, nucleoside analogue use, and hepatitis C virus genotype 3 infection in HIV-seropositive patients. Clin Infect Dis. 2006 Aug 1;43(3):365-72.

2171. McGuire S. Dealing with Sustiva side effects. Posit Aware. 2003 Jul-Aug;14(4):30-1.

2172. McIlleron H, Meintjes G, Burman WJ, Maartens G. Complications of antiretroviral therapy in patients with tuberculosis: drug interactions, toxicity, and immune reconstitution inflammatory syndrome. J Infect Dis. 2007 Aug 15;196 Suppl 1:S63-75.

2173. McMahon D, Lederman M, Haas DW, Haubrich R, Stanford J, Cooney E, et al. Antiretroviral activity and safety of abacavir in combination with selected HIV-1 protease inhibitors in therapy-naive HIV-1-infected adults. Antivir Ther. 2001 Jun;6(2):105-14.

2174. McNabb JC, Cappa JA, Ross JW. Disorders of iron metabolism associated with protease inhibitor therapy. Clin Infect Dis. 2001 Aug 1;33(3):413-4.

2175. Megarbane B, Fromont C, Nion I, Chary I, Axler O, Slama A, et al. [A very, very short of breath HIV-infected patient]. Rev Med Interne. 1999;20 Suppl 2:256s-9s.

2176. Mehendale S, Aung H, Wang CZ, Tong R, Foo A, Xie JT, et al. Scutellaria baicalensis and a constituent flavonoid, baicalein, attenuate ritonavir-induced gastrointestinal side-effects. J Pharm Pharmacol. 2007 Nov;59(11):1567-72.

2177. Mehta SH, Moore RD, Thomas DL, Chaisson RE, Sulkowski MS. The effect of HAART and HCV infection on the development of hyperglycemia among HIV-infected persons. J Acquir Immune Defic Syndr. 2003 Aug 15;33(5):577-84.

2178. Mehta U, Maartens G. Is it safe to switch between efavirenz and nevirapine in the event of toxicity? Lancet Infect Dis. 2007 Nov;7(11):733-8.

2179. Meijer van Putten JB. [Protease inhibitors connected to diabetes]. Ned Tijdschr Geneeskd. 1997 Jul 12;141(28):1405-6.

2180. Meinrenken S. ["Bull-neck" in HIV-positive patients: result of therapy?]. Dtsch Med Wochenschr. 1998 May 22;123(21):A9.

2181. Melby T, Demasi R, Cammack N, Miralles GD, Greenberg ML. Evolution of genotypic and phenotypic resistance during chronic treatment with the fusion inhibitor T-1249. AIDS Res Hum Retroviruses. 2007 Nov;23(11):1366-73.

2182. Meldrum J. Nevirapine-based fixed-dose combination ARVs. GMHC Treat Issues. 2003 May;17(5):5-9.

2183. Mellor-Pita S, Yebra-Bango M, Alfaro-Martinez J, Suarez E. Acanthosis nigricans: a new manifestation of insulin resistance in patients receiving treatment with protease inhibitors. Clin Infect Dis. 2002 Mar 1;34(5):716-7.

2184. Melroe NH, Kopaczewski J, Henry K, Huebsch J. Lipid abnormalities associated with protease inhibitors. J Assoc Nurses AIDS Care. 1999 Mar-Apr;10(2):22-30.

2185. Melvin AJ, Lennon S, Mohan KM, Purnell JQ. Metabolic abnormalities in HIV type 1-infected children treated and not treated with protease inhibitors. AIDS Res Hum Retroviruses. 2001 Aug 10;17(12):1117-23.

2186. Meng Q, Lima JA, Lai H, Vlahov D, Celentano DD, Strathdee S, et al. Use of HIV protease inhibitors is associated with left ventricular morphologic changes and diastolic dysfunction. J Acquir Immune Defic Syndr. 2002 Jul 1;30(3):306-10.

2187. Meng Q, Lima JA, Lai H, Vlahov D, Celentano DD, Strathdee SA, et al. Coronary artery calcification, atherogenic lipid changes, and increased erythrocyte volume in black injection drug users infected with human immunodeficiency virus-1 treated with protease inhibitors. Am Heart J. 2002 Oct;144(4):642-8.

2188. Meraviglia P, Angeli E, Del Sorbo F, Rombola G, Vigano P, Orlando G, et al. Risk factors for indinavir-related renal colic in HIV patients: predictive value of indinavir dose/body mass index. Aids. 2002 Oct 18;16(15):2089-93.

2189. Mercie P, Tchamgoue S, Dabis F, Pellegrin JL. Lipodystrophy in HIV-1-infected patients. Lancet. 1999 Sep 4;354(9181):867-8.

2190. Mercie P, Viallard JF, Thiebaut R, Faure I, Rispal P, Leng B, et al. Efavirenz-associated breast hypertrophy in HIV-infection patients. Aids. 2001 Jan 5;15(1):126-9.

2191. Merry C, Barry M, Gibbons S, Mulcahy F, Back D. Improved tolerability of ritonavir derived from pharmacokinetic principles. Br J Clin Pharmacol. 1996 Dec;42(6):787.

2192. Meyer D, Behrens G, Schmidt RE, Stoll M. Osteonecrosis of the femoral head in patients receiving HIV protease inhibitors. Aids. 1999 Jun 18;13(9):1147-8.

2193. Meynard JL, Guiguet M, Rachline A, Boukli N, Bollens D, Gentil C, et al. [Predictive factors of virologic response to antiretroviral treatment with a protease inhibitor in HIV infection]. Presse Med. 2001 Jan 13;30(1):5-10.

2194. Michelet C, Bellissant E, Ruffault A, Arvieux C, Delfraissy JF, Raffi F, et al. Safety and efficacy of ritonavir and saquinavir in combination with zidovudine and lamivudine. Clin Pharmacol Ther. 1999 Jun;65(6):661-71.

2195. Michelet C, Ruffault A, Sebille V, Arvieux C, Jaccard P, Raffi F, et al. Ritonavir-saquinavir dual protease inhibitor compared to ritonavir alone in human immunodeficiency virus-infected patients. Antimicrob Agents Chemother. 2001 Dec;45(12):3393-402.

2196. Michels V, Bastens B, Delforge M, Demoulin JC, Sente JM, Plomteux O, et al. [Clinical case of the month. Hepatitis B reactivation in an Ag HBs negative patient]. Rev Med Liege. 2007 Mar;62(3):135-8.

2197. Mikhail E. Substitution for protease inhibitors in HIV therapy. N Engl J Med. 2003 Dec 18;349(25):2460-1; author reply -1.

2198. Mikhail N. Insulin resistance in HIV-related lipodystrophy. Curr Hypertens Rep. 2003 Apr;5(2):117-21.

2199. Milazzo L, Piazza M, Sangaletti O, Gatti N, Cappelletti A, Adorni F, et al. [13C]Methionine breath test: a novel method to detect antiretroviral drug-related mitochondrial toxicity. J Antimicrob Chemother. 2005 Jan;55(1):84-9.

2200. Milinkovic A, Martinez E. Nevirapine in the treatment of HIV. Expert Rev Anti Infect Ther. 2004 Jun;2(3):367-73.

2201. Miller CD, El-Kholi R, Faragon JJ, Lodise TP. Prevalence and risk factors for clinically significant drug interactions with antiretroviral therapy. Pharmacotherapy. 2007 Oct;27(10):1379-86.

2202. Miller J, Brown D, Amin J, Kent-Hughes J, Law M, Kaldor J, et al. A randomized, double-blind study of gemfibrozil for the treatment of protease inhibitor-associated hypertriglyceridaemia. Aids. 2002 Nov 8;16(16):2195-200.

2203. Miller JL. New products and research bring guarded optimism, new questions about AIDS therapy. Am J Health Syst Pharm. 1996 Sep 15;53(18):2129-30, 32.

2204. Miller JL. CDC alters recommendations on rifamycin-antiretroviral drug use. Am J Health Syst Pharm. 2000 Apr 15;57(8):735.

2205. Miller KD, Piscitelli SC, Davey RT, Jr. Herpes zoster in an HIV-negative man on ritonavir. AIDS Patient Care STDS. 2000 Oct;14(10):527-8.

2206. Miller RF, Shahmonesh M, Hanna MG, Unwin RJ, Schapira AH, Weller IV. Polyphenotypic expression of mitochondrial toxicity caused by nucleoside reverse transcriptase inhibitors. Antivir Ther. 2003 Jun;8(3):253-7.

2207. Milpied-Homsi B, Krempf M, Gueglio B, Raffi F, Stalder JF. ["Buffalo neck": an unintended secondary effect of treatment with anti-HIV protease inhibitors]. Ann Dermatol Venereol. 1999 Mar;126(3):254-6.

2208. Minami M, Okanoue T. [Antiviral treatment of chronic hepatitis B with adefovir dipivoxil]. Nippon Rinsho. 2004 Aug;62 Suppl 8:336-9.

2209. Minkoff H, Augenbraun M. Antiretroviral therapy for pregnant women. Am J Obstet Gynecol. 1997 Feb;176(2):478-89.

2210. Mira JA, Lozano F, Santos J, Ramayo E, Terron A, Palacios R, et al. Gynaecomastia in HIV-infected men on highly active antiretroviral therapy: association with efavirenz and didanosine treatment. Antivir Ther. 2004 Aug;9(4):511-7.

2211. Mirete G, Masia M, Gutierrez F, Mora A, Escolano C, Maestre A. Acute pancreatitis as a complication of ritonavir therapy in a patient with AIDS. Eur J Clin Microbiol Infect Dis. 1998 Nov;17(11):810-1.

2212. Mirken B. Danger: possibly fatal interactions between ritonavir and "ecstasy," some other psychoactive drugs. AIDS Treat News. 1997 Feb 21(No 265):5.

2213. Miro O, Garrabou G, Lopez S, Deig E, Vidal I, Infante AB, et al. Short communication metabolic and mitochondrial effects of switching antiretroviral-experienced patients to enfuvirtide, tenofovir and saquinavir/ritonavir. Antivir Ther. 2006;11(5):625-30.

2214. Mirochnick M, Clarke DF, Dorenbaum A. Nevirapine: pharmacokinetic considerations in children and pregnant women. Clin Pharmacokinet. 2000 Oct;39(4):281-93.

2215. Mirochnick M, Dorenbaum A, Holland D, Cunningham-Schrader B, Cunningham C, Gelber R, et al. Concentrations of protease inhibitors in cord blood after in utero exposure. Pediatr Infect Dis J. 2002 Sep;21(9):835-8.

2216. Mirochnick M, Fenton T, Gagnier P, Pav J, Gwynne M, Siminski S, et al. Pharmacokinetics of nevirapine in human immunodeficiency virus type 1-infected pregnant women and their neonates. Pediatric AIDS Clinical Trials Group Protocol 250 Team. J Infect Dis. 1998 Aug;178(2):368-74.

2217. Mirochnick M, Stek A, Acevedo M, Keller M, Holland D, Capparelli E, et al. Safety and pharmacokinetics of nelfinavir coadministered with zidovudine and lamivudine in infants during the first 6 weeks of life. J Acquir Immune Defic Syndr. 2005 Jun 1;39(2):189-94.

2218. Mishriki YY. A baffling case of bulging belly. Protease paunch. Postgrad Med. 1998 Sep;104(3):45-6.

2219. Misson J, Clark W, Kendall MJ. Therapeutic advances: protease inhibitors for the treatment of HIV-1 infection. J Clin Pharm Ther. 1997 Apr;22(2):109-17.

2220. Mitsuya H. [Inhibitors of HIV-1 reverse transcriptase and protease as chemotherapeutics for AIDS]. Nippon Rinsho. 1991 Sep;49(9):2062-9.

2221. Mitsuya H. [AIDS therapy with reverse transcriptase inhibitors]. Nippon Rinsho. 1993 Sep;51 Suppl:316-26.

2222. Miura T, Goto M, Hosoya N, Odawara T, Kitamura Y, Nakamura T, et al. Depletion of mitochondrial DNA in HIV-1-infected patients and its amelioration by antiretroviral therapy. J Med Virol. 2003 Aug;70(4):497-505.

2223. Mocroft A, Kirk O, Gatell J, Reiss P, Gargalianos P, Zilmer K, et al. Chronic renal failure among HIV-1-infected patients. Aids. 2007 May 31;21(9):1119-27.

2224. Modest GA, Fuller J. Abacavir and diabetes. N Engl J Med. 2001 Jan 11;344(2):142-4.

2225. Mofenson LM. U.S. Public Health Service Task Force recommendations for use of antiretroviral drugs in pregnant HIV-1-infected women for maternal health and interventions to reduce perinatal HIV-1 transmission in the United States. MMWR Recomm Rep. 2002 Nov 22;51(RR-18):1-38; quiz CE1-4.

2226. Mofenson LM. Efavirenz reclassified as FDA pregnancy category D. AIDS Clin Care. 2005 Feb;17(2):17.

2227. Mofenson LM, Fowler MG. Interruption of materno-fetal transmission. Aids. 1999;13 Suppl A:S205-14.

2228. Mofenson LM, Munderi P. Safety of antiretroviral prophylaxis of perinatal transmission for HIV-infected pregnant women and their infants. J Acquir Immune Defic Syndr. 2002 Jun 1;30(2):200-15.

2229. Mojtahedi Z. An assumption on possible long-term side effects of CCR5 antagonists. HIV Clin Trials. 2006 Jul-Aug;7(4):215-7.

2230. Mokrzycki MH, Harris C, May H, Laut J, Palmisano J. Lactic acidosis associated with stavudine administration: a report of five cases. Clin Infect Dis. 2000 Jan;30(1):198-200.

2231. Mole L, Schmidgall D, Holodniy M. A pilot trial of indinavir, ritonavir, didanosine, and lamivudine in a once-daily four-drug regimen for HIV infection. J Acquir Immune Defic Syndr. 2001 Jul 1;27(3):260-5.

2232. Molina JM, Cox SL. Emtricitabine: a novel nucleoside reverse transcriptase inhibitor. Drugs Today (Barc). 2005 Apr;41(4):241-52.

2233. Molina JM, Hill A. Darunavir (TMC114): a new HIV-1 protease inhibitor. Expert Opin Pharmacother. 2007 Aug;8(12):1951-64.

2234. Molina JM, Journot V, Morand-Joubert L, Yeni P, Rozenbaum W, Rancinan C, et al. Simplification therapy with once-daily emtricitabine, didanosine, and efavirenz in HIV-1-infected adults with viral suppression receiving a protease inhibitor-based regimen: a randomized trial. J Infect Dis. 2005 Mar 15;191(6):830-9.

2235. Molina JM, Marcelin AG, Pavie J, Heripret L, De Boever CM, Troccaz M, et al. Didanosine in HIV-1-infected patients experiencing failure of antiretroviral therapy: a randomized placebo-controlled trial. J Infect Dis. 2005 Mar 15;191(6):840-7.

2236. Molina JM, Podsadecki TJ, Johnson MA, Wilkin A, Domingo P, Myers R, et al. A lopinavir/ritonavir-based once-daily regimen results in better compliance and is non-inferior to a twice-daily regimen through 96 weeks. AIDS Res Hum Retroviruses. 2007 Dec;23(12):1505-14.

2237. Money DM. Antiviral and antiretroviral use in pregnancy. Obstet Gynecol Clin North Am. 2003 Dec;30(4):731-49, vii.

2238. Monier PL, Wilcox R. Metabolic complications associated with the use of highly active antiretroviral therapy in HIV-1-infected adults. Am J Med Sci. 2004 Jul;328(1):48-56.

2239. Monsuez JJ, Gallet B, Escaut L, Vayre F, Charniot JC, Pulik M, et al. Clinical outcome after coronary events in patients treated with HIV-protease inhibitors. Eur Heart J. 2000 Dec;21(24):2079-80.

2240. Monsuez JJ, Vittecoq D, Musset L, Alemanni M, Dussaix E, Autran B. Arthralgias and cryoglobulinemia during protease inhibitor therapy in a patient infected with human immunodeficiency virus and hepatitis C virus. Arthritis Rheum. 1998 Apr;41(4):740-3.

2241. Montero A, Bottasso OA, Luraghi MR, Giovannoni AG, Sen L. Galactorrhoea, hyperprolactinaemia, and protease inhibitors. Lancet. 2001 Feb 10;357(9254):473-4; author reply 5.

2242. Montero M, Garcia-Gibert L, Gimenez-Arnau AM, Knobel H. [Toxic epidermal necrolysis associated with abacavir]. Enferm Infecc Microbiol Clin. 2005 Apr;23(4):247.

2243. Montes ML, Pulido F, Barros C, Condes E, Rubio R, Cepeda C, et al. Lipid disorders in antiretroviral-naive patients treated with lopinavir/ritonavir-based HAART: frequency, characterization and risk factors. J Antimicrob Chemother. 2005 May;55(5):800-4.

2244. Montessori V, Harris M, Montaner JS. Hepatotoxicity of nucleoside reverse transcriptase inhibitors. Semin Liver Dis. 2003 May;23(2):167-72.

2245. Moolasart P, Likanonsakul S. The efficacy of combined zidovudine and lamivudine compared with that of combined zidovudine, lamivudine and nelfinavir in asymptomatic and early symptomatic HIV-infected children. Southeast Asian J Trop Med Public Health. 2002 Jun;33(2):280-7.

2246. Moore KH, Barrett JE, Shaw S, Pakes GE, Churchus R, Kapoor A, et al. The pharmacokinetics of lamivudine phosphorylation in peripheral blood mononuclear cells from patients infected with HIV-1. Aids. 1999 Nov 12;13(16):2239-50.

2247. Moore KH, Cass LM, Dallow N, Hardman TC, Jones A, Boyce M, et al. Pharmacokinetics and tolerability of GW420867X, a nonnucleoside reverse transcriptase inhibitor, following single escalating doses in healthy male volunteers. J Clin Pharmacol. 2001 Oct;41(10):1098-105.

2248. Moore RD, Keruly JC, Chaisson RE. Incidence of pancreatitis in HIV-infected patients receiving nucleoside reverse transcriptase inhibitor drugs. Aids. 2001 Mar 30;15(5):617-20.

2249. Moore RD, Wong WM, Keruly JC, McArthur JC. Incidence of neuropathy in HIV-infected patients on monotherapy versus those on combination therapy with didanosine, stavudine and hydroxyurea. Aids. 2000 Feb 18;14(3):273-8.

2250. Moreno A, Labelle C, Samet JH. Recurrence of post-traumatic stress disorder symptoms after initiation of antiretrovirals including efavirenz: a report of two cases. HIV Med. 2003 Jul;4(3):302-4.

2251. Moreno M. Drugs, drink'n and smok'n. Part I. Surviv News (Atlanta Ga). 2001 Aug:11, 4.

2252. Moreno S, Domingo P, Palacios R, Santos J, Falco V, Murillas J, et al. Renal safety of tenofovir disoproxil fumarate in HIV-1 treatment-experienced patients with adverse events related to prior NRTI use: data from a prospective, observational, multicenter study. J Acquir Immune Defic Syndr. 2006 Jul;42(3):385-7.

2253. Moreno S, Hernandez B, Dronda F. Antiretroviral therapy in AIDS patients with tuberculosis. AIDS Rev. 2006 Jul-Sep;8(3):115-24.

2254. Moreno S, Martinez E. Lipodystrophy and long-term therapy with nucleoside reverse transcriptase inhibitors. Aids. 2000 May 5;14(7):905-6.

2255. Moreno S, Podzamczer D, Blazquez R, Iribarren JA, Ferrer E, Reparaz J, et al. Treatment of tuberculosis in HIV-infected patients: safety and antiretroviral efficacy of the concomitant use of ritonavir and rifampin. Aids. 2001 Jun 15;15(9):1185-7.

2256. Moreno-Cuerda VJ, Rubio Garcia R. [Lactic acidosis following antiretroviral therapy]. Med Clin (Barc). 2005 Jul 9;125(6):213-4.

2257. Moreno-Torres A, Domingo P, Pujol J, Blanco-Vaca F, Arroyo JA, Sambeat MA. Liver triglyceride content in HIV-1-infected patients on combination antiretroviral therapy studied with 1H-MR spectroscopy. Antivir Ther. 2007;12(2):195-203.

2258. Moretti S, Famularo G, Marcellini S, Boschini A, Santini G, Trinchieri V, et al. L-carnitine reduces lymphocyte apoptosis and oxidant stress in HIV-1-infected subjects treated with zidovudine and didanosine. Antioxid Redox Signal. 2002 Jun;4(3):391-403.

2259. Moriuchi M, Moriuchi H. [Adverse effects of antiviral agents]. Nippon Rinsho. 2007 Oct 28;65 Suppl 8:233-41.

2260. Morlat P. [The chronicity of HIV infection]. Rev Prat. 1999 Oct 15;49(16):1781-5.

2261. Morlese JF, Qazi NA, Gazzard BG, Nelson MR. Nevirapine-induced neuropsychiatric complications, a class effect of non-nucleoside reverse transcriptase inhibitors? Aids. 2002 Sep 6;16(13):1840-1.

2262. Morris AA, Baudouin SV, Snow MH. Renal tubular acidosis and hypophosphataemia after treatment with nucleoside reverse transcriptase inhibitors. Aids. 2001 Jan 5;15(1):140-1.

2263. Morris AA, Carr A. HIV nucleoside analogues: new adverse effects on mitochondria? Lancet. 1999 Sep 25;354(9184):1046-7.

2264. Morrison-Griffiths S, Newman M, O'Mahony C, Pirmohamed M. Haemolytic anaemia associated with indinavir. Postgrad Med J. 1999 May;75(883):313-5.

2265. Morse GD, Rosenkranz S, Para MF, Segal Y, Difrancesco R, Adams E, et al. Amprenavir and efavirenz pharmacokinetics before and after the addition of nelfinavir, indinavir, ritonavir, or saquinavir in seronegative individuals. Antimicrob Agents Chemother. 2005 Aug;49(8):3373-81.

2266. Mortier E, Pouchot J, Vinceneux P, Lalande M. Ergotism related to interaction between nelfinavir and ergotamine. Am J Med. 2001 May;110(7):594.

2267. Moses SE, Lim ZY, Sudhanva M, Devereux S, Ho AY, Pagliuca A, et al. Lamivudine prophylaxis and treatment of hepatitis B Virus-exposed recipients receiving reduced intensity conditioning hematopoietic stem cell transplants with alemtuzumab. J Med Virol. 2006 Dec;78(12):1560-3.

2268. Mosnier-Pudar H. [Metabolic complications associated with use of protease inhibitors]. Ann Med Interne (Paris). 2000 Jun;151(4):278-82.

2269. Moswin AH, Epstein JB. Essential medical issues related to HIV in dentistry. J Can Dent Assoc. 2007 Dec;73(10):945-8.

2270. Moutschen M, Nkoghe D, Leonard P, Demonty J. [Drug clinics. How I treat HIV infections. II. Nucleoside reverse transcriptase inhibitors]. Rev Med Liege. 1997 Dec;52(12):750-2.

2271. Moya J, Casado JL, Aranzabal L, Moreno A, Antela A, Dronda F, et al. Limitations of a simplification antiretroviral strategy for HIV-infected patients with decreasing adherence to a protease inhibitor regimen. HIV Clin Trials. 2006 Jul-Aug;7(4):210-4.

2272. Moyano Calvo JL, Huesa Martinez I, Cruz Navarro N, Leal Arenas J, Leon Duenas E, Morales Lopez A, et al. [Urinary lithiasis secondary to indinavir in an HIV-positive patient]. Arch Esp Urol. 2001 Dec;54(10):1117-20.

2273. Moyle G. Efavirenz: practicalities, considerations and new issues. Int J Clin Pract Suppl. 1999 Jun;103:30-4.

2274. Moyle G. Clinical manifestations and management of antiretroviral nucleoside analog-related mitochondrial toxicity. Clin Ther. 2000 Aug;22(8):911-36; discussion 898.

2275. Moyle G. Hyperlactatemia and lactic acidosis: should routine screening be considered? AIDS Read. 2002 Aug;12(8):344-8.

2276. Moyle G. Selected topics from the Sixth International Congress on Drug Therapy in HIV infection; November 17-21, 2002; Glasgow, United Kingdom. HIV Clin Trials. 2003 Jan-Feb;4(1):51-4.

2277. Moyle G. Mitochondrial toxicity: myths and facts. J HIV Ther. 2004 May;9(2):45-7.

2278. Moyle G. A review of the aetiology of dyslipidaemia and hyperlipidaemia in patients with HIV. Int J STD AIDS. 2005 Oct;16 Suppl 1:14-20; discussion -2, 41-3.

2279. Moyle G. Mechanisms of HIV and nucleoside reverse transcriptase inhibitor injury to mitochondria. Antivir Ther. 2005;10 Suppl 2:M47-52.

2280. Moyle G. Metabolic issues associated with protease inhibitors. J Acquir Immune Defic Syndr. 2007 Jun 1;45 Suppl 1:S19-26.

2281. Moyle G, Baldwin C. Switching from a PI-based to a PI-sparing regimen for management of metabolic or clinical fat redistribution. AIDS Read. 2000 Aug;10(8):479-85.

2282. Moyle G, Fletcher C, Brown H, Mandalia S, Gazzard B. Changes in sleep quality and brain wave patterns following initiation of an efavirenz-containing triple antiretroviral regimen. HIV Med. 2006 May;7(4):243-7.

2283. Moyle G, Sutinen J. Managing HIV lipoatrophy. Lancet. 2004 Feb 7;363(9407):412-4.

2284. Moyle GJ. Abacavir plus lamivudine: a thymidine analogue-sparing NRTI backbone. AIDS Read. 2003 Nov;13(11):528, 33-5.

2285. Moyle GJ. Simplifying suppression: switching therapies to improve HIV disease management. AIDS Read. 2004 Jul;14(7):380-4.

2286. Moyle GJ. Lipid abnormalities during ART: it's the drug, not the class. AIDS Read. 2004 Jan;14(1):15-6, 20-2.

2287. Moyle GJ. Editorial comment: boosted PIs and metabolism--it's not just the ritonavir. AIDS Read. 2005 Oct;15(10):531.

2288. Moyle GJ. The role of zidovudine in development of lipoatrophy. AIDS Read. 2005 Nov;15(11):591-4, 9-600, 3.

2289. Moyle GJ, Baldwin C. Lipid abnormalities during saquinavir soft-gel-based highly active antiretroviral therapy. J Acquir Immune Defic Syndr. 1999 Aug 15;21(5):423-4.

2290. Moyle GJ, Baldwin C, Langroudi B, Mandalia S, Gazzard BG. A 48-week, randomized, open-label comparison of three abacavir-based substitution approaches in the management of dyslipidemia and peripheral lipoatrophy. J Acquir Immune Defic Syndr. 2003 May 1;33(1):22-8.

2291. Moyle GJ, Buss NE, Gazzard BG. Pravastatin does not alter protease inhibitor exposure or virologic efficacy during a 24-week period of therapy. J Acquir Immune Defic Syndr. 2002 Aug 1;30(4):460-2.

2292. Moyle GJ, Gazzard BG. A risk-benefit assessment of HIV protease inhibitors. Drug Saf. 1999 Apr;20(4):299-321.

2293. Moyle GJ, Gazzard BG. Differing reverse transcriptase mutation patterns in individuals experiencing viral rebound on first-line regimens with stavudine/didanosine and stavudine/lamivudine. Aids. 2001 Apr 13;15(6):799-800.

2294. Moyle GJ, Lloyd M, Reynolds B, Baldwin C, Mandalia S, Gazzard BG. Dietary advice with or without pravastatin for the management of hypercholesterolaemia associated with protease inhibitor therapy. Aids. 2001 Aug 17;15(12):1503-8.

2295. Moyle GJ, Lysakova L, Brown S, Sibtain N, Healy J, Priest C, et al. A randomized open-label study of immediate versus delayed polylactic acid injections for the cosmetic management of facial lipoatrophy in persons with HIV infection. HIV Med. 2004 Mar;5(2):82-7.

2296. Moyle GJ, Sabin CA, Cartledge J, Johnson M, Wilkins E, Churchill D, et al. A randomized comparative trial of tenofovir DF or abacavir as replacement for a thymidine analogue in persons with lipoatrophy. Aids. 2006 Oct 24;20(16):2043-50.

2297. Moyle GJ, Sadler M. Peripheral neuropathy with nucleoside antiretrovirals: risk factors, incidence and management. Drug Saf. 1998 Dec;19(6):481-94.

2298. Moyle GJ, Youle M, Higgs C, Monaghan J, Prince W, Chapman S, et al. Safety, pharmacokinetics, and antiretroviral activity of the potent, specific human immunodeficiency virus protease inhibitor nelfinavir: results of a phase I/II trial and extended follow-up in patients infected with human immunodeficiency virus. J Clin Pharmacol. 1998 Aug;38(8):736-43.

2299. Msellati P, Hingst G, Kaba F, Viho I, Welffens-Ekra C, Dabis F. Operational issues in preventing mother-to-child transmission of HIV-1 in Abidjan, Cote d'Ivoire, 1998-99. Bull World Health Organ. 2001;79(7):641-7.

2300. Mueller BU, Nelson RP, Jr., Sleasman J, Zuckerman J, Heath-Chiozzi M, Steinberg SM, et al. A phase I/II study of the protease inhibitor ritonavir in children with human immunodeficiency virus infection. Pediatrics. 1998 Mar;101(3 Pt 1):335-43.

2301. Mueller BU, Sleasman J, Nelson RP, Jr., Smith S, Deutsch PJ, Ju W, et al. A phase I/II study of the protease inhibitor indinavir in children with HIV infection. Pediatrics. 1998 Jul;102(1 Pt 1):101-9.

2302. Mukwaya G, MacGregor T, Hoelscher D, Heming T, Legg D, Kavanaugh K, et al. Interaction of ritonavir-boosted tipranavir with loperamide does not result in loperamide-associated neurologic side effects in healthy volunteers. Antimicrob Agents Chemother. 2005 Dec;49(12):4903-10.

2303. Mulligan K, Tai VW, Algren H, Abrams DI, Leiser RJ, Lo JC, et al. Altered fat distribution in HIV-positive men on nucleoside analog reverse transcriptase inhibitor therapy. J Acquir Immune Defic Syndr. 2001 Apr 15;26(5):443-8.

2304. Munk B. Protease paunch? Posit Aware. 1997 Nov-Dec;8(6):20-1.

2305. Murakami E, Ray AS, Schinazi RF, Anderson KS. Investigating the effects of stereochemistry on incorporation and removal of 5-fluorocytidine analogs by mitochondrial DNA polymerase gamma: comparison of D- and L-D4FC-TP. Antiviral Res. 2004 Apr;62(1):57-64.

2306. Murata H, Hruz PW, Mueckler M. Investigating the cellular targets of HIV protease inhibitors: implications for metabolic disorders and improvements in drug therapy. Curr Drug Targets Infect Disord. 2002 Mar;2(1):1-8.

2307. Murillas J, Martin T, Ramos A, Portero JL. Atorvastatin for protease inhibitor-related hyperlipidaemia. Aids. 1999 Jul 30;13(11):1424-5.

2308. Murphy MJ. Metabolic abnormalities are associated with HIV and treatment. Fac Notes (New Orleans La). 1999 Jan-Feb;11(1):6-7.

2309. Murphy MJ. Newest protease inhibitor Kaletra has a unique profile. HIV Clin. 2001 Winter;13(1):6-7.

2310. Murphy MJ. New protease inhibitor offers clinicians hope for better salvage therapy. HIV Clin. 2006 Spring;18(1):1-3.

2311. Murphy RL. Nonnucleoside reverse transcriptase inhibitors. AIDS Clin Care. 1997 Oct;9(10):75-7, 9.

2312. Murphy RL. New antiretroviral drugs part I: PIs. AIDS Clin Care. 1999 May;11(5):35-7.

2313. Murphy RL. New antiretroviral drugs, part II: NRTIs, NNRTIs, and beyond. AIDS Clin Care. 1999 Jun;11(6):47-9, 51, 3-4.

2314. Murphy RL. Reviving protease inhibitors: new data and more options. J Acquir Immune Defic Syndr. 2003 Jun 1;33 Suppl 1:S43-52; quiz S3, S5-6.

2315. Murphy RL. Defining the toxicity profile of nevirapine and other antiretroviral drugs. J Acquir Immune Defic Syndr. 2003 Sep;34 Suppl 1:S15-20.

2316. Murphy RL, Brun S, Hicks C, Eron JJ, Gulick R, King M, et al. ABT-378/ritonavir plus stavudine and lamivudine for the treatment of antiretroviral-naive adults with HIV-1 infection: 48-week results. Aids. 2001 Jan 5;15(1):F1-9.

2317. Murphy RL, Sanne I, Cahn P, Phanuphak P, Percival L, Kelleher T, et al. Dose-ranging, randomized, clinical trial of atazanavir with lamivudine and stavudine in antiretroviral-naive subjects: 48-week results. Aids. 2003 Dec 5;17(18):2603-14.

2318. Musch E, Malek M, Chrissafidou A. [Severe exacerbation of chronic hepatitis B during therapy with corticosteroids and lamivudine therapy and successful short-term combination therapy with interferon-beta and interferon-gamma]. Z Gastroenterol. 2003 May;41(5):425-8.

2319. Musoke P, Guay LA, Bagenda D, Mirochnick M, Nakabiito C, Fleming T, et al. A phase I/II study of the safety and pharmacokinetics of nevirapine in HIV-1-infected pregnant Ugandan women and their neonates (HIVNET 006). Aids. 1999 Mar 11;13(4):479-86.

2320. Mussini C, Pinti M, Bugarini R, Borghi V, Nasi M, Nemes E, et al. Effect of treatment interruption monitored by CD4 cell count on mitochondrial DNA content in HIV-infected patients: a prospective study. Aids. 2005 Oct 14;19(15):1627-33.

2321. Mussi-Pinhata MM, Rego MA, Freimanis L, Kakehasi FM, Machado DM, Cardoso EM, et al. Maternal antiretrovirals and hepatic enzyme, hematologic abnormalities among human immunodeficiency virus type 1-uninfected infants: the NISDI perinatal study. Pediatr Infect Dis J. 2007 Nov;26(11):1032-7.

2322. Mutlib AE, Gerson RJ, Meunier PC, Haley PJ, Chen H, Gan LS, et al. The species-dependent metabolism of efavirenz produces a nephrotoxic glutathione conjugate in rats. Toxicol Appl Pharmacol. 2000 Nov 15;169(1):102-13.

2323. Myers RP, Swain MG, Urbanski SJ, Lee SS. Reactivation of hepatitis B e antigen-negative chronic hepatitis B in a bone marrow transplant recipient following lamivudine withdrawal. Can J Gastroenterol. 2001 Sep;15(9):599-603.

2324. Myers SA, Selim AA, McDaniel MA, Hall R, Zhang Y, Bartlett JA, et al. A prospective clinical and pathological examination of injection site reactions with the HIV-1 fusion inhibitor enfuvirtide. Antivir Ther. 2006;11(7):935-9.

2325. Nadal D, Steiner F, Cheseaux JJ, Lazarevitch CA, Aebi C, Kind C, et al. Long-term responses to treatment including ritonavir or nelfinavir in HIV-1-infected children. Pediatric AIDS Group of Switzerland. Infection. 2000 Sep;28(5):287-96.

2326. Nadler JP, Berger DS, Blick G, Cimoch PJ, Cohen CJ, Greenberg RN, et al. Efficacy and safety of etravirine (TMC125) in patients with highly resistant HIV-1: primary 24-week analysis. Aids. 2007 Mar 30;21(6):F1-10.

2327. Nagy GS. A test for mitochondrial toxicity. AIDS Clin Care. 2002 May;14(5):47-8.

2328. Nagy GS. Diabetes mellitus in HIV-infected women. AIDS Clin Care. 2003 May;15(5):44-5.

2329. Nagy GS. Report from the 13th retrovirus conference. Renal tenofovir debate continues. AIDS Clin Care. 2006 Apr;18(4):37-8.

2330. Nakagawa M, Simizu Y, Suemura M, Sato B. Successful long-term control with lamivudine against reactivated hepatitis B infection following intensive chemotherapy and autologous peripheral blood stem cell transplantation in non-Hodgkin's lymphoma: experience of 2 cases. Am J Hematol. 2002 May;70(1):60-3.

2331. Nathoo S, Serghides L, Kain KC. Effect of HIV-1 antiretroviral drugs on cytoadherence and phagocytic clearance of Plasmodium falciparum-parasitised erythrocytes. Lancet. 2003 Sep 27;362(9389):1039-41.

2332. Ndegwa S. Maraviroc (Celsentri) for multidrug-resistant human immunodeficiency virus (HIV)-1. Issues Emerg Health Technol. 2007 Dec(110):1-8.

2333. Ndour CT, Batista G, Manga NM, Gueye NF, Badiane NM, Fortez L, et al. [Efficacy and tolerance of antiretroviral therapy in HIV-2 infected patients in Dakar: preliminary study]. Med Mal Infect. 2006 Feb;36(2):111-4.

2334. Negredo E, Cruz L, Paredes R, Ruiz L, Fumaz CR, Bonjoch A, et al. Virological, immunological, and clinical impact of switching from protease inhibitors to nevirapine or to efavirenz in patients with human immunodeficiency virus infection and long-lasting viral suppression. Clin Infect Dis. 2002 Feb 15;34(4):504-10.

2335. Negredo E, Paredes R, Bonjoch A, Tuldra A, Fumaz CR, Gel S, et al. Benefit of switching from a protease inhibitor (PI) to nevirapine in PI-experienced patients suffering acquired HIV-related lipodystrophy syndrome (AHL): interim analysis at 3 months of follow-up. Antivir Ther. 1999;4 Suppl 3:23-8.

2336. Negredo E, Paredes R, Peraire J, Pedrol E, Cote H, Gel S, et al. Alternation of antiretroviral drug regimens for HIV infection. Efficacy, safety and tolerability at week 96 of the Swatch Study. Antivir Ther. 2004 Dec;9(6):889-93.

2337. Nelson MR, Katlama C, Montaner JS, Cooper DA, Gazzard B, Clotet B, et al. The safety of tenofovir disoproxil fumarate for the treatment of HIV infection in adults: the first 4 years. Aids. 2007 Jun 19;21(10):1273-81.

2338. Nerad JL, Kessler HA. Hypercholesterolemia in a health care worker receiving thyroxine after postexposure prophylaxis for human immunodeficiency virus infection. Clin Infect Dis. 2001 Jun 1;32(11):1635-6.

2339. Nerurkar PV, Pearson L, Frank JE, Yanagihara R, Nerurkar VR. Highly active antiretroviral therapy (HAART)-associated lactic acidosis: in vitro effects of combination of nucleoside analogues and protease inhibitors on mitochondrial function and lactic acid production. Cell Mol Biol (Noisy-le-grand). 2003 Dec;49(8):1205-11.

2340. Nestorowicz A, Cameron S. Key reports from the 9th International Workshop on Adverse Drug Reactions and Lipodystrophy in HIV 2007. Antivir Ther. 2007;12(6):987-98.

2341. Neuzil KM. Pharmacologic therapy for human immunodeficiency virus infection: a review. Am J Med Sci. 1994 May;307(5):368-73.

2342. Nevens F, Main J, Honkoop P, Tyrrell DL, Barber J, Sullivan MT, et al. Lamivudine therapy for chronic hepatitis B: a six-month randomized dose-ranging study. Gastroenterology. 1997 Oct;113(4):1258-63.

2343. Newell A, Avila C, Rodgers ME. Photosensitivity reaction of efavirenz. Sex Transm Infect. 2000 Jun;76(3):221.

2344. Newell ML. Prevention of mother-to-child transmission of HIV: challenges for the current decade. Bull World Health Organ. 2001;79(12):1138-44.

2345. Nguyen QD, Kempen JH, Bolton SG, Dunn JP, Jabs DA. Immune recovery uveitis in patients with AIDS and cytomegalovirus retinitis after highly active antiretroviral therapy. Am J Ophthalmol. 2000 May;129(5):634-9.

2346. Nicol B, Champagne X, Breux JP, Pasdeloup T, Remblier C, Perault MC, et al. [Attitude of the clinican toward adverse effects of protease inhibitors]. Therapie. 2000 Sep-Oct;55(5):643-7.

2347. Nielsen H. Hypermenorrhea associated with ritonavir. Lancet. 1999 Mar 6;353(9155):811-2.

2348. Niesters HG, De Man RA, Pas SD, Fries E, Osterhaus AD. Identification of a new variant in the YMDD motif of the hepatitis B virus polymerase gene selected during lamivudine therapy. J Med Microbiol. 2002 Aug;51(8):695-9.

2349. Nieuwkerk P, Gisolf E, Sprangers M, Danner S. Adherence over 48 weeks in an antiretroviral clinical trial: variable within patients, affected by toxicities and independently predictive of virological response. Antivir Ther. 2001 Jun;6(2):97-103.

2350. Nightingale SL. From the Food and Drug Administration. Jama. 1996 Dec 4;276(21):1710.

2351. Nightingale SL. From the Food and Drug Administration. Jama. 1997 Aug 6;278(5):379.

2352. Nightingale SL. From the Food and Drug Administration. Jama. 1998 Oct 7;280(13):1128.

2353. Nishimura M, Hidaka N, Akaza T, Tadokoro K, Juji T. Differential effect of azidothymidine on resting and activated cells: potentiality of this drug for treatment of post-transfusion graft-versus-host disease. Res Commun Mol Pathol Pharmacol. 1998 May;100(2):131-8.

2354. Nkoghe D, Moutschen M, Leonard P, Demonty J. [Pharma-clinics. How I treat ... HIV infection. III. Non-nucleoside reverse transcriptase inhibitors]. Rev Med Liege. 1999 Dec;54(12):909-11.

2355. Noble CB, Klein LT, Staiman VR, Neu N, Hensle TW, Berdon WE. Ureteral obstruction secondary to indinavir in the pediatric HIV population. Pediatr Radiol. 1998 Aug;28(8):627-9.

2356. Noble S, Goa KL. Adefovir dipivoxil. Drugs. 1999 Sep;58(3):479-87; discussion 88-9.

2357. Noble S, Goa KL. Amprenavir: a review of its clinical potential in patients with HIV infection. Drugs. 2000 Dec;60(6):1383-410.

2358. Noguera A, Fortuny C, Munoz-Almagro C, Sanchez E, Vilaseca MA, Artuch R, et al. Hyperlactatemia in human immunodeficiency virus-uninfected infants who are exposed to antiretrovirals. Pediatrics. 2004 Nov;114(5):e598-603.

2359. Nolan D. Metabolic complications associated with HIV protease inhibitor therapy. Drugs. 2003;63(23):2555-74.

2360. Nolan D. Do non-nucleoside reverse transcriptase inhibitors contribute to lipodystrophy? Drug Saf. 2005;28(12):1069-74.

2361. Nolan D. Face to face with lipoatrophy. An interview with David Nolan by Nelson Vergel. GMHC Treat Issues. 2005 Mar-Apr;19(3-4):1-6.

2362. Nolan D, Gaudieri S, Mallal S. Pharmacogenetics: a practical role in predicting antiretroviral drug toxicity? J HIV Ther. 2003 May;8(2):36-41.

2363. Nolan D, Hammond E, James I, McKinnon E, Mallal S. Contribution of nucleoside-analogue reverse transcriptase inhibitor therapy to lipoatrophy from the population to the cellular level. Antivir Ther. 2003 Dec;8(6):617-26.

2364. Nolan D, John M, Mallal S. Antiretoviral therapy and the lipodystrophy syndrome, part 2: concepts in aetiopathogenesis. Antivir Ther. 2001 Sep;6(3):145-60.

2365. Nolan D, Mallal S. Getting to the HAART of insulin resistance. Aids. 2001 Oct 19;15(15):2037-41.

2366. Nolan D, Mallal S. Effects of sex and race on lipodystrophy pathogenesis. J HIV Ther. 2001 May;6(2):32-6.

2367. Nolan D, Mallal S. Thymidine analogue-sparing highly active antiretroviral therapy (HAART). J HIV Ther. 2003 Feb;8(1):2-6.

2368. Nolan D, Mallal S. Complications associated with NRTI therapy: update on clinical features and possible pathogenic mechanisms. Antivir Ther. 2004 Dec;9(6):849-63.

2369. Nolan D, Mallal S. The role of nucleoside reverse transcriptase inhibitors in the fat redistribution syndrome. J HIV Ther. 2004 May;9(2):34-40.

2370. Nolan D, Mallal S. Antiretroviral-therapy-associated lipoatrophy: current status and future directions. Sex Health. 2005;2(3):153-63.

2371. Nolan D, Watts GF, Herrmann SE, French MA, John M, Mallal S. Endothelial function in HIV-infected patients receiving protease inhibitor therapy: does immune competence affect cardiovascular risk? Qjm. 2003 Nov;96(11):825-32.

2372. Noor MA. The role of protease inhibitors in the pathogenesis of HIV-associated insulin resistance: cellular mechanisms and clinical implications. Curr HIV/AIDS Rep. 2007 Aug;4(3):126-34.

2373. Noor MA, Lo JC, Mulligan K, Schwarz JM, Halvorsen RA, Schambelan M, et al. Metabolic effects of indinavir in healthy HIV-seronegative men. Aids. 2001 May 4;15(7):F11-8.

2374. Norton M. Choosing the right initial antiretroviral regimens. GMHC Treat Issues. 1999 Feb;13(2):7-10.

2375. Nouts C, Bonarek M, Morlat P, Delevaux I, Bonnet F, Lacoste D, et al. The absence of hyperbilirubinaemia is highly predictive of treatment failure in advanced HIV-infected patients treated with indinavir. Int J STD AIDS. 2001 Jan;12(1):29-33.

2376. Nunez M, Gonzalez de Requena D, Gallego L, Jimenez-Nacher I, Gonzalez-Lahoz J, Soriano V. Higher efavirenz plasma levels correlate with development of insomnia. J Acquir Immune Defic Syndr. 2001 Dec 1;28(4):399-400.

2377. Nunez M, Lana R, Mendoza JL, Martin-Carbonero L, Soriano V. Risk factors for severe hepatic injury after introduction of highly active antiretroviral therapy. J Acquir Immune Defic Syndr. 2001 Aug 15;27(5):426-31.

2378. O'Brien LW. Common HIV drug-drug interactions. AIDS Read. 1999 Mar-Apr;9(2):104-9.

2379. O'Brien WA, 3rd. Saquinavir/Ritonavir: its evolution and current treatment role. AIDS Read. 2006 Jan;16(1):38-44; discussion 3.

2380. Ocana I, Laguna F, Pulido F, Bascunana A. [Anti-retroviral treatment. Treatment modification: toxicity management]. Enferm Infecc Microbiol Clin. 1996 Oct;14 Suppl 1:31-5.

2381. Oesterle R, Jurkiewicz E, Luke W, Nickel P, Hunsmann G, Jentsch KD. Chemical modifications of aminonaphthalenesulfonic acid derivatives increase effectivity and specificity of reverse transcriptase inhibition and change mode of action of reverse transcriptase and DNA polymerase alpha inhibition. Antiviral Res. 1993 Oct;22(2-3):107-19.

2382. Ofotokun I, Pomeroy C. Sex differences in adverse reactions to antiretroviral drugs. Top HIV Med. 2003 Mar-Apr;11(2):55-9.

2383. Ogedegbe AE, Thomas DL, Diehl AM. Hyperlactataemia syndromes associated with HIV therapy. Lancet Infect Dis. 2003 Jun;3(6):329-37.

2384. Ohmoto K, Tsuduki M, Yamamoto S. Combined lamivudine and interferon-alpha therapy for chemotherapy-induced reactivation of hepatitis B virus. Am J Gastroenterol. 2003 May;98(5):1215-6; author reply 7.

2385. Ohrui H. 2'-deoxy-4'-C-ethynyl-2-fluoroadenosine, a nucleoside reverse transcriptase inhibitor, is highly potent against all human immunodeficiency viruses type 1 and has low toxicity. Chem Rec. 2006;6(3):133-43.

2386. Ohrui H, Kohgo S, Hayakawa H, Kodama E, Matsuoka M, Nakata T, et al. 2'-Deoxy-4'-C-ethynyl-2-fluoroadenosine: a nucleoside reverse transcriptase inhibitor with highly potent activity against all HIV-1 strains, favorable toxic profiles and stability in plasma. Nucleic Acids Symp Ser (Oxf). 2006(50):1-2.

2387. Okamoto R, Maeda Y, Sasaki T. [Hepatotoxicity of chemotherapy]. Gan To Kagaku Ryoho. 2003 Jun;30(6):772-8.

2388. Olczak A. [Metabolic disturbances associated with HAART]. Przegl Epidemiol. 2007;61(4):639-46.

2389. Olive A, Salavert A, Manriquez M, Clotet B, Moragas A. Parotid lipomatosis in HIV positive patients: a new clinical disorder associated with protease inhibitors. Ann Rheum Dis. 1998 Dec;57(12):749.

2390. Olivero OA. Mechanisms of genotoxicity of nucleoside reverse transcriptase inhibitors. Environ Mol Mutagen. 2007 Apr-May;48(3-4):215-23.

2391. Olivero OA, Fernandez JJ, Antiochos BB, Wagner JL, St Claire ME, Poirier MC. Transplacental genotoxicity of combined antiretroviral nucleoside analogue therapy in Erythrocebus patas monkeys. J Acquir Immune Defic Syndr. 2002 Apr 1;29(4):323-9.

2392. Olivero OA, Tejera AM, Fernandez JJ, Taylor BJ, Das S, Divi RL, et al. Zidovudine induces S-phase arrest and cell cycle gene expression changes in human cells. Mutagenesis. 2005 Mar;20(2):139-46.

2393. Olson DP, Scadden DT, D'Aquila RT, De Pasquale MP. The protease inhibitor ritonavir inhibits the functional activity of the multidrug resistance related-protein 1 (MRP-1). Aids. 2002 Sep 6;16(13):1743-7.

2394. Olszewski AJ, Shapiro JM. Thrombotic thrombocytopenic purpura associated with abacavir in a patient with HIV infection. J Intensive Care Med. 2003 May-Jun;18(3):156-9.

2395. Olyaei AJ, deMattos AM, Bennett WM. Renal toxicity of protease inhibitors. Curr Opin Nephrol Hypertens. 2000 Sep;9(5):473-6.

2396. O'Mahony C, Price LM, Nelson M. Lipodystrophy despite anabolic steroids. Int J STD AIDS. 1998 Oct;9(10):619.

2397. Omrani AS, Freedman A. Prophylaxis of HIV infection. Br Med Bull. 2005;73-74:93-105.

2398. Opii WO, Sultana R, Abdul HM, Ansari MA, Nath A, Butterfield DA. Oxidative stress and toxicity induced by the nucleoside reverse transcriptase inhibitor (NRTI)--2',3'-dideoxycytidine (ddC): relevance to HIV-dementia. Exp Neurol. 2007 Mar;204(1):29-38.

2399. Opravil M, Hirschel B, Bucher HC, Luthy R. A randomized trial of interferon-alpha2a and zidovudine versus bleomycin and zidovudine for AIDS-related Kaposi's sarcoma. Swiss HIV Cohort Study. Int J STD AIDS. 1999 Jun;10(6):369-75.

2400. Orenstein R, Tsogas N. Looking beyond highly active antiretroviral therapy: drug-related hepatotoxicity in patients with human immunodeficiency virus infection. Pharmacotherapy. 2002 Nov;22(11):1468-78.

2401. Ormaasen V, Bruun JN. [Antiviral therapy of HIV infection in adults]. Tidsskr Nor Laegeforen. 2001 Nov 30;121(29):3414-20.

2402. Ormseth EJ, Holtzmuller KC, Goodman ZD, Colonna JO, Batty DS, Sjogren MH. Hepatic decompensation associated with lamivudine: a case report and review of lamivudine-induced hepatotoxicity. Am J Gastroenterol. 2001 May;96(5):1619-22.

2403. O'Rourke MF. Beyond blood pressure: subtle effects of drug classes. Arterioscler Thromb Vasc Biol. 2005 Nov;25(11):2238-9.

2404. Orrick JJ, Steinhart CR. Atazanavir. Ann Pharmacother. 2004 Oct;38(10):1664-74.

2405. Ortleb J. [New option for successful therapy of chronic hepatitis B]. Dtsch Med Wochenschr. 2003 Jul 11;128(28-29):1565.

2406. Otero MJ, Fuertes A, Sanchez R, Luna G. Nevirapine-induced withdrawal symptoms in HIV patients on methadone maintenance programme: an alert. Aids. 1999 May 28;13(8):1004-5.

2407. Otto MJ, Garber S, Winslow DL, Reid CD, Aldrich P, Jadhav PK, et al. In vitro isolation and identification of human immunodeficiency virus (HIV) variants with reduced sensitivity to C-2 symmetrical inhibitors of HIV type 1 protease. Proc Natl Acad Sci U S A. 1993 Aug 15;90(16):7543-7.

2408. Ouagari Z, Tubiana R, Mohand HA, Dominguez S, Duvivier C, Bricaire F, et al. Skin rash associated with atazanavir: report of three cases. Aids. 2006 May 12;20(8):1207-8.

2409. Oudesluys-Murphy AM. Galactorrhoea, hyperprolactinaemia, and protease inhibitors. Lancet. 2001 Feb 10;357(9254):474-5.

2410. Owen WF, Jr. Antiretroviral therapies. Clin Podiatr Med Surg. 1998 Apr;15(2):227-39.

2411. Pacanowski J, Poirier JM, Petit I, Meynard JL, Girard PM. Atazanavir urinary stones in an HIV-infected patient. Aids. 2006 Oct 24;20(16):2131.

2412. Pace CS, Martin AM, Hammond EL, Mamotte CD, Nolan DA, Mallal SA. Mitochondrial proliferation, DNA depletion and adipocyte differentiation in subcutaneous adipose tissue of HIV-positive HAART recipients. Antivir Ther. 2003 Aug;8(4):323-31.

2413. Pacenti M, Barzon L, Favaretto F, Fincati K, Romano S, Milan G, et al. Microarray analysis during adipogenesis identifies new genes altered by antiretroviral drugs. Aids. 2006 Aug 22;20(13):1691-705.

2414. Padberg J, Fritsche L, Bergmann F, Schurmann D, Suttorp N. Nephropathy and renal colic in patients treated with indinavir, ritonavir plus indinavir or ritonavir plus saquinavir. Aids. 1999 Oct 22;13(15):2173-4.

2415. Padberg J, Schurmann D, Grobusch M, Bergmann F. Drug interaction of isotretinoin and protease inhibitors: support for the cellular retinoic acid-binding protein-1 theory of lipodystrophy? Aids. 1999 Feb 4;13(2):284-5.

2416. Padilla S, Gutierrez F, Masia M, Canovas V, Orozco C. Low frequency of renal function impairment during one-year of therapy with tenofovir-containing regimens in the real-world: a case-control study. AIDS Patient Care STDS. 2005 Jul;19(7):421-4.

2417. Pakyz A, Israel D. Overview of protease inhibitors. J Am Pharm Assoc (Wash). 1997 Sep-Oct;NS37(5):543-51.

2418. Palacios Munoz R, Santos Gonzalez J, Bosch Garcia R, Marquez Solero M. [Exanthema in a patient infected with the human immunodeficiency virus after starting antiretroviral treatment]. Rev Clin Esp. 2000 Nov;200(11):635-6.

2419. Palacios R, Merchante N, Macias J, Gonzalez M, Castillo J, Ruiz J, et al. Incidence of and risk factors for insulin resistance in treatment-naive HIV-infected patients 48 weeks after starting highly active antiretroviral therapy. Antivir Ther. 2006;11(4):529-35.

2420. Palacios R, Santos J, Gonzalez M, Marquez M. [Hepatitis and nevirapine]. Med Clin (Barc). 2000 Apr 22;114(15):597-8.

2421. Palma P, Romiti ML, Cancrini C, Pensieroso S, Montesano C, Santucci MB, et al. Successful simplification of protease inhibitor-based HAART with triple nucleoside regimens in children vertically infected with HIV. Aids. 2007 Nov 30;21(18):2465-72.

2422. Palma-Aguirre A, Halabe-Cherem J, Nellen-Hummel H, Aburto-Mejia E, Ibarra-Herrera E, Ponce-Monter H. Protease inhibitor-associated hyperglycemia in Mexican patients with HIV infection. Arch Med Res. 2000 Jan-Feb;31(1):81-4.

2423. Palmer S, Cox S. Intracellular activation and cytotoxicity of three different combinations of 3'-azido-3'-deoxythymidine and 2',3'-dideoxyinosine. AIDS Res Hum Retroviruses. 1995 Oct;11(10):1227-33.

2424. Palmer S, Shafer RW, Merigan TC. Hydroxyurea enhances the activities of didanosine, 9-[2-(phosphonylmethoxy)ethyl]adenine, and 9-[2-(phosphonylmethoxy)propyl]adenine against drug-susceptible and drug-resistant human immunodeficiency virus isolates. Antimicrob Agents Chemother. 1999 Aug;43(8):2046-50.

2425. Palmon R, Koo BC, Shoultz DA, Dieterich DT. Lack of hepatotoxicity associated with nonnucleoside reverse transcriptase inhibitors. J Acquir Immune Defic Syndr. 2002 Apr 1;29(4):340-5.

2426. Panagopoulos P, Tsiodras S, Antoniadou A, Katsarolis I, Papadopoulos A, Poulakou G, et al. Efficacy and safety of an anti-retroviral combination regimen including either efavirenz or lopinavir-ritonavir with a backbone of two nucleoside reverse transcriptase inhibitors. Clin Microbiol Infect. 2006 May;12(5):486-9.

2427. Panayotakopoulos GD, Day S, Peters BS, Kulasegaram R. Severe osteoporosis and multiple fractures in an AIDS patient treated with short-term steroids for lymphoma: a need for guidelines. Int J STD AIDS. 2006 Aug;17(8):567-8.

2428. Panos G, Kopterides P, Falagas ME. Hyperlactatemia due to nevirapine. Ann Intern Med. 2006 Dec 5;145(11):867-8.

2429. Pao D, Watson C, Peters B, Lucas SB, Miller RF. Hyperlactataemia and hepatic steatosis: mitochondrial toxicity of nucleoside reverse transcriptase inhibitors. Sex Transm Infect. 2001 Oct;77(5):381-4.

2430. Papadopulos-Eleopulos E, Turner VF, Papadimitriou JM, Causer D, Alphonso H, Miller T. A critical analysis of the pharmacology of AZT and its use in AIDS. Curr Med Res Opin. 1999;15 Suppl 1:S1-45.

2431. Papaleo A, Warszawski J, Salomon R, Jullien V, Veber F, Dechaux M, et al. Increased beta-2 microglobulinuria in human immunodeficiency virus-1-infected children and adolescents treated with tenofovir. Pediatr Infect Dis J. 2007 Oct;26(10):949-51.

2432. Paparizos VA, Kourkounti S, Leuow K, Kyriakis KP, Botsi C, Katsambas AD. Atazanavir-associated menorrhagia. Int J STD AIDS. 2007 Sep;18(9):651-2.

2433. Paparizos VA, Kyriakis KP, Botsis C, Papastamopoulos V, Hadjivassiliou M, Stavrianeas NG. Protease inhibitor therapy-associated lipodystrophy, hypertriglyceridaemia and diabetes mellitus. Aids. 2000 May 5;14(7):903-5.

2434. Parang K, Wiebe LI, Knaus EE, Huang JS, Tyrrell DL. In vitro anti-hepatitis B virus activities of 5"-O-myristoyl analogue derivatives of 3"-fluoro-2",3"-dideoxythymidine (FLT) and 3"-azido-2",3"-dideoxythymidine (AZT). J Pharm Pharm Sci. 1998 Sep-Dec;1(3):108-14.

2435. Pardo Lopez MA, Cuadrado Pastor JM, Perez Hervas MP, Fernandez Villalba E. [Opiates withdrawal syndrome after treatment with zidovudine + lamivudine + abcavir in patients with positivity for HIV and treated with methadone]. Rev Clin Esp. 2003 Aug;203(8):407-8.

2436. Paredes R, Clotet B. New antiretroviral drugs and approaches to HIV treatment. Aids. 2003;17 Suppl 4:S85-96.

2437. Parienti JJ, Massari V, Rey D, Poubeau P, Verdon R. Efavirenz to nevirapine switch in HIV-1-infected patients with dyslipidemia: a randomized, controlled study. Clin Infect Dis. 2007 Jul 15;45(2):263-6.

2438. Parkin JM, Murphy M, Anderson J, El-Gadi S, Forster G, Pinching AJ. Tolerability and side-effects of post-exposure prophylaxis for HIV infection. Lancet. 2000 Feb 26;355(9205):722-3.

2439. Parsonage MJ, Wilkins EG, Snowden N, Issa BG, Savage MW. The development of hypophosphataemic osteomalacia with myopathy in two patients with HIV infection receiving tenofovir therapy. HIV Med. 2005 Sep;6(5):341-6.

2440. Patel J, Mitra AK. ACH-126443 Achillion/Yale University. Curr Opin Investig Drugs. 2002 Nov;3(11):1580-4.

2441. Patel SM, Johnson S, Belknap SM, Chan J, Sha BE, Bennett C. Serious adverse cutaneous and hepatic toxicities associated with nevirapine use by non-HIV-infected individuals. J Acquir Immune Defic Syndr. 2004 Feb 1;35(2):120-5.

2442. Paterson DL, Singh N. Exacerbated hyperglycemia associated with nelfinavir. Ann Pharmacother. 1998 May;32(5):609-10.

2443. Patil P, Shenoy V. Pediatric AIDS. Indian Pediatr. 1995 May;32(5):573-4.

2444. Paul S, Bogdanov MB, Matson WR, Metakis L, Jacobs J, Beal MF. Urinary 8-hydroxy-2'-deoxyguanosine, a metabolite of oxidized DNA, is not elevated in HIV patients on combination antiretroviral therapy. Free Radic Res. 2003 May;37(5):499-502.

2445. Pedneault L, Brothers C, Pagano G, Tymkewycz P, Yeo J, Millard J, et al. Safety profile and tolerability of amprenavir in the treatment of adult and pediatric patients with HIV infection. Clin Ther. 2000 Dec;22(12):1378-94; discussion 7.

2446. Pedreira JD, Pombo F, Juega J, Lopez-Calvo S, Castro MA. [Effectiveness of the abdominal CT in diagnosis of the viscero-abdominal fat accumulation in HIV patients treated with protease inhibitors]. An Med Interna. 2001 Aug;18(8):452-3.

2447. Pedrol Clotet E, Rodellar Oncins MT, Soler Sendra A, Martinez Losada EJ. [Antiretroviral therapy with nelfinavir for patient infected, by HIV and secondary diabetes mellitus due to indinavir]. Med Clin (Barc). 2002 Sep 28;119(10):398-9.

2448. Pedrol E, Ribell M, Deig E, Villa Mdel C, Miro O, Garrabou G, et al. [Treatment of symptomatic hyperlactatemia and lactic acidosis in HIV+ patients under nucleoside reverse transcriptase inhibitors]. Med Clin (Barc). 2005 Jul 9;125(6):201-4.

2449. Peltier AC, Russell JW. Recent advances in drug-induced neuropathies. Curr Opin Neurol. 2002 Oct;15(5):633-8.

2450. Peltier AC, Russell JW. Advances in understanding drug-induced neuropathies. Drug Saf. 2006;29(1):23-30.

2451. Pelton SI, Johnson D, Chadwick E, Baldwin Z, Yogev R. A one year experience: T cell responses and viral replication in children with advanced human immunodeficiency virus type 1 disease treated with combination therapy including ritonavir. Pediatr Infect Dis J. 1999 Jul;18(7):650-2.

2452. Pelucio MT, Rothenhaus T, Smith M, Ward DJ. Fatal pancreatitis as a complication of therapy for HIV infection. J Emerg Med. 1995 Sep-Oct;13(5):633-7.

2453. Pena JM. [Human immunodeficiency virus infection and "Recommendations 2000". A step forward on the line of long-term therapeutic strategies. Enferm Infecc Microbiol Clin. 2000 Aug-Sep;18(7):307-9.

2454. Penzak SR, Chuck SK. Hyperlipidemia associated with HIV protease inhibitor use: pathophysiology, prevalence, risk factors and treatment. Scand J Infect Dis. 2000;32(2):111-23.

2455. Penzak SR, Chuck SK. Management of protease inhibitor-associated hyperlipidemia. Am J Cardiovasc Drugs. 2002;2(2):91-106.

2456. Penzak SR, Shen JM, Alfaro RM, Remaley AT, Natarajan V, Falloon J. Ritonavir decreases the nonrenal clearance of digoxin in healthy volunteers with known MDR1 genotypes. Ther Drug Monit. 2004 Jun;26(3):322-30.

2457. Perazella MA, Kashgarian M, Cooney E. Indinavir nephropathy in an AIDS patient with renal insufficiency and pyuria. Clin Nephrol. 1998 Sep;50(3):194-6.

2458. Perez-Elias MJ. Atazanavir: simplicity and convenience in different scenarios. Expert Opin Pharmacother. 2007 Apr;8(5):689-700.

2459. Periard D, Telenti A, Sudre P, Cheseaux JJ, Halfon P, Reymond MJ, et al. Atherogenic dyslipidemia in HIV-infected individuals treated with protease inhibitors. The Swiss HIV Cohort Study. Circulation. 1999 Aug 17;100(7):700-5.

2460. Perloff MD, von Moltke LL, Fahey JM, Greenblatt DJ. Induction of P-glycoprotein expression and activity by ritonavir in bovine brain microvessel endothelial cells. J Pharm Pharmacol. 2007 Jul;59(7):947-53.

2461. Perrillo R, Hann HW, Mutimer D, Willems B, Leung N, Lee WM, et al. Adefovir dipivoxil added to ongoing lamivudine in chronic hepatitis B with YMDD mutant hepatitis B virus. Gastroenterology. 2004 Jan;126(1):81-90.

2462. Perrillo RP, Wright T, Rakela J, Levy G, Schiff E, Gish R, et al. A multicenter United States-Canadian trial to assess lamivudine monotherapy before and after liver transplantation for chronic hepatitis B. Hepatology. 2001 Feb;33(2):424-32.

2463. Perronne C. [Treatment of chronic hepatitis C in patients coinfected with HIV: tolerability, drug interactions, therapeutic indications]. Gastroenterol Clin Biol. 2002 Apr;26 Spec No 2:B274-82.

2464. Perry CM, Frampton JE, McCormack PL, Siddiqui MA, Cvetkovic RS. Nelfinavir: a review of its use in the management of HIV infection. Drugs. 2005;65(15):2209-44.

2465. Perry RC, Cushing HE, Deeg MA, Prince MJ. Ritonavir, triglycerides, and pancreatitis. Clin Infect Dis. 1999 Jan;28(1):161-2.

2466. Persaud D, Palumbo P, Ziemniak C, Chen J, Ray SC, Hughes M, et al. Early archiving and predominance of nonnucleoside reverse transcriptase inhibitor-resistant HIV-1 among recently infected infants born in the United States. J Infect Dis. 2007 May 15;195(10):1402-10.

2467. Persico M, De Marino F, Russo GD, Morante A, Rotoli B, Torella R, et al. Efficacy of lamivudine to prevent hepatitis reactivation in hepatitis B virus-infected patients treated for non-Hodgkin lymphoma. Blood. 2002 Jan 15;99(2):724-5.

2468. Pessanha TM, Campos JM, Barros AC, Pone MV, Garrido JR, Pone SM. Iatrogenic Cushing's syndrome in a adolescent with AIDSs on ritonavir and inhaled fluticasone. Case report and literature review. Aids. 2007 Feb 19;21(4):529-32.

2469. Petry W, Erhardt A, Heintges T, Haussinger D. [New developments in therapy of chronic hepatitis B. When are nucleoside analogs indicated?]. Z Gastroenterol. 2000 Jan;38(1):77-87.

2470. Pettersen JA, Jones G, Worthington C, Krentz HB, Keppler OT, Hoke A, et al. Sensory neuropathy in human immunodeficiency virus/acquired immunodeficiency syndrome patients: protease inhibitor-mediated neurotoxicity. Ann Neurol. 2006 May;59(5):816-24.

2471. Peyriere H, Mauboussin JM, Arnaud A, Rouanet I, Vincent D. Chronic cough induced by abacavir apart from a context of hypersensitivity. Allerg Immunol (Paris). 2002 Dec;34(10):359-60.

2472. Peyriere H, Mauboussin JM, Rouanet I, Fabre J, Reynes J, Hillaire-Buys D. Management of sudden psychiatric disorders related to efavirenz. Aids. 2001 Jul 6;15(10):1323-4.

2473. Peyriere H, Mauboussin JM, Rouanet I, Merle C, Sotto A, Arnaud A, et al. Report of gynecomastia in five male patients during antiretroviral therapy for HIV infection. Aids. 1999 Oct 22;13(15):2167-9.

2474. Peyriere H, Mauboussin JM, Rouanet I, Rouveroux P, Hillaire-Buys D, Balmes P. Frozen shoulder in HIV patients treated with indinavir: report of three cases. Aids. 1999 Nov 12;13(16):2305-6.

2475. Pham PA. Drug profile: enfuvirtide (Fuzeon, ENF, T-20). Hopkins HIV Rep. 2003 May;15(3):1-2.

2476. Pham PA. Drug profile: fosamprenavir (Lexiva). Hopkins HIV Rep. 2003 Nov;15(6):10-1.

2477. Pham PA. Drug profile: atazanavir (Reyataz, ATV). Hopkins HIV Rep. 2003 Jul;15(4):4-5.

2478. Pham PA. FDA approves Aptivus (tipranavir). Hopkins HIV Rep. 2005 Jul;17(4):6-7.

2479. Phan TG, Agaliotis D, White G, Britton WJ. Ischaemic peripheral neuritis secondary to ergotism associated with ritonavir therapy. Med J Aust. 1999 Nov 1;171(9):502, 4.

2480. Phan TG, Wong RC, Crotty K, Adelstein S. Toxic epidermal necrolysis in acquired immunodeficiency syndrome treated with intravenous gammaglobulin. Australas J Dermatol. 1999 Aug;40(3):153-7.

2481. Phillips E, Gutierrez S, Jahnke N, Yip B, Lima VD, Hogg RS, et al. Determinants of nevirapine hypersensitivity and its effect on the association between hepatitis C status and mortality in antiretroviral drug-naive HIV-positive patients. Aids. 2007 Jul 31;21(12):1561-8.

2482. Phillips E, Mallal S. Drug hypersensitivity in HIV. Curr Opin Allergy Clin Immunol. 2007 Aug;7(4):324-30.

2483. Phillips EJ, Knowles SR, Shear N. Cutaneous manifestations of antiviral therapy. J Am Acad Dermatol. 2003 Jun;48(6):985-6.

2484. Phillips EJ, Wong GA, Kaul R, Shahabi K, Nolan DA, Knowles SR, et al. Clinical and immunogenetic correlates of abacavir hypersensitivity. Aids. 2005 Jun 10;19(9):979-81.

2485. Phillips KE, McCay JA, Brown RD, Musgrove DL, Meade BJ, Butterworth LF, et al. Immunotoxicity of 2',3'-dideoxyinosine in female B6C3F1 mice. Drug Chem Toxicol. 1997 Aug;20(3):189-228.

2486. Pialoux G, Bonnard P, Rozenbaum W. [Liver toxicity of antiretroviral treatments]. Gastroenterol Clin Biol. 2003 Feb;27(2):155-8.

2487. Picard O, Rosmorduc O, Cabane J. Hepatotoxicity associated with ritonavir. Ann Intern Med. 1998 Oct 15;129(8):670-1.

2488. Pierone G, Jr., Mieras J, Bulgin-Coleman D, Kantor C, Shearer J, Fontaine L, et al. A pilot study of switch to lopinavir/ritonavir (LPV/r) monotherapy from nonnucleoside reverse transcriptase inhibitor-based therapy. HIV Clin Trials. 2006 Sep-Oct;7(5):237-45.

2489. Piliero PJ, Colagreco JP. Simplified regimens for treating HIV infection and AIDS. J Am Acad Nurse Pract. 2003 Jul;15(7):305-12.

2490. Piliero PJ, Jenny-Avital E. Antiretroviral rounds. Time for a holiday. AIDS Clin Care. 2000 Mar;12(3):26-7.

2491. Piliero PJ, McComsey GA. Buffalo hump: what the experts suggest. AIDS Clin Care. 2004 Mar;16(3):22-3.

2492. Piliero PJ, Purdy B. Nevirapine-induced hepatitis: a case series and review of the literature. AIDS Read. 2001 Jul;11(7):379-82.

2493. Pinti M, Salomoni P, Cossarizza A. Anti-HIV drugs and the mitochondria. Biochim Biophys Acta. 2006 May-Jun;1757(5-6):700-7.

2494. Pinto JF, Eyer-Silva WA, Morais-de-Sa CA. Recurrent oedema associated with the co-formulation of lopinavir and ritonavir. Rev Soc Bras Med Trop. 2004 Jul-Aug;37(4):357-8.

2495. Pirmohamed M, Back DJ. The pharmacogenomics of HIV therapy. Pharmacogenomics J. 2001;1(4):243-53.

2496. Piroth L, Grappin M, Sgro C, Buisson M, Duong M, Chavanet P. Recurrent NNRTI-induced hepatotoxicity in an HIV-HCV-coinfected patient. Ann Pharmacother. 2000 Apr;34(4):534-5.

2497. Piscitelli SC, Burstein AH, Chaitt D, Alfaro RM, Falloon J. Indinavir concentrations and St John's wort. Lancet. 2000 Feb 12;355(9203):547-8.

2498. Pitche P, Drobacheff-Thiebaut C, Gavignet B, Mercier M, Laurent R. [Cutaneous drug-reactions to nevirapine: study of risk factors in 101 HIV-infected patients]. Ann Dermatol Venereol. 2005 Dec;132(12 Pt 1):970-4.

2499. Pitt J, Cotton D. Treating the HIV-infected pregnant woman and her child. AIDS Clin Care. 1997 Dec;9(12):91-3, 5.

2500. Pizzo PA, Wilfert C. Antiretroviral therapy for infection due to human immunodeficiency virus in children. Pediatr AIDS HIV Infect. 1994 Oct;5(5):273-95.

2501. Podzamczer D, Consiglio E, Ferrer E, Gudiol F. Efavirenz associated with corticosteroids in patients with previous severe hypersensitivity reaction due to nevirapine. Aids. 2000 Feb 18;14(3):331-2.

2502. Podzamczer D, Ferrer E, Consiglio E, Gatell JM, Perez P, Perez JL, et al. A randomized clinical trial comparing nelfinavir or nevirapine associated to zidovudine/lamivudine in HIV-infected naive patients (the Combine Study). Antivir Ther. 2002 Jun;7(2):81-90.

2503. Podzamczer D, King MS, Klein CE, Flexner C, Katlama C, Havlir DV, et al. High-dose lopinavir/ritonavir in highly treatment-experienced HIV-1 patients: efficacy, safety, and predictors of response. HIV Clin Trials. 2007 Jul-Aug;8(4):193-204.

2504. Poirier MC, Divi RL, Al-Harthi L, Olivero OA, Nguyen V, Walker B, et al. Long-term mitochondrial toxicity in HIV-uninfected infants born to HIV-infected mothers. J Acquir Immune Defic Syndr. 2003 Jun 1;33(2):175-83.

2505. Poizot-Martin I, Marimoutou C, Benhaim S, Drogoul-Vey MP, Dinh T, Vion-Dury F, et al. Efficacy and tolerance of HCV treatment in HIV-HCV coinfected patients: the potential interaction of PI treatment. HIV Clin Trials. 2003 Jul-Aug;4(4):262-8.

2506. Polizzotto MN, Street AM, Wright E. The safety and efficacy of enfuvirtide therapy for HIV infection in patients with hemophilia: a case series. Clin Infect Dis. 2007 Aug 15;45(4):e39-41.

2507. Polk RE, Crouch MA, Israel DS, Pastor A, Sadler BM, Chittick GE, et al. Pharmacokinetic interaction between ketoconazole and amprenavir after single doses in healthy men. Pharmacotherapy. 1999 Dec;19(12):1378-84.

2508. Pollack TM, Rind DM. Antiretroviral drugs and the risk of myocardial infarction. N Engl J Med. 2007 Aug 16;357(7):716; author reply -7.

2509. Pollard RB. Didanosine once daily: potential for expanded use. Aids. 2000 Nov 10;14(16):2421-8.

2510. Pollard RB, Robinson P, Dransfield K. Safety profile of nevirapine, a nonnucleoside reverse transcriptase inhibitor for the treatment of human immunodeficiency virus infection. Clin Ther. 1998 Nov-Dec;20(6):1071-92.

2511. Pollmann H, Richter H, Jurgens H. Platelet dysfunction as the cause of spontaneous bleeding in two haemophilic patients taking HIV protease inhibitors. Thromb Haemost. 1998 Jun;79(6):1213-4.

2512. Polo R, Martinez S, Madrigal P, Gonzalez-Munoz M. Factors associated with mitochondrial dysfunction in circulating peripheral blood lymphocytes from HIV-infected people. J Acquir Immune Defic Syndr. 2003 Sep 1;34(1):32-6.

2513. Polo R, Verdejo J, Martinez-Rodriguez S, Madrigal P, Gonzalez-Munoz M. Lipoatrophy, fat accumulation, and mixed syndrome in protease inhibitor-naive HIV-infected patients. J Acquir Immune Defic Syndr. 2000 Nov 1;25(3):284-6.

2514. Ponce-de-Leon S, Iglesias M, Ceballos J, Ostrosky-Zeichner L. Liposuction for protease-inhibitor-associated lipodystrophy. Lancet. 1999 Apr 10;353(9160):1244.

2515. Popovic M, Caswell JL, Mannargudi B, Shenton JM, Uetrecht JP. Study of the sequence of events involved in nevirapine-induced skin rash in Brown Norway rats. Chem Res Toxicol. 2006 Sep;19(9):1205-14.

2516. Popp AI, Armstrong D, Sepkowitz KA. Recurrent panniculitis in a patient receiving protease inhibitor therapy for human immunodeficiency virus infection. Clin Infect Dis. 1999 Oct;29(4):936-7.

2517. Porche DJ. Ritonavir (Norvir). J Assoc Nurses AIDS Care. 1997 Nov-Dec;8(6):81-3.

2518. Porche DJ. Efavirenz. J Assoc Nurses AIDS Care. 2000 May-Jun;11(3):95-8.

2519. Porche DJ. Tenofovir disoproxil fumarate (Viread). J Assoc Nurses AIDS Care. 2002 May-Jun;13(3):100-2.

2520. Porsch M, Konig DP, Popken F. [Possible complication of HIV therapy. Protease inhibitor-induced femur head necrosis]. MMW Fortschr Med. 2001 Apr 2;143 Suppl 1:90-1.

2521. Porter SR, Scully C. HIV topic update: protease inhibitor therapy and oral health care. Oral Dis. 1998 Sep;4(3):159-63.

2522. Portilla J, Boix V, Garcia-Henarejos JA, Llopis C, Martinez-Madrid O, Gimeno A, et al. Quadruple-2 protease inhibitors (PI)-therapy does not accelerate viral decay and suppression in PI-naive HIV-1 infected patients with severe immunosuppression and high viral load as compared with standard triple therapy. Int J STD AIDS. 2005 Dec;16(12):807-10.

2523. Post JJ. Gynaecomastia associated with combination antiretroviral therapy including protease inhibitors for human immunodeficiency virus infection. Int J STD AIDS. 1999 Apr;10(4):275-6.

2524. Post JJ. Gynecomastia and HAART. AIDS Read. 2000 May;10(5):314.

2525. Posteraro AF, 3rd, Mauriello M, Winter SM. Riboflavin treatment of antiretroviral induced lactic acidosis and hepatic steatosis. Conn Med. 2001 Jul;65(7):387-90.

2526. Poupard M, Ngom Gueye NF, Thiam D, Ndiaye B, Girard PM, Delaporte E, et al. Quality of life and depression among HIV-infected patients receiving efavirenz- or protease inhibitor-based therapy in Senegal. HIV Med. 2007 Mar;8(2):92-5.

2527. Powderly WG. Limitations of current HIV therapies: opportunities for improvement. J Acquir Immune Defic Syndr. 2003 Jun 1;33 Suppl 1:S7-12; quiz S3, 5-6.

2528. Powell SK, Artlip M, Kaloss M, Brazinski S, Lyons R, McGarrity GJ, et al. Efficacy of antiretroviral agents against murine replication-competent retrovirus infection in human cells. J Virol. 1999 Oct;73(10):8813-6.

2529. Pozniak AL. Why switch from protease inhibitors (PI) to non-nucleoside reverse transcriptase inhibitors (NNRTI)? HIV Med. 2000;1 Suppl 1:7-10.

2530. Prakash M, Poreddy V, Tiyyagura L, Bonacini M. Jaundice and hepatocellular damage associated with nevirapine therapy. Am J Gastroenterol. 2001 May;96(5):1571-4.

2531. Prazuck T, Semaille C, Roques S. Fatal acute haemolysis in an AIDS patient treated with indinavir. Aids. 1998 Mar 26;12(5):531-3.

2532. Prescott LM. Highlights of the 42nd Interscience Conference on Antimicrobial Agents and Chemotherapy (ICAAC). Body Posit. 2002 Dec;15(7):16-20.

2533. Press N, Montessori V, Bai TR, Montaner J. Respiratory failure associated with the lipodystrophy syndrome in an HIV-positive patient with compromised lung function. Can Respir J. 2001 Jul-Aug;8(4):279-82.

2534. Price J. Protease problems. STEP Perspect. 1998 Fall;98(3):3-5.

2535. Prins JM, Schellekens PT, Reiss P. Continued therapy with HIV-1 protease inhibitors, despite previous hypersensitivity reactions, through coadministration of prednisone. Scand J Infect Dis. 1998;30(6):612-3.

2536. Pujari SN, Patel AK, Naik E, Patel KK, Dravid A, Patel JK, et al. Effectiveness of generic fixed-dose combinations of highly active antiretroviral therapy for treatment of HIV infection in India. J Acquir Immune Defic Syndr. 2004 Dec 15;37(5):1566-9.

2537. Pulido F, Iribarren JA, Kindelan JM, Moreno S. [Diagnosis and treatment of mycobacterial infections in patients with HIV/AIDS]. Enferm Infecc Microbiol Clin. 1998;16 Suppl 1:20-8.

2538. Pulido F, Katlama C, Marquez M, Thomas R, Clumeck N, Pedro Rde J, et al. A randomized study investigating the efficacy and safety of amprenavir in combination with low-dose ritonavir in protease inhibitor-experienced HIV-infected adults. HIV Med. 2004 Jul;5(4):296-302.

2539. Pulido F, Torralba M. NNRTI hepatotoxicity: efavirenz versus nevirapine. J HIV Ther. 2002 Nov;7 Suppl 2:S3-16.

2540. Punwani K, Suedkamp S, Nguyen D, Song JC. Update on the CNS adverse effects of Sustiva (efavirenz). AIDS Alert. 2007 Mar;22(3):32-4.

2541. Purkins L, Wood N, Kleinermans D, Love ER. No clinically significant pharmacokinetic interactions between voriconazole and indinavir in healthy volunteers. Br J Clin Pharmacol. 2003 Dec;56 Suppl 1:62-8.

2542. Purnell JQ, Zambon A, Knopp RH, Pizzuti DJ, Achari R, Leonard JM, et al. Effect of ritonavir on lipids and post-heparin lipase activities in normal subjects. Aids. 2000 Jan 7;14(1):51-7.

2543. Puro V. Effect of short-course of antiretroviral agents on serum triglycerides of healthy individuals. Aids. 2000 Oct 20;14(15):2407-8.

2544. Puro V. Occupational exposure to HIV. N Engl J Med. 2003 Sep 11;349(11):1091-2; author reply -2.

2545. Qazi NA, Morlese JF, Pozniak AL. Lopinavir/ritonavir (ABT-378/r). Expert Opin Pharmacother. 2002 Mar;3(3):315-27.

2546. Quimby D, Brito MO. Fanconi syndrome associated with use of tenofovir in HIV-infected patients: a case report and review of the literature. AIDS Read. 2005 Jul;15(7):357-64.

2547. Quintino MP, Simoes RS, Oliveira FH, Oliveira-Filho RM, Simoes MJ, Nakamura MU, et al. Morphological and biochemical appraisal of the liver and renal effects of indinavir on rat pregnancy. Clin Exp Obstet Gynecol. 2007;34(4):232-5.

2548. Quirino T, Niero F, Ricci E, Pusterla L, Carradori S, Gabbuti A, et al. HAART tolerability: post-exposure prophylaxis in healthcare workers versus treatment in HIV-infected patients. Antivir Ther. 2000 Sep;5(3):195-7.

2549. Quiros-Roldan E, Tirelli V, Torti C, Sosta E, Tosoni C, Damiolini E, et al. Successful long-course after failure of short-course desensitization in a patient with severe hypersensitivity reaction to enfuvirtide. Aids. 2007 Jun 19;21(10):1388-9.

2550. Quiros-Roldan E, Torti C, Tinelli C, Moretti F, Zanini B, Tirelli V, et al. Risk factors for myocardial infarction in HIV-positive patients. Int J STD AIDS. 2005 Jan;16(1):14-8.

2551. Rabaud C, Bevilacqua S, Beguinot I, Dorvaux V, Schuhmacher H, May T, et al. Tolerability of postexposure prophylaxis with zidovudine, lamivudine, and nelfinavir for human immunodeficiency virus infection. Clin Infect Dis. 2001 May 15;32(10):1494-5.

2552. Rabing Christensen E, Stegger M, Jensen-Fangel S, Laursen AL, Ostergaard L. Mitochondrial DNA levels in fat and blood cells from patients with lipodystrophy or peripheral neuropathy and the effect of 90 days of high-dose coenzyme Q treatment: a randomized, double-blind, placebo-controlled pilot study. Clin Infect Dis. 2004 Nov 1;39(9):1371-9.

2553. Rabkin JG. Meeting the challenge of depression in HIV. GMHC Treat Issues. 1997 Oct;11(10):6-11.

2554. Race EM, Adelson-Mitty J, Kriegel GR, Barlam TF, Reimann KA, Letvin NL, et al. Focal mycobacterial lymphadenitis following initiation of protease-inhibitor therapy in patients with advanced HIV-1 disease. Lancet. 1998 Jan 24;351(9098):252-5.

2555. Rachline A, Lariven S, Descamps V, Grossin M, Bouvet E. Leucocytoclastic vasculitis and indinavir. Br J Dermatol. 2000 Nov;143(5):1112-3.

2556. Rachlis A, Clotet B, Baxter J, Murphy R, Lefebvre E. Safety, tolerability, and efficacy of darunavir (TMC114) with low-dose ritonavir in treatment-experienced, hepatitis B or C co-infected patients in POWER 1 and 3. HIV Clin Trials. 2007 Jul-Aug;8(4):213-20.

2557. Rachlis A, Gill J, Baril JG, LeBlanc RP, Trottier B, MacLeod J, et al. Effectiveness of step-wise intervention plan for managing nelfinavir-associated diarrhea: a pilot study. HIV Clin Trials. 2005 Jul-Aug;6(4):203-12.

2558. Racoosin JA, Kessler CM. Bleeding episodes in HIV-positive patients taking HIV protease inhibitors: a case series. Haemophilia. 1999 Jul;5(4):266-9.

2559. Raffi F. [Anti-HIV drugs]. Rev Prat. 1999 Oct 15;49(16):1763-71.

2560. Raffi F. [Clinical efficacy and tolerance of enfuvirtide (Fuzeon), new antiretroviral inhibitors of intracellular penetration of human immunodeficiency virus (HIV) type 1]. Med Mal Infect. 2004 Sep;34 Spec No 1:8-17.

2561. Raffi F, Reliquet V, Auger S, Besnier JM, Chennebault JM, Billaud E, et al. Efficacy and safety of stavudine and didanosine combination therapy in antiretroviral-experienced patients. Aids. 1998 Oct 22;12(15):1999-2005.

2562. Raffi F, Reliquet V, Francois C, Garre M, Hascoet C, Allavena C, et al. Stavudine plus didanosine and nevirapine in antiretroviral-naive HIV-infected adults: preliminary safety and efficacy results. VIRGO Study Team. Antivir Ther. 1998;3 Suppl 4:57-60.

2563. Raines C, Radcliffe O, Treisman GJ. Neurologic and psychiatric complications of antiretroviral agents. J Assoc Nurses AIDS Care. 2005 Sep-Oct;16(5):35-48.

2564. Rajs J, Blaxhult A, Sundelin B. Sudden unexpected death as a consequence of indinavir-induced nephropathy. A case report. Apmis. 2000 Sep;108(9):581-3.

2565. Rakotoambinina B, Medioni J, Rabian C, Jubault V, Jais JP, Viard JP. Lipodystrophic syndromes and hyperlipidemia in a cohort of HIV-1-infected patients receiving triple combination antiretroviral therapy with a protease inhibitor. J Acquir Immune Defic Syndr. 2001 Aug 15;27(5):443-9.

2566. Ramirez-Duque N, Lopez-Cortes LF. [Neuro-psychiatric adverse effects associated with efavirenz]. Enferm Infecc Microbiol Clin. 2006 Jan;24(1):64-6.

2567. Ramirez-Hernandez M, Sanchez-Sierra B, Martinez-Escribano JA. Widespread vitiligo after erythroderma caused by nevirapine in a patient with AIDS. Acta Derm Venereol. 2007;87(5):442-3.

2568. Ramos JT, De Jose MI, Duenas J, Fortuny C, Gonzalez-Montero R, Mellado MJ, et al. Safety and antiviral response at 12 months of lopinavir/ritonavir therapy in human immunodeficiency virus-1-infected children experienced with three classes of antiretrovirals. Pediatr Infect Dis J. 2005 Oct;24(10):867-73.

2569. Ranneberg B, Mertenskoetter T, Pearce G. Response to Blaas et al., 'Acute renal failure in HIV patients with liver cirrhosis receiving tenofovir: a report of two cases'. Aids. 2007 Mar 30;21(6):783.

2570. Rao A, Balzarini J, Carbone A, Chimirri A, De Clercq E, Monforte AM, et al. 2-(2,6-Dihalophenyl)-3-(pyrimidin-2-yl)-1,3-thiazolidin-4-ones as non-nucleoside HIV-1 reverse transcriptase inhibitors. Antiviral Res. 2004 Aug;63(2):79-84.

2571. Rappoport C. What is happening to my body? World. 1999 Nov(No 103):4-6.

2572. Ratnam I, Chiu C, Kandala NB, Easterbrook PJ. Incidence and risk factors for immune reconstitution inflammatory syndrome in an ethnically diverse HIV type 1-infected cohort. Clin Infect Dis. 2006 Feb 1;42(3):418-27.

2573. Ravizza M, Martinelli P, Bucceri A, Fiore S, Alberico S, Tamburrini E, et al. Treatment with protease inhibitors and coinfection with hepatitis C virus are independent predictors of preterm delivery in HIV-infected pregnant women. J Infect Dis. 2007 Mar 15;195(6):913-4; author reply 6-7.

2574. Rawlings MK, Smith KY. Recognizing and managing common toxicities in patients receiving antiretroviral therapy. AIDS Read. 2004 Oct;14(10 Suppl):S12-5.

2575. Raymond P, Blais C, Jr., Decarie A, Morais R, Adam A. Zidovudine potentiates local and systemic inflammatory responses in the rat. J Acquir Immune Defic Syndr Hum Retrovirol. 1997 Apr 15;14(5):399-407.

2576. Rayner CR, Galbraith KJ, Marriott JL, Duncan GJ. A critical evaluation of the therapeutic range of indinavir. Ann Pharmacother. 2002 Jul-Aug;36(7-8):1230-7.

2577. Rebassa Llull MJ, Conte Visus A, Grases Freixedas F, Munoz Velez D, Mus Malleu A, Torrens Darder I, et al. [Anuria in HIV+ patients treated with indinavir]. Arch Esp Urol. 2000 Oct;53(8):719-21.

2578. Reddy YS, Ford SL, Anderson MT, Murray SC, Ng-Cashin J, Johnson MA. Safety and pharmacokinetics of brecanavir, a novel human immunodeficiency virus type 1 protease inhibitor, following repeat administration with and without ritonavir in healthy adult subjects. Antimicrob Agents Chemother. 2007 Apr;51(4):1202-8.

2579. Reedijk M, Boucher CA, van Bommel T, Ho DD, Tzeng TB, Sereni D, et al. Safety, pharmacokinetics, and antiviral activity of A77003, a C2 symmetry-based human immunodeficiency virus protease inhibitor. Antimicrob Agents Chemother. 1995 Jul;39(7):1559-64.

2580. Reichman RC, Morse GD, Demeter LM, Resnick L, Bassiakos Y, Fischl M, et al. Phase I study of atevirdine, a nonnucleoside reverse transcriptase inhibitor, in combination with zidovudine for human immunodeficiency virus type 1 infection. ACTG 199 Study Team. J Infect Dis. 1995 Feb;171(2):297-304.

2581. Reijers MH, Weigel HM, Hart AA, Ten Kate RW, Mulder JW, Reiss P, et al. Toxicity and drug exposure in a quadruple drug regimen in HIV-1 infected patients participating in the ADAM study. Aids. 2000 Jan 7;14(1):59-67.

2582. Reilly RF, Tray K, Perazella MA. Indinavir nephropathy revisited: a pattern of insidious renal failure with identifiable risk factors. Am J Kidney Dis. 2001 Oct;38(4):E23.

2583. Reisler K. High hepatotoxicity rate seen among HAART patients. AIDS Alert. 2001 Sep;16(9):118-9.

2584. Reiss G, O'Brien M, Kopicko J, Clark RA. Lack of association between pregnancy and selected gastrointestinal adverse events among women prescribed nelfinavir. J Acquir Immune Defic Syndr. 2001 Apr 15;26(5):513-4.

2585. Reiss P, Casula M, de Ronde A, Weverling GJ, Goudsmit J, Lange JM. Greater and more rapid depletion of mitochondrial DNA in blood of patients treated with dual (zidovudine+didanosine or zidovudine+zalcitabine) vs. single (zidovudine) nucleoside reverse transcriptase inhibitors. HIV Med. 2004 Jan;5(1):11-4.

2586. Reliquet V, Ferre V, Hascoet C, Besnier JM, Bellein V, Arvieux C, et al. Stavudine, didanosine and nevirapine in antiretroviral-naive HIV-1-infected patients. Antivir Ther. 1999;4 Suppl 3:83-4.

2587. Reliquet V, Mussini JM, Chennebault JM, Lafeuillade A, Raffi F. Peripheral neuropathy during stavudine-didanosine antiretroviral therapy. HIV Med. 2001 Apr;2(2):92-6.

2588. Rendon A, Nunez M, Jimenez-Nacher I, Gonzalez de Requena D, Gonzalez-Lahoz J, Soriano V. Clinical benefit of interventions driven by therapeutic drug monitoring. HIV Med. 2005 Sep;6(5):360-5.

2589. Resch W, Ziermann R, Parkin N, Gamarnik A, Swanstrom R. Nelfinavir-resistant, amprenavir-hypersusceptible strains of human immunodeficiency virus type 1 carrying an N88S mutation in protease have reduced infectivity, reduced replication capacity, and reduced fitness and process the Gag polyprotein precursor aberrantly. J Virol. 2002 Sep;76(17):8659-66.

2590. Resino S, Bellon JM, Munoz-Fernandez MA. Antiretroviral activity and safety of lopinavir/ritonavir in protease inhibitor-experienced HIV-infected children with severe-moderate immunodeficiency. J Antimicrob Chemother. 2006 Mar;57(3):579-82.

2591. Resino S, Larru B, Maria Bellon J, Resino R, de Jose MI, Navarro M, et al. Effects of highly active antiretroviral therapy with nelfinavir in vertically HIV-1 infected children: 3 years of follow-up. Long-term response to nelfinavir in children. BMC Infect Dis. 2006;6:107.

2592. Reus S, Arroyo E, Boix V, Portilla J. [Lipodystrophy and hyperglycemia produced by protease inhibitors]. An Med Interna. 2000 Mar;17(3):123-6.

2593. Rey C, Prieto S, Medina A, Perez C, Concha A, Menendez S. Fatal lactic acidosis during antiretroviral therapy. Pediatr Crit Care Med. 2003 Oct;4(4):485-7.

2594. Rey D, Partisani M, Hess-Kempf G, Krantz V, Priester M, Cheneau C, et al. Tolerance of a short course of nevirapine, associated with 2 nucleoside analogues, in postexposure prophylaxis of HIV. J Acquir Immune Defic Syndr. 2004 Dec 1;37(4):1454-6.

2595. Rey D, Partisani M, Krantz V, Kempf G, Nicolle M, de Mautort E, et al. Prednisolone does not prevent the occurrence of nevirapine-induced rashes. Aids. 1999 Nov 12;13(16):2307.

2596. Reynes J, Arasteh K, Clotet B, Cohen C, Cooper DA, Delfraissy JF, et al. TORO: ninety-six-week virologic and immunologic response and safety evaluation of enfuvirtide with an optimized background of antiretrovirals. AIDS Patient Care STDS. 2007 Aug;21(8):533-43.

2597. Rhame FS, Rawlins SL, Petruschke RA, Erb TA, Winchell GA, Wilson HM, et al. Pharmacokinetics of indinavir and ritonavir administered at 667 and 100 milligrams, respectively, every 12 hours compared with indinavir administered at 800 milligrams every 8 hours in human immunodeficiency virus-infected patients. Antimicrob Agents Chemother. 2004 Nov;48(11):4200-8.

2598. Rhew DC, Bernal M, Aguilar D, Iloeje U, Goetz MB. Association between protease inhibitor use and increased cardiovascular risk in patients infected with human immunodeficiency virus: a systematic review. Clin Infect Dis. 2003 Oct 1;37(7):959-72.

2599. Ribaudo HJ, Kuritzkes DR, Schackman BR, Acosta EP, Shikuma CM, Gulick RM. Design issues in initial HIV-treatment trials: focus on ACTG A5095. Antivir Ther. 2006;11(6):751-60.

2600. Ribera E, Azuaje C, Lopez RM, Diaz M, Feijoo M, Pou L, et al. Atazanavir and lopinavir/ritonavir: pharmacokinetics, safety and efficacy of a promising double-boosted protease inhibitor regimen. Aids. 2006 May 12;20(8):1131-9.

2601. Ribera E, Azuaje C, Lopez RM, Domingo P, Curran A, Feijoo M, et al. Pharmacokinetic interaction between rifampicin and the once-daily combination of saquinavir and low-dose ritonavir in HIV-infected patients with tuberculosis. J Antimicrob Chemother. 2007 Apr;59(4):690-7.

2602. Ribera E, Azuaje C, Lopez RM, Domingo P, Soriano A, Pou L, et al. Once-daily regimen of saquinavir, ritonavir, didanosine, and lamivudine in HIV-infected patients with standard tuberculosis therapy (TBQD Study). J Acquir Immune Defic Syndr. 2005 Nov 1;40(3):317-23.

2603. Ribera E, Moreno S, Viciana P, Echevarria S, Flores J, Frances A, et al. [Spanish recommendations for proper use of enfuvirtide]. Enferm Infecc Microbiol Clin. 2007 Feb;25(2):131-42.

2604. Rice C, Wilantewicz H. Enfuvirtide: patient acceptance and strategies for managing injection-site reactions. AIDS Read. 2006 Sep;16(9):470-4, 90-1.

2605. Rich JD, Ramratnam B, Chiang M, Tashima KT. Management of indinavir associated nephrolithiasis. J Urol. 1997 Dec;158(6):2228.

2606. Richman DD. Antiretroviral activity of emtricitabine, a potent nucleoside reverse transcriptase inhibitor. Antivir Ther. 2001 Jun;6(2):83-8.

2607. Rickerts V, Bickel M, Tews J, Jacobi V, Staszewski S. A case of lipodystrophy after the initiation of zidovudine, lamivudine and efavirenz in an asymptomatic HIV-1-infected patient. HIV Med. 2000 Jul;1(3):164-5.

2608. Rickerts V, Kober A, Stille W. [Crystalluria and nephrolithiasis during therapy with the protease inhibitor indinavir]. Dtsch Med Wochenschr. 1997 Jun 13;122(24):803.

2609. Riddle TM, Fichtenbaum CJ, Hui DY. Leptin replacement therapy but not dietary polyunsaturated fatty acid alleviates HIV protease inhibitor-induced dyslipidemia and lipodystrophy in mice. J Acquir Immune Defic Syndr. 2003 Aug 15;33(5):564-70.

2610. Riddler SA, Anderson RE, Mellors JW. Antiretroviral activity of stavudine (2',3'-didehydro-3'-deoxythymidine, D4T). Antiviral Res. 1995 Jun;27(3):189-203.

2611. Rideout D, Schinazi R, Pauza CD, Lovelace K, Chiang LC, Calogeropoulou T, et al. Derivatives of 4-amino-3,6-disulfonato-1,8-naphthalimide inhibit reverse transcriptase and suppress human and feline immunodeficiency virus expression in cultured cells. J Cell Biochem. 1993 Apr;51(4):446-57.

2612. Ridolfo AL, Gervasoni C, Bini T, Galli M. Body habitus alterations in HIV-infected women treated with combined antiretroviral therapy. AIDS Patient Care STDS. 2000 Nov;14(11):595-601.

2613. Riecke K, Schulz TG, Shakibaei M, Krause B, Chahoud I, Stahlmann R. Developmental toxicity of the HIV-protease inhibitor indinavir in rats. Teratology. 2000 Nov;62(5):291-300.

2614. Rieder MJ, Dekaban GA. Deja vu all over again: adverse reactions to nonnucleoside reverse transcriptase inhibitors. Ann Pharmacother. 2000 Jul-Aug;34(7-8):940-2.

2615. Rigopoulou EI, Suri D, Chokshi S, Mullerova I, Rice S, Tedder RS, et al. Lamivudine plus interleukin-12 combination therapy in chronic hepatitis B: antiviral and immunological activity. Hepatology. 2005 Nov;42(5):1028-36.

2616. Rihs TA, Begley K, Smith DE, Sarangapany J, Callaghan A, Kelly M, et al. Efavirenz and chronic neuropsychiatric symptoms: a cross-sectional case control study. HIV Med. 2006 Nov;7(8):544-8.

2617. Rimland D, Guest JL, Hernandez I, Del Rio C, Le NA, Brown WV. Antiretroviral therapy in HIV-positive men is associated with increased apolipoprotein CIII in triglyceride-rich lipoproteins. HIV Med. 2005 Sep;6(5):326-33.

2618. Ritchie MD, Haas DW, Motsinger AA, Donahue JP, Erdem H, Raffanti S, et al. Drug transporter and metabolizing enzyme gene variants and nonnucleoside reverse-transcriptase inhibitor hepatotoxicity. Clin Infect Dis. 2006 Sep 15;43(6):779-82.

2619. Rivero A, Mira JA, Pineda JA. Liver toxicity induced by non-nucleoside reverse transcriptase inhibitors. J Antimicrob Chemother. 2007 Mar;59(3):342-6.

2620. Rizzetto M, Tassopoulos NC, Goldin RD, Esteban R, Santantonio T, Heathcote EJ, et al. Extended lamivudine treatment in patients with HBeAg-negative chronic hepatitis B. J Hepatol. 2005 Feb;42(2):173-9.

2621. Robbins WA, Witt KL, Haseman JK, Dunson DB, Troiani L, Cohen MS, et al. Antiretroviral therapy effects on genetic and morphologic end points in lymphocytes and sperm of men with human immunodeficiency virus infection. J Infect Dis. 2001 Jul 15;184(2):127-35.

2622. Roberts AD, Liappis AP, Chinn C, Parenti DM, Muesing RA, Schuck SZ, et al. Effect of delavirdine on plasma lipids and lipoproteins in patients receiving antiretroviral therapy. Aids. 2002 Sep 6;16(13):1829-30.

2623. Roberts MT, Aliyu SH. Hyponatraemia associated with lopinavir--ritonavir? Int J Infect Dis. 2007 Jan;11(1):83-4.

2624. Roberts RB, Laskin OL, Laurence J, Scavuzzo D, Murray HW, Kim YT, et al. Ribavirin pharmacodynamics in high-risk patients for acquired immunodeficiency syndrome. Clin Pharmacol Ther. 1987 Oct;42(4):365-73.

2625. Robertson SM, Formentini E, Alfaro RM, Natarajan V, Falloon J, Penzak SR. Lack of sex-related differences in saquinavir pharmacokinetics in an HIV-seronegative cohort. Br J Clin Pharmacol. 2006 Apr;61(4):379-88.

2626. Robinson B, Li Z, Nath A. Nucleoside reverse transcriptase inhibitors and human immunodeficiency virus proteins cause axonal injury in human dorsal root ganglia cultures. J Neurovirol. 2007 Apr;13(2):160-7.

2627. Robinson FP, Hoff JA, Kondos GT. Coronary artery calcium in HIV-infected men treated with highly active antiretroviral therapy. J Cardiovasc Nurs. 2005 May-Jun;20(3):149-54.

2628. Roca B, Gomez CJ, Arnedo A. Stavudine, lamivudine and indinavir in drug abusing and non-drug abusing HIV-infected patients: adherence, side effects and efficacy. J Infect. 1999 Sep;39(2):141-5.

2629. Roca B, Gomez CJ, Arnedo A. Adherence, side effects and efficacy of stavudine plus lamivudine plus nelfinavir in treatment-experienced HIV-infected patients. J Infect. 2000 Jul;41(1):50-4.

2630. Roca B, Gomez CJ, Arnedo A. A randomized, comparative study of lamivudine plus stavudine, with indinavir or nelfinavir, in treatment-experienced HIV-infected patients. Aids. 2000 Jan 28;14(2):157-61.

2631. Roca B, Simon E. [Anti-retrovirals]. Med Clin (Barc). 1997 Jun 7;109(2):62-7.

2632. Roche D, Greiner J, Aubertin AM, Vierling P. Synthesis and in vitro biological evaluation of mannose-containing prodrugs derived from clinically used HIV-protease inhibitors with improved transepithelial transport. Bioconjug Chem. 2006 Nov-Dec;17(6):1568-81.

2633. Rockstroh J. [Current therapeutic protocols and efficacy of new antiretroviral drugs for the treatment of HIV infection taking into consideration gender-specific profile of side effects]. Zentralbl Gynakol. 1999;121(11):545-9.

2634. Rockstroh J. [Interview with Professor Jurgen Rockstroh, director of the Bonn University Clinic. Atazanavir in general practice]. MMW Fortschr Med. 2004 Apr 26;146 Spec No 1:18-9.

2635. Rockstroh J, Wasmuth JC. [What should we pay attention to in combination treatment of HIV infected patients? Interaction problems of protease inhibitors]. Pharm Unserer Zeit. 2001;30(3):222-7.

2636. Rockstroh JK, Bergmann F, Wiesel W, Rieke A, Thiesen A, Fatkenheuer G, et al. Efficacy and safety of twice daily first-line ritonavir/indinavir plus double nucleoside combination therapy in HIV-infected individuals. German Ritonavir/Indinavir Study Group. Aids. 2000 Jun 16;14(9):1181-5.

2637. Rockstroh JK, Spengler U. [HIV-infection: modern antiretroviral therapy]. Dtsch Med Wochenschr. 2004 Sep 10;129(37):1921-4.

2638. Rodriguez A. Mitochondrial toxicity. Women Alive. 2001 Spring:16.

2639. Rodriguez Arrondo F, Arrizabalaga J, von Wichmann MA, Iribarren JA. [Diabetes mellitus and protease inhibitors. A complication to take into account]. Med Clin (Barc). 1998 Dec 12;111(20):801.

2640. Rodriguez CG, Vila J, Capurro AF, Maidana MM, Boffo Lissin LD. Combination therapy with hydroxyurea versus without hydroxyurea as first line treatment options for antiretroviral-naive patients. HIV Clin Trials. 2000 Sep-Oct;1(2):1-8.

2641. Rodriguez Vidigal FF, Munoz Sanz A. [Changes in lipid metabolism of patients infected by human immunodeficiency virus. A pathogenic hypothesis]. Med Clin (Barc). 2000 Jun 24;115(4):145-50.

2642. Rodriguez-French A, Boghossian J, Gray GE, Nadler JP, Quinones AR, Sepulveda GE, et al. The NEAT study: a 48-week open-label study to compare the antiviral efficacy and safety of GW433908 versus nelfinavir in antiretroviral therapy-naive HIV-1-infected patients. J Acquir Immune Defic Syndr. 2004 Jan 1;35(1):22-32.

2643. Rodriguez-Novoa S, Barreiro P, Jimenez-Nacher I, Soriano V. Overview of the pharmacogenetics of HIV therapy. Pharmacogenomics J. 2006 Jul-Aug;6(4):234-45.

2644. Rodriguez-Rosado R, Garcia-Samaniego J, Soriano V. Hepatotoxicity after introduction of highly active antiretroviral therapy. Aids. 1998 Jul 9;12(10):1256.

2645. Rodriguez-Rosado R, Soriano V, Blanco F, Dona C, Gonzalez-Lahoz J. Diabetes mellitus associated with protease inhibitor use. Eur J Clin Microbiol Infect Dis. 1999 Sep;18(9):675-7.

2646. Rodriguez-Torres M, Torriani FJ, Soriano V, Borucki MJ, Lissen E, Sulkowski M, et al. Effect of ribavirin on intracellular and plasma pharmacokinetics of nucleoside reverse transcriptase inhibitors in patients with human immunodeficiency virus-hepatitis C virus coinfection: results of a randomized clinical study. Antimicrob Agents Chemother. 2005 Oct;49(10):3997-4008.

2647. Roge BT, Barfod TS, Kirk O, Katzenstein TL, Obel N, Nielsen H, et al. Resistance profiles and adherence at primary virological failure in three different highly active antiretroviral therapy regimens: analysis of failure rates in a randomized study. HIV Med. 2004 Sep;5(5):344-51.

2648. Roge BT, Calbet JA, Moller K, Ullum H, Hendel HW, Gerstoft J, et al. Skeletal muscle mitochondrial function and exercise capacity in HIV-infected patients with lipodystrophy and elevated p-lactate levels. Aids. 2002 May 3;16(7):973-82.

2649. Rojas C, Coplan PM, Rhodes T, Robertson MN, DiNubile MJ, Guess HA. Indinavir did not further increase mean triglyceride levels in HIV-infected patients treated with nucleoside reverse transcriptase inhibitors: an analysis of three randomized clinical trials. Pharmacoepidemiol Drug Saf. 2003 Jul-Aug;12(5):361-9.

2650. Rolla VC, da Silva Vieira MA, Pereira Pinto D, Lourenco MC, de Jesus Cda S, Goncalves Morgado M, et al. Safety, efficacy and pharmacokinetics of ritonavir 400mg/saquinavir 400mg twice daily plus rifampicin combined therapy in HIV patients with tuberculosis. Clin Drug Investig. 2006;26(8):469-79.

2651. Romeyn M. Report from the 3rd Conference on Retroviruses and Opportunistic Infections. Beta. 1996 Mar:22-7.

2652. Rongkavilit C, van Heeswijk RP, Limpongsanurak S, Thaithumyanon P, Boonrod C, Hassink EA, et al. Dose-escalating study of the safety and pharmacokinetics of nelfinavir in HIV-exposed neonates. J Acquir Immune Defic Syndr. 2002 Apr 15;29(5):455-63.

2653. Roos TC, Albrecht H. Foscarnet-associated eosinophilic folliculitis in a patient with AIDS. J Am Acad Dermatol. 2001 Mar;44(3):546-7.

2654. Rose H, Woolley I, Hoy J, Dart A, Bryant B, Mijch A, et al. HIV infection and high-density lipoprotein: the effect of the disease vs the effect of treatment. Metabolism. 2006 Jan;55(1):90-5.

2655. Rosello L, Gort A, Planella R, Cabau J. [Hypophosphatemia and multiple fractures in patient with human immunodeficiency virus infection treated with tenofovir]. Med Clin (Barc). 2007 Jun 30;129(5):197.

2656. Rosenblum LL, Patton G, Grigg AR, Frater AJ, Cain D, Erlwein O, et al. Differential susceptibility of retroviruses to nucleoside analogues. Antivir Chem Chemother. 2001 Mar;12(2):91-7.

2657. Rosenfeldt FL, Mijch A, McCrystal G, Sweeney C, Pepe S, Nicholls M, et al. Skeletal myopathy associated with nucleoside reverse transcriptase inhibitor therapy: potential benefit of coenzyme Q10 therapy. Int J STD AIDS. 2005 Dec;16(12):827-9.

2658. Rosenwirth B, ten Haaft P, Bogers WM, Nieuwenhuis IG, Niphuis H, Kuhn EM, et al. Antiretroviral therapy during primary immunodeficiency virus infection can induce persistent suppression of virus load and protection from heterologous challenge in rhesus macaques. J Virol. 2000 Feb;74(4):1704-11.

2659. Rossero R, Asmuth DM, Grady JJ, McKinsey DS, Green S, Andron L, et al. Hydroxyurea in combination with didanosine and stavudine in antiretroviral-experienced HIV-infected subjects with a review of the literature. Int J STD AIDS. 2003 May;14(5):350-5.

2660. Rossi DR, Rathbun RC, Slater LN. Symptomatic orthostasis with extended-release nifedipine and protease inhibitors. Pharmacotherapy. 2002 Oct;22(10):1312-6.

2661. Roth VR, Kravcik S, Angel JB. Development of cervical fat pads following therapy with human immunodeficiency virus type 1 protease inhibitors. Clin Infect Dis. 1998 Jul;27(1):65-7.

2662. Rothenhausler HB. [Clinical features, diagnosis and treatment of HIV-induced neuropsychiatric disorders]. Wien Med Wochenschr. 2006 Dec;156(23-24):644-56.

2663. Rotunda A, Hirsch RJ, Scheinfeld N, Weinberg JM. Severe cutaneous reactions associated with the use of human immunodeficiency virus medications. Acta Derm Venereol. 2003;83(1):1-9.

2664. Roubenoff R, Weiss L, McDermott A, Heflin T, Cloutier GJ, Wood M, et al. A pilot study of exercise training to reduce trunk fat in adults with HIV-associated fat redistribution. Aids. 1999 Jul 30;13(11):1373-5.

2665. Ruane PJ, DeJesus E. New nucleoside/nucleotide backbone options: a review of recent studies. J Acquir Immune Defic Syndr. 2004 Sep 1;37 Suppl 1:S21-9.

2666. Ruane PJ, Richmond GJ, DeJesus E, Hill-Zabala CE, Danehower SC, Liao Q, et al. Pharmacodynamic effects of zidovudine 600 mg once/day versus 300 mg twice/day in therapy-naive patients infected with human immunodeficiency virus. Pharmacotherapy. 2004 Mar;24(3):307-12.

2667. Rudich A, Ben-Romano R, Etzion S, Bashan N. Cellular mechanisms of insulin resistance, lipodystrophy and atherosclerosis induced by HIV protease inhibitors. Acta Physiol Scand. 2005 Jan;183(1):75-88.

2668. Rummelein N, Jager H. [Entry inhibitors. Ring-free for a new principle of action]. MMW Fortschr Med. 2003 Apr 28;145 Spec No 1:16-20.

2669. Rusconi S. Alovudine Medivir. Curr Opin Investig Drugs. 2003 Feb;4(2):219-23.

2670. Rusconi S, La Seta Catamancio S. HIV-1 protease inhibitors in development. Expert Opin Investig Drugs. 2002 Mar;11(3):387-95.

2671. Rustin P. Mitochondrial dysfunction in HIV infection: an overview of pathogenesis. J HIV Ther. 2001 Mar;6(1):4-12.

2672. Rutschmann OT, Opravil M, Iten A, Malinverni R, Vernazza PL, Bucher H, et al. Didanosine plus stavudine with or without hydroxyurea in HIV-1-infected patients: 1 year follow-up. Swiss HIV Cohort Study. Antivir Ther. 1998;3 Suppl 4:65-7.

2673. Ryan A. Pancrelipase for treatment-refractory diarrhea associated with nelfinavir. Am J Health Syst Pharm. 2000 Jun 15;57(12):1177-8.

2674. Ryan CT. Trials of aplaviroc halted in treatment-naive patients. AIDS Clin Care. 2005 Nov;17(11):107-8.

2675. Ryan CT. New black box warning for ritonavir-boosted tipranavir. AIDS Clin Care. 2006 Aug;18(8):72.

2676. Rylova SN, Mirzaee S, Albertioni F, Eriksson S. Expression of deoxynucleoside kinases and 5'-nucleotidases in mouse tissues: implications for mitochondrial toxicity. Biochem Pharmacol. 2007 Jun 30;74(1):169-75.

2677. Saab S, Kim M, Wright TL, Han SH, Martin P, Busuttil RW. Successful orthotopic liver transplantation for lamivudine-associated YMDD mutant hepatitis B virus. Gastroenterology. 2000 Nov;119(5):1382-4.

2678. Saadat K, Kaminski HJ. Ritonavir-associated myasthenia gravis. Muscle Nerve. 1998 May;21(5):680-1.

2679. Saag MS. Candidate antiretroviral agents for use in postexposure prophylaxis. Am J Med. 1997 May 19;102(5B):25-31.

2680. Saag MS, Emini EA, Laskin OL, Douglas J, Lapidus WI, Schleif WA, et al. A short-term clinical evaluation of L-697,661, a non-nucleoside inhibitor of HIV-1 reverse transcriptase. L-697,661 Working Group. N Engl J Med. 1993 Oct 7;329(15):1065-72.

2681. Saag MS, Tebas P, Sension M, Conant M, Myers R, Chapman SK, et al. Randomized, double-blind comparison of two nelfinavir doses plus nucleosides in HIV-infected patients (Agouron study 511). Aids. 2001 Oct 19;15(15):1971-8.

2682. Saah AJ, Winchell GA, Nessly ML, Seniuk MA, Rhodes RR, Deutsch PJ. Pharmacokinetic profile and tolerability of indinavir-ritonavir combinations in healthy volunteers. Antimicrob Agents Chemother. 2001 Oct;45(10):2710-5.

2683. Saavedra-Lozano J, Ramos JT, Sanz F, Navarro ML, de Jose MI, Martin-Fontelos P, et al. Salvage therapy with abacavir and other reverse transcriptase inhibitors for human immunodeficiency-associated encephalopathy. Pediatr Infect Dis J. 2006 Dec;25(12):1142-52.

2684. Sabato S, Wesselingh S, Fuller A, Ray J, Mijch A. Efavirenz-induced catatonia. Aids. 2002 Sep 6;16(13):1841-2.

2685. Sabbatani S, Fulgaro C, Rosticelli E. [Efficacy of efavirenz in a mixed population of patients. Identification of drop-out causes]. Infez Med. 2002 Sep;10(3):163-8.

2686. Sadler BM, Gillotin C, Lou Y, Eron JJ, Lang W, Haubrich R, et al. Pharmacokinetic study of human immunodeficiency virus protease inhibitors used in combination with amprenavir. Antimicrob Agents Chemother. 2001 Dec;45(12):3663-8.

2687. Sadler BM, Gillotin C, Lou Y, Stein DS. Pharmacokinetic and pharmacodynamic study of the human immunodeficiency virus protease inhibitor amprenavir after multiple oral dosing. Antimicrob Agents Chemother. 2001 Jan;45(1):30-7.

2688. Sadler BM, Hanson CD, Chittick GE, Symonds WT, Roskell NS. Safety and pharmacokinetics of amprenavir (141W94), a human immunodeficiency virus (HIV) type 1 protease inhibitor, following oral administration of single doses to HIV-infected adults. Antimicrob Agents Chemother. 1999 Jul;43(7):1686-92.

2689. Sadler BM, Piliero PJ, Preston SL, Lloyd PP, Lou Y, Stein DS. Pharmacokinetics and safety of amprenavir and ritonavir following multiple-dose, co-administration to healthy volunteers. Aids. 2001 May 25;15(8):1009-18.

2690. Safrin S, Grunfeld C. Fat distribution and metabolic changes in patients with HIV infection. Aids. 1999 Dec 24;13(18):2493-505.

2691. Sagir A, Wettstein M, Oette M, Erhardt A, Haussinger D. Budesonide-induced acute hepatitis in an HIV-positive patient with ritonavir as a co-medication. Aids. 2002 May 24;16(8):1191-2.

2692. Sahai J. Risks and synergies from drug interactions. Aids. 1996 Nov;10 Suppl 1:S21-5.

2693. Said SM, Nasr SH, Samsa R, Markowitz GS, D'Agati VD. Nephrotoxicity of antiretroviral therapy in an HIV-infected patient. Kidney Int. 2007 May;71(10):1071-5.

2694. Saif MW, Little RF, Hamilton JM, Allegra CJ, Wilson WH. Reactivation of chronic hepatitis B infection following intensive chemotherapy and successful treatment with lamivudine: a case report and review of the literature. Ann Oncol. 2001 Jan;12(1):123-9.

2695. Saint-Marc T, Partisani M, Poizot-Martin I, Bruno F, Rouviere O, Lang JM, et al. A syndrome of peripheral fat wasting (lipodystrophy) in patients receiving long-term nucleoside analogue therapy. Aids. 1999 Sep 10;13(13):1659-67.

2696. Saint-Marc T, Partisani M, Poizot-Martin I, Rouviere O, Bruno F, Avellaneda R, et al. Fat distribution evaluated by computed tomography and metabolic abnormalities in patients undergoing antiretroviral therapy: preliminary results of the LIPOCO study. Aids. 2000 Jan 7;14(1):37-49.

2697. Saint-Marc T, Touraine JL. Effects of metformin on insulin resistance and central adiposity in patients receiving effective protease inhibitor therapy. Aids. 1999 May 28;13(8):1000-2.

2698. Saint-Marc T, Touraine JL. The effects of discontinuing stavudine therapy on clinical and metabolic abnormalities in patients suffering from lipodystrophy. Aids. 1999 Oct 22;13(15):2188-9.

2699. Saitoh A, Fenton T, Alvero C, Fletcher CV, Spector SA. Impact of nucleoside reverse transcriptase inhibitors on mitochondria in human immunodeficiency virus type 1-infected children receiving highly active antiretroviral therapy. Antimicrob Agents Chemother. 2007 Dec;51(12):4236-42.

2700. Salahuddin S, Hsu YS, Buchholz NP, Dieleman JP, Gyssens IC, Kok DJ. Is indinavir crystalluria an indicator for indinavir stone formation? Aids. 2001 May 25;15(8):1079-80.

2701. Saltel E, Angel JB, Futter NG, Walsh WG, O'Rourke K, Mahoney JE. Increased prevalence and analysis of risk factors for indinavir nephrolithiasis. J Urol. 2000 Dec;164(6):1895-7.

2702. Salzberger B. [Salvage therapy for HIV infection]. MMW Fortschr Med. 2005 Apr 25;147 Spec No 1:32-7.

2703. Salzberger B, Daumer M, Gute P, Jaeger H, Knechten H, van Lunzen J, et al. Consensus recommendation from a group of German experts for the use of enfuvirtide in heavily pretreated HIV patients. Eur J Med Res. 2007 Mar 26;12(3):93-102.

2704. Samaras K, Pett S, Gowers A, McMurchie M, Cooper DA. Iatrogenic Cushing's syndrome with osteoporosis and secondary adrenal failure in human immunodeficiency virus-infected patients receiving inhaled corticosteroids and ritonavir-boosted protease inhibitors: six cases. J Clin Endocrinol Metab. 2005 Jul;90(7):4394-8.

2705. Samuel R, Bettiker R, Suh B. Antiretroviral therapy 2006: pharmacology, applications, and special situations. Arch Pharm Res. 2006 Jun;29(6):431-58.

2706. Sanchez-Conde M, de Mendoza C, Jimenez-Nacher I, Barreiro P, Gonzalez-Lahoz J, Soriano V. Reductions in stavudine dose might ameliorate mitochondrial-associated complications without compromising antiviral activity. HIV Clin Trials. 2005 Jul-Aug;6(4):197-202.

2707. Sanfelix Gimeno G, Rocher Milla A, Roldan Garcia G, Sanfelix Genoves J, Pereiro Berenguer I, Peiro Moreno S. [Interruption to treatment with combined lopinavir/ritonavir therapy in HIV positive patients]. Farm Hosp. 2007 Jul-Aug;31(4):206-11.

2708. Sankatsing SU, Prins JM. Agranulocytosis and fever seven weeks after starting abacavir. Aids. 2001 Dec 7;15(18):2464-5.

2709. Sankatsing SU, Schouten WE. Diffuse interstitial pulmonary opacities induced by nevirapine. Aids. 2007 Sep 12;21(14):1993-4.

2710. Sanne I, Mommeja-Marin H, Hinkle J, Bartlett JA, Lederman MM, Maartens G, et al. Severe hepatotoxicity associated with nevirapine use in HIV-infected subjects. J Infect Dis. 2005 Mar 15;191(6):825-9.

2711. Sanne I, Piliero P, Squires K, Thiry A, Schnittman S. Results of a phase 2 clinical trial at 48 weeks (AI424-007): a dose-ranging, safety, and efficacy comparative trial of atazanavir at three doses in combination with didanosine and stavudine in antiretroviral-naive subjects. J Acquir Immune Defic Syndr. 2003 Jan 1;32(1):18-29.

2712. Santos J, Palacios R, Lopez M, Galvez MC, Lozano F, de la Torre J, et al. Simplicity and efficacy of a once-daily antiretroviral regimen with didanosine, lamivudine, and efavirenz in naive patients: the VESD study. HIV Clin Trials. 2005 Nov-Dec;6(6):320-8.

2713. Santos RP, Ramilo O, Barton T. Nevirapine-associated rash with eosinophilia and systemic symptoms in a child with human immunodeficiency virus infection. Pediatr Infect Dis J. 2007 Nov;26(11):1053-6.

2714. Sarapa N, Hsyu PH, Lappin G, Garner RC. The application of accelerator mass spectrometry to absolute bioavailability studies in humans: simultaneous administration of an intravenous microdose of 14C-nelfinavir mesylate solution and oral nelfinavir to healthy volunteers. J Clin Pharmacol. 2005 Oct;45(10):1198-205.

2715. Sarcletti M, Petter A, Romani N, Lhotta K, Konig P, Maier H, et al. Pyuria in patients treated with indinavir is associated with renal dysfunction. Clin Nephrol. 2000 Oct;54(4):261-70.

2716. Sarcletti M, Petter A, Zangerle R. Indinavir and interstitial nephritis. Ann Intern Med. 1998 Feb 15;128(4):320-1.

2717. Sarcletti M, Zangerle R. Persistent flank pain, low-grade fever, and malaise in a woman treated with indinavir. AIDS Patient Care STDS. 1999 Feb;13(2):81-7.

2718. Sarrazin U, Brodt R, Sarrazin C, Zeuzem S. [Postexposure prevention after occupational exposure to HBV, HCV and HIV]. Unfallchirurg. 2004 Feb;107(2):129-42.

2719. Sass JO, Jakob-Solder B, Heitger A, Tzimas G, Sarcletti M. Paronychia with pyogenic granuloma in a child treated with indinavir: the retinoid-mediated side effect theory revisited. Dermatology. 2000;200(1):40-2.

2720. Satija P, Parikh F, Aggarwal V, Sharma B, Hakim A, Pai-Dhungat JV. Indirect hyperbilirubinemia with indinavir. J Assoc Physicians India. 2002 Oct;50:1316-7.

2721. Sauleda S, Martorell M, Esteban JI, Tural C, Ruiz I, Puig L, et al. Hepatotoxicity of antiretroviral drugs in HIV HCV patients with congenital coagulopathies followed at an Haemophilia Unit during a decade. Haemophilia. 2006 May;12(3):228-36.

2722. Saves M, Chene G, Suissa S. Lipodystrophy and nucleoside analogue therapy in HIV-infected patients: important question, few valid answers. J Acquir Immune Defic Syndr. 2000 Sep 1;25(1):96-7.

2723. Saves M, Raffi F, Clevenbergh P, Marchou B, Waldner-Combernoux A, Morlat P, et al. Hepatitis B or hepatitis C virus infection is a risk factor for severe hepatic cytolysis after initiation of a protease inhibitor-containing antiretroviral regimen in human immunodeficiency virus-infected patients. The APROCO Study Group. Antimicrob Agents Chemother. 2000 Dec;44(12):3451-5.

2724. Saves M, Vandentorren S, Daucourt V, Marimoutou C, Dupon M, Couzigou P, et al. Severe hepatic cytolysis: incidence and risk factors in patients treated by antiretroviral combinations. Aquitaine Cohort, France, 1996-1998. Groupe dEpidemiologie Clinique de Sida en Aquitaine (GECSA). Aids. 1999 Dec 3;13(17):F115-21.

2725. Savini CJ, James CW, Miller JL, Wilson SA, Cohen DM, Perlada DE. Evidence of hypertriglyceridemia in managing HIV patients on efavirenz. J Assoc Nurses AIDS Care. 2001 May-Jun;12(3):95-7.

2726. Sax PE. FDA approval: tipranavir. AIDS Clin Care. 2005 Aug;17(8):78.

2727. Sax PE. Meeting notes from ICAAC. Tenofovir + ddI: a combination to avoid. AIDS Clin Care. 2005 Jan;17(1):6-7.

2728. Sax PE, Gallant JE, Klotman PE. Renal safety of tenofovir disoproxil fumarate. AIDS Read. 2007 Feb;17(2):90-2, 9-104, C3.

2729. Sax PE, Gathe JC, Jr. Beyond efficacy: the impact of combination antiretroviral therapy on quality of life. AIDS Patient Care STDS. 2005 Sep;19(9):563-76.

2730. Sax PE, Kumar P. Tolerability and safety of HIV protease inhibitors in adults. J Acquir Immune Defic Syndr. 2004 Sep 1;37(1):1111-24.

2731. Sbardella G, Mai A, Artico M, Chimenti P, Massa S, Loddo R, et al. Structure-activity relationship studies on new DABOS: effect of substitutions at pyrimidine C-5 and C-6 positions on anti-HIV-1 activity. Antivir Chem Chemother. 2001 Jan;12(1):37-50.

2732. Scelsa SN, MacGowan DJ, Mitsumoto H, Imperato T, LeValley AJ, Liu MH, et al. A pilot, double-blind, placebo-controlled trial of indinavir in patients with ALS. Neurology. 2005 Apr 12;64(7):1298-300.

2733. Schackman BR, Scott CA, Sax PE, Losina E, Wilkin TJ, McKinnon JE, et al. Potential risks and benefits of HIV treatment simplification: a simulation model of a proposed clinical trial. Clin Infect Dis. 2007 Oct 15;45(8):1062-70.

2734. Schafer B. [Fusion inhibitor enfuvirtidE. Continuous virologic and immunologic response]. MMW Fortschr Med. 2005 Apr 25;147 Spec No 1:31.

2735. Schapira AH. Mitochondrial disorders. Curr Opin Neurol. 2000 Oct;13(5):527-32.

2736. Schapiro JM, Winters MA, Stewart F, Efron B, Norris J, Kozal MJ, et al. The effect of high-dose saquinavir on viral load and CD4+ T-cell counts in HIV-infected patients. Ann Intern Med. 1996 Jun 15;124(12):1039-50.

2737. Scharplatz M, Puhan M, Steurer J, Bachmann LM. [Pharmacogenetics. Tailored therapy in medicine -- opportunities and challenges]. Praxis (Bern 1994). 2004 Mar 3;93(10):359-65.

2738. Scherpbier HJ, Bekker V, van Leth F, Jurriaans S, Lange JM, Kuijpers TW. Long-term experience with combination antiretroviral therapy that contains nelfinavir for up to 7 years in a pediatric cohort. Pediatrics. 2006 Mar;117(3):e528-36.

2739. Schiano TD, Lissoos TW, Ahmed A, Siano C, Zaitman D, Cohn G, et al. Lamivudine-stavudine-induced liver failure in hepatitis B cirrhosis. Am J Gastroenterol. 1997 Sep;92(9):1563-4.

2740. Schiff ER, Dienstag JL, Karayalcin S, Grimm IS, Perrillo RP, Husa P, et al. Lamivudine and 24 weeks of lamivudine/interferon combination therapy for hepatitis B e antigen-positive chronic hepatitis B in interferon nonresponders. J Hepatol. 2003 Jun;38(6):818-26.

2741. Schiffman SS, Zervakis J, Heffron S, Heald AE. Effect of protease inhibitors on the sense of taste. Nutrition. 1999 Oct;15(10):767-72.

2742. Schildgen O, Hartmann H, Gerlich WH. Replacement of tenofovir with adefovir may result in reactivation of hepatitis B virus replication. Scand J Gastroenterol. 2006 Feb;41(2):245-6.

2743. Schillaci G, De Socio GV, Pirro M, Savarese G, Mannarino MR, Baldelli F, et al. Impact of treatment with protease inhibitors on aortic stiffness in adult patients with human immunodeficiency virus infection. Arterioscler Thromb Vasc Biol. 2005 Nov;25(11):2381-5.

2744. Schmidt GA, Hoehns JD, Purcell JL, Friedman RL, Elhawi Y. Severe rhabdomyolysis and acute renal failure secondary to concomitant use of simvastatin, amiodarone, and atazanavir. J Am Board Fam Med. 2007 Jul-Aug;20(4):411-6.

2745. Schmidt HH, Behrens G, Genschel J, Stoll M, Dejam A, Haas R, et al. Lipid evaluation in HIV-1-positive patients treated with protease inhibitors. Antivir Ther. 1999;4(3):163-70.

2746. Schmidt RE. [Interview with Prof. Reinhold E. Schmidt. Important selection criteria: tolerance and simplicity]]. MMW Fortschr Med. 2005 Apr 25;147 Spec No 1:84-5.

2747. Schmitz M, Michl GM, Walli R, Bogner J, Bedynek A, Seidel D, et al. Alterations of apolipoprotein B metabolism in HIV-infected patients with antiretroviral combination therapy. J Acquir Immune Defic Syndr. 2001 Mar 1;26(3):225-35.

2748. Schmutz JL, Barbaud A, Trechot P. [Acute porphyria and indinavir]. Ann Dermatol Venereol. 2001 Feb;128(2):184.

2749. Schneider SE, Bray BL, Mader CJ, Friedrich PE, Anderson MW, Taylor TS, et al. Development of HIV fusion inhibitors. J Pept Sci. 2005 Nov;11(11):744-53.

2750. Scholler-Gyure M, Kakuda TN, Sekar V, Woodfall B, De Smedt G, Lefebvre E, et al. Pharmacokinetics of darunavir/ritonavir and TMC125 alone and coadministered in HIV-negative volunteers. Antivir Ther. 2007;12(5):789-96.

2751. Schooley RT, Clumeck N, Haubrich R, Thompson M, Danner SA, van Der Ende ME, et al. A dose-ranging study to evaluate the antiretroviral activity and safety of amprenavir alone and in combination with abacavir in HIV-infected adults with limited antiretroviral experience. Antivir Ther. 2001 Jun;6(2):89-96.

2752. Schouten JT. STEP's 12th World AIDS Conference report. STEP Perspect. 1998 Fall;98(3):8-12.

2753. Schreij G, Janknegt R. InforMatrix nucleoside/nucleotide reverse transcriptase inhibitor 'backbones'. Expert Opin Pharmacother. 2007 Oct;8 Suppl 1:S37-47.

2754. Schrooten W, Colebunders R, Youle M, Molenberghs G, Dedes N, Koitz G, et al. Sexual dysfunction associated with protease inhibitor containing highly active antiretroviral treatment. Aids. 2001 May 25;15(8):1019-23.

2755. Schurmann D, Bergmann F, Ehrenstein T, Padberg J. Gynaecomastia in a male patient during protease inhibitor treatment for acute HIV disease. Aids. 1998 Nov 12;12(16):2232-3.

2756. Schurmann D, Rademaker J, Trottenberg T, Bergmann F, Wesselmann H, Suttorp N. Spinal epidural lipomatosis: a manifestation of HAART-associated lipodystrophy. Aids. 2005 Nov 18;19(17):2052-4.

2757. Schurmann D, Wesselmann H, Kurowski M, Suttorp N, Reinke P. Kaletra single agent HAART after intolerance of NRTI- and NNRTI-containing regimens following kidney transplantation. Infection. 2007 Jun;35(3):194-6.

2758. Schutt M, Meier M, Klein HH. [The HIV protease inhibitor-induced insulin resistance syndrome]. Med Klin (Munich). 2003 Apr 25;98(5):271-6.

2759. Schutz M. Quick reference guide to antiretrovirals. Eur J Med Res. 2001 May 29;6(5):219-27.

2760. Schwartz JD, Howard W, Scadden DT. Potential interaction of antiretroviral therapy with paclitaxel in patients with AIDS-related Kaposi's sarcoma. Aids. 1999 Feb 4;13(2):283-4.

2761. Schwarz KB. Pediatric issues in new therapies for hepatitis B and C. Curr Gastroenterol Rep. 2003 Jun;5(3):233-9.

2762. Schweinsburg BC, Taylor MJ, Alhassoon OM, Gonzalez R, Brown GG, Ellis RJ, et al. Brain mitochondrial injury in human immunodeficiency virus-seropositive (HIV+) individuals taking nucleoside reverse transcriptase inhibitors. J Neurovirol. 2005 Aug;11(4):356-64.

2763. Schwenk A. [Effects of high grade antiretroviral therapy on body fat distribution and metabolism]. Zentralbl Gynakol. 1999;121(11):552-3.

2764. Schwenk A, Kremer G, Cornely O, Diehl V, Fatkenheuer G, Salzberger B. Body weight changes with protease inhibitor treatment in undernourished HIV-infected patients. Nutrition. 1999 Jun;15(6):453-7.

2765. Schwietert M, Battegay M. [Focal mycobacterial lymphadenitis after starting highly active antiretroviral therapy]. Dtsch Med Wochenschr. 1999 Jan 22;124(3):45-8.

2766. Sclar G. Carpal tunnel syndrome in HIV-1 patients: a metabolic consequence of protease inhibitor use? Aids. 2000 Feb 18;14(3):336-8.

2767. Scott LJ, Perry CM. Delavirdine: a review of its use in HIV infection. Drugs. 2000 Dec;60(6):1411-44.

2768. Scott T, Garris C, Rogers M, Graham N, Garrett L, Pedneault L. Safety profile and tolerability of amprenavir in patients enrolled in an early access program. Clin Ther. 2001 Feb;23(2):252-9.

2769. Scoular A. Mitochondrial toxicity. J HIV Ther. 2001 Mar;6(1):1-3.

2770. Scully C, Diz Dios P. Orofacial effects of antiretroviral therapies. Oral Dis. 2001 Jul;7(4):205-10.

2771. Seehofer D, Rayes N, Steinmuller T, Muller AR, Jonas S, Settmacher U, et al. Combination prophylaxis with Hepatitis B immunoglobulin and lamivudine after liver transplantation minimizes HBV recurrence rates unless evolution of pretransplant lamivudine resistance. Z Gastroenterol. 2002 Sep;40(9):795-9.

2772. Segarra-Newnham M. Hyperlipidemia in HIV-positive patients receiving antiretrovirals. Ann Pharmacother. 2002 Apr;36(4):592-5.

2773. Segerer S, Bogner JR, Walli R, Loch O, Goebel FD. Hyperlipidemia under treatment with proteinase inhibitors. Infection. 1999 Mar-Apr;27(2):77-81.

2774. Sekar V, Kestens D, Spinosa-Guzman S, De Pauw M, De Paepe E, Vangeneugden T, et al. The effect of different meal types on the pharmacokinetics of darunavir (TMC114)/ritonavir in HIV-negative healthy volunteers. J Clin Pharmacol. 2007 Apr;47(4):479-84.

2775. Sekar VJ, De Pauw M, Marien K, Peeters M, Lefebvre E, Hoetelmans RM. Pharmacokinetic interaction between TMC114/r and efavirenz in healthy volunteers. Antivir Ther. 2007;12(4):509-14.

2776. Sekar VJ, Lefebvre E, De Marez T, Spinosa-Guzman S, De Pauw M, De Paepe E, et al. Pharmacokinetics of darunavir (TMC114) and atazanavir during coadministration in HIV-negative, healthy volunteers. Drugs R D. 2007;8(4):241-8.

2777. Selimoglu MA, Ertekin V, Kiki I, Tan H, Altnkaynak S. Lamivudine and thrombotic thrombocytopenic purpura: cause or coincidence. J Clin Gastroenterol. 2005 Jan;39(1):82-3.

2778. Senda S, Blanche S, Costagliola D, Cibert C, Nigon F, Firtion G, et al. Altered heterochromatin organization after perinatal exposure to zidovudine. Antivir Ther. 2007;12(2):179-87.

2779. Sension M, Piliero PJ. Ritonavir-boosted protease inhibitors: impact of ritonavir on toxicities in treatment-experienced patients. J Assoc Nurses AIDS Care. 2007 Jan-Feb;18(1):36-47.

2780. Sension MG, Bellos NC, Johnson J, Sepulveda GE, DeJesus E, Santana JL, et al. Lamivudine 300 mg QD versus continued lamivudine 150 mg BID with stavudine and a protease inhibitor in suppressed patients. HIV Clin Trials. 2002 Sep-Oct;3(5):361-70.

2781. Sepkowitz KA. Effect of HAART on natural history of AIDS-related opportunistic disorders. Lancet. 1998 Jan 24;351(9098):228-30.

2782. Sereti I, Sarlis NJ, Arioglu E, Turner ML, Mican JM. Alopecia universalis and Graves' disease in the setting of immune restoration after highly active antiretroviral therapy. Aids. 2001 Jan 5;15(1):138-40.

2783. Sergerie M, Martinet S, Kiffer N, Teule R, Pasquier C, Bujan L. [Impact of reverse transcriptase inhibitors on sperm mitochondrial and genomic DNA in assisted reproduction techniques]. Gynecol Obstet Fertil. 2004 Oct;32(10):841-9.

2784. Serra-Renom JM, Fontdevila J. Treatment of facial fat atrophy related to treatment with protease inhibitors by autologous fat injection in patients with human immunodeficiency virus infection. Plast Reconstr Surg. 2004 Aug;114(2):551-5; discussion 6-7.

2785. Servais A, Daudon M, Knebelman B. [Drug-induced renal calculi]. Ann Urol (Paris). 2006 Apr;40(2):57-68.

2786. Servilio J. Protease inhibitors...the best thing since...? Posit Aware. 1995 Sep-Oct:16-9.

2787. Servoss JC, Kitch DW, Andersen JW, Reisler RB, Chung RT, Robbins GK. Predictors of antiretroviral-related hepatotoxicity in the adult AIDS Clinical Trial Group (1989-1999). J Acquir Immune Defic Syndr. 2006 Nov 1;43(3):320-3.

2788. Setzer B, Schlesier M, Thomas AK, Walker UA. Mitochondrial toxicity of nucleoside analogues in primary human lymphocytes. Antivir Ther. 2005;10(2):327-34.

2789. Setzer B, Schlesier M, Walker UA. Effects of of didanosine-related depletion of mtDNA in human T lymphocytes. J Infect Dis. 2005 Mar 15;191(6):848-55.

2790. Sha BE, Proia LA, Kessler HA. Adverse effects associated with use of nevirapine in HIV postexposure prophylaxis for 2 health care workers. Jama. 2000 Dec 6;284(21):2723.

2791. Shafran SD, Mashinter LD, Roberts SE. The effect of low-dose ritonavir monotherapy on fasting serum lipid concentrations. HIV Med. 2005 Nov;6(6):421-5.

2792. Shah I, Murthy AK. Aplastic anemia in an HIV infected child. Indian J Pediatr. 2005 Apr;72(4):359-61.

2793. Shah SS, Rodriguez T, McGowan JP. Miller Fisher variant of Guillain-Barre syndrome associated with lactic acidosis and stavudine therapy. Clin Infect Dis. 2003 May 15;36(10):e131-3.

2794. Shahar E, Moar C, Pollack S. Successful desensitization of enfuvirtide-induced skin hypersensitivity reaction. Aids. 2005 Mar 4;19(4):451-2.

2795. Shalit P, Farrell P, Lindgren P. Long-term safety and efficacy of nevirapine, stavudine and lamivudine in a real-world setting. Aids. 2001 Apr 13;15(6):804-5.

2796. Shalit P, True A, Thommes JA. Quality of life and tolerability after administration of enfuvirtide with a thin-walled needle: QUALITE Study. HIV Clin Trials. 2007 Jan-Feb;8(1):24-35.

2797. Shankar SS, Dube MP. Clinical aspects of endothelial dysfunction associated with human immunodeficiency virus infection and antiretroviral agents. Cardiovasc Toxicol. 2004;4(3):261-9.

2798. Shapiro M, Ward KM, Stern JJ. A near-fatal hypersensitivity reaction to abacavir: case report and literature review. AIDS Read. 2001 Apr;11(4):222-6.

2799. Sharma PL, Nurpeisov V, Hernandez-Santiago B, Beltran T, Schinazi RF. Nucleoside inhibitors of human immunodeficiency virus type 1 reverse transcriptase. Curr Top Med Chem. 2004;4(9):895-919.

2800. Shearer WT, Kline MW, Abramson SL, Fenton T, Starr SE, Douglas SD. Recombinant human gamma interferon in human immunodeficiency virus-infected children: safety, CD4(+)-lymphocyte count, viral load, and neutrophil function (AIDS Clinical Trials Group Protocol 211). Clin Diagn Lab Immunol. 1999 May;6(3):311-5.

2801. Sheikh AM, Wolf DC, Lebovics E, Goldberg R, Horowitz HW. Concomitant human immunodeficiency virus protease inhibitor therapy markedly reduces tacrolimus metabolism and increases blood levels. Transplantation. 1999 Jul 27;68(2):307-9.

2802. Shelton MJ, Wire MB, Lou Y, Adamkiewicz B, Min SS. Pharmacokinetic and safety evaluation of high-dose combinations of fosamprenavir and ritonavir. Antimicrob Agents Chemother. 2006 Mar;50(3):928-34.

2803. Shen WS, Yang HZ, Hong Q, Zhang YQ, Xie HP, Bian Z. Two-year observation of the clinical efficacy in treating chronic hepatitis B Patients with Ganxian recipe and lamivudine. Chin J Integr Med. 2005 Mar;11(1):5-10.

2804. Shen YM, Frenkel EP. Thrombosis and a hypercoagulable state in HIV-infected patients. Clin Appl Thromb Hemost. 2004 Jul;10(3):277-80.

2805. Sheng WH, Hsieh SM, Lee SC, Chen MY, Wang JT, Hung CC, et al. Fatal lactic acidosis associated with highly active antiretroviral therapy in patients with advanced human immunodeficiency virus infection in Taiwan. Int J STD AIDS. 2004 Apr;15(4):249-53.

2806. Shepp DH, Curtis S, Rooney JF. Causes and consequences of hypokalemia in patients on tenofovir disoproxil fumarate. Aids. 2007 Jul 11;21(11):1479-81.

2807. Sherer R. Antiretroviral therapy 2002: old and new paradigms. J Int Assoc Physicians AIDS Care (Chic Ill). 2002 Oct-Dec;1(4):121-30.

2808. Sherer R. HIV, HAART, and hyperlipidemia: balancing the effects. J Acquir Immune Defic Syndr. 2003 Oct 1;34 Suppl 2:S123-9.

2809. Sherer R. Darunavir in the treatment of HIV-1 infection: a viewpoint by Renslow Sherer. Drugs. 2007;67(18):2802-3.

2810. Sherer RD, Jr., Fath MJ, Da Silva BA, Nicolau AM, Miller NL. The importance of potency and durability in HIV patient antiretroviral therapy preferences: a telephone survey. AIDS Patient Care STDS. 2005 Dec;19(12):794-802.

2811. Sherman DS, Fish DN. Management of protease inhibitor-associated diarrhea. Clin Infect Dis. 2000 Jun;30(6):908-14.

2812. Shetty K. Dentistry. Implications and management of xerostomia in the HIV patient. HIV Clin. 2005 Winter;17(1):8-10.

2813. Shi M, Wang RS, Zhang H, Zhu YF, Han B, Zhang Y, et al. Sequential treatment with lamivudine and interferon-alpha monotherapies in hepatitis B e antigen-negative Chinese patients and its suppression of lamivudine-resistant mutations. J Antimicrob Chemother. 2006 Nov;58(5):1031-5.

2814. Shibata N, Kageyama M, Kimura K, Tadano J, Hukushima H, Namiki H, et al. Evaluation of factors to decrease plasma concentration of an HIV protease inhibitor, saquinavir in ethanol-treated rats. Biol Pharm Bull. 2004 Feb;27(2):203-9.

2815. Shiber JR. Lactic acidosis caused by nucleoside analogues. Am J Emerg Med. 2005 Jul;23(4):582-3.

2816. Shikuma CM, Hu N, Milne C, Yost F, Waslien C, Shimizu S, et al. Mitochondrial DNA decrease in subcutaneous adipose tissue of HIV-infected individuals with peripheral lipoatrophy. Aids. 2001 Sep 28;15(14):1801-9.

2817. Shikuma CM, Yang Y, Glesby MJ, Meyer WA, 3rd, Tashima KT, Ribaudo HJ, et al. Metabolic effects of protease inhibitor-sparing antiretroviral regimens given as initial treatment of HIV-1 Infection (AIDS Clinical Trials Group Study A5095). J Acquir Immune Defic Syndr. 2007 Apr 15;44(5):540-50.

2818. Shitrit AB, Kramer MR, Bakal I, Morali G, Ben Ari Z, Shitrit D. Lamivudine prophylaxis for hepatitis B virus infection after lung transplantation. Ann Thorac Surg. 2006 May;81(5):1851-2.

2819. Shulman NS, Delgado J, Bosch RJ, Winters MA, Johnston E, Shafer RW, et al. Nonnucleoside reverse transcriptase inhibitor phenotypic hypersusceptibility can be demonstrated in different assays. J Acquir Immune Defic Syndr. 2005 May 1;39(1):78-81.

2820. Silversides A. New ethical obligations accompany new HIV drugs, conference told. Cmaj. 1999 Jul 27;161(2):187.

2821. Silversides A. Protease inhibitors raising quality-of-life issues for HIV patients. Cmaj. 1999 Mar 23;160(6):894.

2822. Silvestri R, Artico M, De Martino G, La Regina G, Loddo R, La Colla M, et al. Simple, short peptide derivatives of a sulfonylindolecarboxamide (L-737,126) active in vitro against HIV-1 wild type and variants carrying non-nucleoside reverse transcriptase inhibitor resistance mutations. J Med Chem. 2004 Jul 15;47(15):3892-6.

2823. Sim SM, Hoggard PG, Sales SD, Phiboonbanakit D, Hart CA, Back DJ. Effect of ribavirin on zidovudine efficacy and toxicity in vitro: a concentration-dependent interaction. AIDS Res Hum Retroviruses. 1998 Dec 20;14(18):1661-7.

2824. Simdon J, Watters D, Bartlett S, Connick E. Ototoxicity associated with use of nucleoside analog reverse transcriptase inhibitors: a report of 3 possible cases and review of the literature. Clin Infect Dis. 2001 Jun 1;32(11):1623-7.

2825. Simpson DM, Katzenstein D, Haidich B, Millington D, Yiannoutsos C, Schifitto G, et al. Plasma carnitine in HIV-associated neuropathy. Aids. 2001 Nov 9;15(16):2207-8.

2826. Simpson DM, Katzenstein DA, Hughes MD, Hammer SM, Williamson DL, Jiang Q, et al. Neuromuscular function in HIV infection: analysis of a placebo-controlled combination antiretroviral trial. AIDS Clinical Group 175/801 Study Team. Aids. 1998 Dec 24;12(18):2425-32.

2827. Simpson KN, Jones WJ, Rajagopalan R, Dietz B. Cost effectiveness of lopinavir/ritonavir compared with atazanavir plus ritonavir in antiretroviral-experienced patients in the US. Clin Drug Investig. 2007;27(7):443-52.

2828. Simpson KN, Luo MP, Chumney EC, King MS, Brun S. Cost effectiveness of lopinavir/ritonavir compared with atazanavir in antiretroviral-naive patients: modelling the combined effects of HIV and heart disease. Clin Drug Investig. 2007;27(1):67-74.

2829. Simpson ND, Simpson PW, Ahmed AM, Nguyen MH, Garcia G, Keeffe EB, et al. Prophylaxis against chemotherapy-induced reactivation of hepatitis B virus infection with Lamivudine. J Clin Gastroenterol. 2003 Jul;37(1):68-71.

2830. Sirinek M. Case studies on treatment. Posit Aware. 1999 Mar-Apr;10(2):29-30.

2831. Sissoko D, Ajana F, de la Tribonniere X, Baclet V, Mouton Y. [Cutaneous, hepatic and hematologic manifestations due to nevirapine: DRESS syndrome?]. Presse Med. 2000 May 27-Jun 3;29(19):1041-2.

2832. Skeie L, Maeland A. Can efavirenz be taken in the morning? Scand J Infect Dis. 2006;38(11-12):1089-91.

2833. Skopelitis EE, Kokotis PI, Kontos AN, Panayiotakopoulos GD, Konstantinou K, Kordossis T, et al. Distal sensory polyneuropathy in HIV-positive patients in the HAART era: an entity underestimated by clinical examination. Int J STD AIDS. 2006 Jul;17(7):467-72.

2834. Skowron G. dNN study: stavudine, nelfinavir and nevirapine. Preliminary safety, activity and pharmacokinetic interactions. Antivir Ther. 1998;3 Suppl 4:61-2.

2835. Skowron G, Kuritzkes DR, Thompson MA, Squires KE, Goodwin SD, Dusak BA, et al. Once-daily quadruple-drug therapy with adefovir dipivoxil, Lamivudine, Didanosine, and efavirenz in treatment-naive human immunodeficiency virus type 1-infected patients. J Infect Dis. 2002 Oct 1;186(7):1028-33.

2836. Skowron G, Stein D, Drusano G, Melbourne K, Bilello J, Mikolich D, et al. The safety and efficacy of granulocyte-macrophage colony-stimulating factor (Sargramostim) added to indinavir- or ritonavir-based antiretroviral therapy: a randomized double-blind, placebo-controlled trial. J Infect Dis. 1999 Oct;180(4):1064-71.

2837. Skuta G, Fischer GM, Janaky T, Kele Z, Szabo P, Tozser J, et al. Molecular mechanism of the short-term cardiotoxicity caused by 2',3'-dideoxycytidine (ddC): modulation of reactive oxygen species levels and ADP-ribosylation reactions. Biochem Pharmacol. 1999 Dec 15;58(12):1915-25.

2838. Slovick J. New partnership calls for clinical testing of two fusion inhibitors. Posit Living. 1999 Aug;8(7):15, 62.

2839. Slovick J. Cautions on using Viagra and P.I.s issued. Posit Living. 1999 Jun;8(5):16.

2840. Smart T. The next wave of protease inhibitors. GMHC Treat Issues. 1995 Jun;9(6):4.

2841. Smart T. Protease inhibitors come of age. GMHC Treat Issues. 1996 Feb;10(2):2-6.

2842. Smart T. Anti-HIV agents at ICAAC. GMHC Treat Issues. 1996 Oct;10(10):7-10.

2843. Smart T. Back to the nukes. GMHC Treat Issues. 1996 Feb;10(2):6-7.

2844. Smart T. And also, "adefovir dipovixil". GMHC Treat Issues. 1996 Feb;10(2):8.

2845. Smart T, Torres G. Antiviral roundup. GMHC Treat Issues. 1996 Aug;10(8):6-7.

2846. Smith D. The new antiretroviral arsenal. AIDS Treat News. 1996 Nov 15(No 259):4-5.

2847. Smith D. Standard treatments for HIV, Spring 1997. AIDS Treat News. 1997 Apr 18(No 269):4-5.

2848. Smith D. Clinical significance of treatment-induced lipid abnormalities and lipodystrophy. J HIV Ther. 2001 May;6(2):25-7.

2849. Smith GH, Boulassel MR, Klien M, Gilmore N, MacLeod J, LeBlanc R, et al. Virologic and immunologic response to a boosted double-protease inhibitor-based therapy in highly pretreated HIV-1-infected patients. HIV Clin Trials. 2005 Mar-Apr;6(2):63-72.

2850. Smith JH, Martin GJ, Decker CF. Hyperlipidemia associated with the use of protease inhibitors. Clin Infect Dis. 2000 Jul;31(1):207-8.

2851. Smith K, Germain M, Decker C, Yeager J, Skelton H. Increased soft tissue in the posterior cervical and upper back area of patients on HIV-1 protease inhibitors. J Cutan Med Surg. 1999 Apr;3(4):211-7.

2852. Smith KJ, Yeager J, Skelton H. Fixed drug eruptions to human immunodeficiency virus-1 protease inhibitor. Cutis. 2000 Jul;66(1):29-32.

2853. Smith KY. Protease inhibitor-sparing regimens. J Int Assoc Physicians AIDS Care (Chic Ill). 2002 Oct-Dec;1(4):116-20.

2854. Smith PF, Forrest A, Ballow CH, Martin DE, Proulx L. Safety, tolerability, and pharmacokinetics of single oral doses of BCH-10652 in healthy adult males. Antimicrob Agents Chemother. 2000 Oct;44(10):2816-23.

2855. Smith PF, Forrest A, Ballow CH, Martin DE, Proulx L. Absolute bioavailability and disposition of (-) and (+) 2'-deoxy- 3'-oxa-4'-thiocytidine (dOTC) following single intravenous and oral doses of racemic dOTC in humans. Antimicrob Agents Chemother. 2000 Jun;44(6):1609-15.

2856. Smyth NR, McCracken C, Gaskell RM, Cameron JM, Coates JA, Gaskell CJ, et al. Susceptibility in cell culture of feline immunodeficiency virus to eighteen antiviral agents. J Antimicrob Chemother. 1994 Oct;34(4):589-94.

2857. Snowden H, Woolridge M, Renfrew M. Galactorrhoea, hyperprolactinaemia, and protease inhibitors. Lancet. 2001 Feb 10;357(9254):474; author reply 5.

2858. Soler Palacin P, Aramburo A, Moraga FA, Cabanas MJ, Figueras C. Neuropsychiatric reaction induced by abacavir in a pediatric human immunodeficiency virus-infected patient. Pediatr Infect Dis J. 2006 Apr;25(4):382.

2859. Sollima S, Osio M, Muscia F, Gambaro P, Alciati A, Zucconi M, et al. Protease inhibitors and erectile dysfunction. Aids. 2001 Nov 23;15(17):2331-3.

2860. Solorzano Santos F, Gochicoa Rangel LG, Palacios Saucedo G, Vazquez Rosales G, Miranda Novales MG. Hypertriglyceridemia and hypercholesterolemia in human immunodeficiency virus-1-infected children treated with protease inhibitors. Arch Med Res. 2006 Jan;37(1):129-32.

2861. Songa PM, Castelnuovo B, Mugasha EB, Ocama P, Kambugu A. Symptomatic hyperlactatemia associated with nucleoside analogue reverse-transcriptase inhibitor use in HIV-infected patients: a report of 24 cases in a resource-limited setting (Uganda). Clin Infect Dis. 2007 Aug 15;45(4):514-7.

2862. Sonnabend J. Heart disease in people with HIV: an interview with Joseph Sonnabend, M.D. Interview by Dave Gilden. GMHC Treat Issues. 1998 May;12(5):4-5, 8.

2863. Soriano V, Dona C, Barreiro P, Gonzalez-Lahoz J. Is there cross-toxicity between nevirapine and efavirenz in subjects developing rash? Aids. 2000 Jul 28;14(11):1672-3.

2864. Sosa N, Hill-Zabala C, Dejesus E, Herrera G, Florance A, Watson M, et al. Abacavir and lamivudine fixed-dose combination tablet once daily compared with abacavir and lamivudine twice daily in HIV-infected patients over 48 weeks (ESS30008, SEAL). J Acquir Immune Defic Syndr. 2005 Dec 1;40(4):422-7.

2865. Soylu AR, Dokmeci G, Tezel A, Cakir B, Umit H, Karahan N, et al. Lamivudine-induced acute pancreatitis in a patient with decompensated Hbv-related chronic liver disease. J Clin Gastroenterol. 2004 Feb;38(2):134.

2866. Spagnuolo V, Gentilini G, De Bona A, Galli L, Uberti-Foppa C, Soldarini A, et al. Liver function parameters in HIV/HCV co-infected patients treated with amprenavir and ritonavir and correlation with plasma levels. New Microbiol. 2007 Jul;30(3):279-82.

2867. Sparano JA, Kalkut G. Special considerations regarding antiretroviral therapy and infection prophylaxis in the HIV-infected individual with cancer. Cancer Treat Res. 2001;104:347-66.

2868. Spector AA. HIV protease inhibitors and hyperlipidemia: a fatty acid connection. Arterioscler Thromb Vasc Biol. 2006 Jan;26(1):7-9.

2869. Spichler AS, Seguro AC. Electrolyte disturbances may predispose nucleoside analogue-treated AIDS patients to acute renal failure. Int J Infect Dis. 2004 Nov;8(6):377-8.

2870. Spiegel M, Schmidauer C, Kampfl A, Sarcletti M, Poewe W. Cerebral ergotism under treatment with ergotamine and ritonavir. Neurology. 2001 Aug 28;57(4):743-4.

2871. Spiga MG, Weidner DA, Trentesaux C, LeBoeuf RD, Sommadossi JP. Inhibition of beta-globin gene expression by 3'-azido-3'-deoxythymidine in human erythroid progenitor cells. Antiviral Res. 1999 Dec 31;44(3):167-77.

2872. Sprengers D, van Gelder T, Zondervan PE, Niesters HG, Janssen HL, de Man RA. [Fatal fibrosing cholestatic hepatitis following renal transplantation]. Ned Tijdschr Geneeskd. 2002 Jul 20;146(29):1380-4.

2873. Springer SA, Altice FL. Human immunodeficiency virus infection with human granulocytic ehrlichiosis complicated by symptomatic lactic acidosis. Clin Infect Dis. 2003 Jun 15;36(12):e162-4.

2874. Squires KE. An introduction to nucleoside and nucleotide analogues. Antivir Ther. 2001;6 Suppl 3:1-14.

2875. Squires KE, Gulick R, Tebas P, Santana J, Mulanovich V, Clark R, et al. A comparison of stavudine plus lamivudine versus zidovudine plus lamivudine in combination with indinavir in antiretroviral naive individuals with HIV infection: selection of thymidine analog regimen therapy (START I). Aids. 2000 Jul 28;14(11):1591-600.

2876. Srikantiah P, Walusimbi MN, Kayanja HK, Mayanja-Kizza H, Mugerwa RD, Lin R, et al. Early virological response of zidovudine/lamivudine/abacavir for patients co-infected with HIV and tuberculosis in Uganda. Aids. 2007 Sep 12;21(14):1972-4.

2877. Ssali F, Stohr W, Munderi P, Reid A, Walker AS, Gibb DM, et al. Prevalence, incidence and predictors of severe anaemia with zidovudine-containing regimens in African adults with HIV infection within the DART trial. Antivir Ther. 2006;11(6):741-9.

2878. Stahle L, Moberg L, Svensson JO, Sonnerborg A. Efavirenz plasma concentrations in HIV-infected patients: inter- and intraindividual variability and clinical effects. Ther Drug Monit. 2004 Jun;26(3):267-70.

2879. Stanworth SJ, Bolton MJ, Hay CR, Shiach CR. Increased bleeding in HIV-positive haemophiliacs treated with antiretroviral protease inhibitors. Haemophilia. 1998 Mar;4(2):109-14.

2880. Starr SE, Fletcher CV, Spector SA, Yong FH, Fenton T, Brundage RC, et al. Combination therapy with efavirenz, nelfinavir, and nucleoside reverse-transcriptase inhibitors in children infected with human immunodeficiency virus type 1. Pediatric AIDS Clinical Trials Group 382 Team. N Engl J Med. 1999 Dec 16;341(25):1874-81.

2881. Staszewski S, Babacan E, Stephan C, Haberl A, Carlebach A, Gute P, et al. The LOPSAQ study: 48 week analysis of a boosted double protease inhibitor regimen containing lopinavir/ritonavir plus saquinavir without additional antiretroviral therapy. J Antimicrob Chemother. 2006 Nov;58(5):1024-30.

2882. Staszewski S, Massari FE, Kober A, Gohler R, Durr S, Anderson KW, et al. Combination therapy with zidovudine prevents selection of human immunodeficiency virus type 1 variants expressing high-level resistance to L-697,661, a nonnucleoside reverse transcriptase inhibitor. J Infect Dis. 1995 May;171(5):1159-65.

2883. Staszewski S, Miller V, Kober A, Colebunders R, Vandercam B, Delescluse J, et al. Evaluation of the efficacy and tolerance of R 018893, R 089439 (loviride) and placebo in asymptomatic HIV-1-infected patients. Loviride Collaborative Study Group. Antivir Ther. 1996 Jan;1(1):42-50.

2884. Staszewski S, Morales-Ramirez J, Tashima KT, Rachlis A, Skiest D, Stanford J, et al. Efavirenz plus zidovudine and lamivudine, efavirenz plus indinavir, and indinavir plus zidovudine and lamivudine in the treatment of HIV-1 infection in adults. Study 006 Team. N Engl J Med. 1999 Dec 16;341(25):1865-73.

2885. Stein DS, Dunn H, Drusano GL. Acute thrombocytopenia secondary to the administration of the peptidomimetic HIV protease inhibitor MK-639(L735524). Aids. 1996 Jun;10(6):678-80.

2886. Stein JH. Dyslipidemia in the era of HIV protease inhibitors. Prog Cardiovasc Dis. 2003 Jan-Feb;45(4):293-304.

2887. Stein JH. Cardiovascular risks of antiretroviral therapy. N Engl J Med. 2007 Apr 26;356(17):1773-5.

2888. Stein JH, Klein MA, Bellehumeur JL, McBride PE, Wiebe DA, Otvos JD, et al. Use of human immunodeficiency virus-1 protease inhibitors is associated with atherogenic lipoprotein changes and endothelial dysfunction. Circulation. 2001 Jul 17;104(3):257-62.

2889. Stein JH, Merwood MA, Bellehumeur JB, McBride PE, Wiebe DA, Sosman JM. Postprandial lipoprotein changes in patients taking antiretroviral therapy for HIV infection. Arterioscler Thromb Vasc Biol. 2005 Feb;25(2):399-405.

2890. Stein JH, Merwood MA, Bellehumeur JL, Aeschlimann SE, Korcarz CE, Underbakke GL, et al. Effects of pravastatin on lipoproteins and endothelial function in patients receiving human immunodeficiency virus protease inhibitors. Am Heart J. 2004 Apr;147(4):E18.

2891. Steinberg JL, Yeo W, Zhong S, Chan JY, Tam JS, Chan PK, et al. Hepatitis B virus reactivation in patients undergoing cytotoxic chemotherapy for solid tumours: precore/core mutations may play an important role. J Med Virol. 2000 Mar;60(3):249-55.

2892. Steinbrook R. HIV infection--a new drug and new costs. N Engl J Med. 2003 May 29;348(22):2171-2.

2893. Steiner F, Kind C, Aebi C, Wyler-Lazarevitch CA, Cheseaux JJ, Rudin C, et al. Growth in human immunodeficiency virus type 1-infected children treated with protease inhibitors. Eur J Pediatr. 2001 Oct;160(10):611-6.

2894. Stenzel MS, Carpenter CC. The management of the clinical complications of antiretroviral therapy. Infect Dis Clin North Am. 2000 Dec;14(4):851-78, vi.

2895. Stephan C, Carlebach A, Rottmann C, Haberl A, Dauer B, von Hentig N, et al. Dose reduction effective in alleviating symptoms of saquinavir toxicity. Int J STD AIDS. 2007 Feb;18(2):81-4.

2896. Stephens JR, Rathbun RC, Lockhart SM, Bronze MS, Greenfield RA. Part XV. Antiretroviral therapy for human immunodeficiency virus infection. J Okla State Med Assoc. 2007 Nov;100(11):417-24.

2897. Stephenson J. Studies reveal early impact of HIV infection, effects of treatment. Jama. 1998 Mar 4;279(9):641-2.

2898. Stephenson J. Scientists find some genes a bad omen for anti-HIV drug. Jama. 2002 Apr 3;287(13):1637.

2899. Stern JO, Robinson PA, Love J, Lanes S, Imperiale MS, Mayers DL. A comprehensive hepatic safety analysis of nevirapine in different populations of HIV infected patients. J Acquir Immune Defic Syndr. 2003 Sep;34 Suppl 1:S21-33.

2900. Stocker DN, Meier PJ, Stoller R, Fattinger KE. "Buffalo hump" in HIV-1 infection. Lancet. 1998 Jul 25;352(9124):320-1.

2901. Stoehr A. [Strategies for combating resistances in HIV therapy--an exemplifying case]. MMW Fortschr Med. 2004 Apr 26;146 Spec No 1:70-1.

2902. Stojanov S, Wintergerst U, Belohradsky BH, Rolinski B. Mitochondrial and peroxisomal dysfunction following perinatal exposure to antiretroviral drugs. Aids. 2000 Jul 28;14(11):1669.

2903. Stolk LM, Luers JF. Increasing number of anti-HIV drugs but no definite cure. Review of anti-HIV drugs. Pharm World Sci. 2004 Jun;26(3):133-6.

2904. Stranford SA, Ong JC, Martinez-Marino B, Busch M, Hecht FM, Kahn J, et al. Reduction in CD8+ cell noncytotoxic anti-HIV activity in individuals receiving highly active antiretroviral therapy during primary infection. Proc Natl Acad Sci U S A. 2001 Jan 16;98(2):597-602.

2905. Stricker RB, Goldberg B. Protease inhibitors and prohormone processing. Ann Intern Med. 2000 Sep 19;133(6):482-3.

2906. Striker R, Conlin D, Marx M, Wiviott L. Localized adipose tissue hypertrophy in patients receiving human immunodeficiency virus protease inhibitors. Clin Infect Dis. 1998 Jul;27(1):218-20.

2907. Strobel M, Muller P, Claudel P. Complete reversibility of severe nucleoside-induced lipodystrophy. Aids. 1999 Dec 24;13(18):2606-7.

2908. Stroffolini T, Andriani A, Bibas M, Barlattani A. Successful treatment with lamivudine for reactivated hepatitis B infection following chemotherapy for non-Hodgkin's lymphoma. Ann Hematol. 2002 Jan;81(1):48-9.

2909. Struble KA, Pratt RD, Gitterman SR. Toxicity of antiretroviral agents. Am J Med. 1997 May 19;102(5B):65-7; discussion 8-9.

2910. Sturgill MG, Seibold JR, Boruchoff SE, Yeh KC, Haddix H, Deutsch P. Trimethoprim/sulfamethoxazole does not affect the steady-state disposition of indinavir. J Clin Pharmacol. 1999 Oct;39(10):1077-84.

2911. Su GG, Pan KH, Zhao NF, Fang SH, Yang DH, Zhou Y. Efficacy and safety of lamivudine treatment for chronic hepatitis B in pregnancy. World J Gastroenterol. 2004 Mar 15;10(6):910-2.

2912. Subbulakshmi V, Ghosh AK, Das T, Ray PK. Mechanism of protein A-induced amelioration of toxicity of anti-AIDS drug, zidovudine. Biochem Biophys Res Commun. 1998 Sep 8;250(1):15-21.

2913. Sudakin DL. Dietary aflatoxin exposure and chemoprevention of cancer: a clinical review. J Toxicol Clin Toxicol. 2003;41(2):195-204.

2914. Suhadolnik RJ. Photolabeling of the enzymes of the 2-5A synthetase/RNase L/p68 kinase antiviral systems with azido probes. Prog Mol Subcell Biol. 1994;14:260-75.

2915. Sulkowski M. HIV and hepatitis C virus co-infection. Hopkins HIV Rep. 1998 Nov;10(6):8, 12.

2916. Sulkowski MS. Hepatotoxicity associated with antiretroviral therapy containing HIV-1 protease inhibitors. Semin Liver Dis. 2003 May;23(2):183-94.

2917. Sulkowski MS. Drug-induced liver injury associated with antiretroviral therapy that includes HIV-1 protease inhibitors. Clin Infect Dis. 2004 Mar 1;38 Suppl 2:S90-7.

2918. Sulkowski MS, Thomas DL, Mehta SH, Chaisson RE, Moore RD. Hepatotoxicity associated with nevirapine or efavirenz-containing antiretroviral therapy: role of hepatitis C and B infections. Hepatology. 2002 Jan;35(1):182-9.

2919. Sullivan AK, Feher MD, Nelson MR, Gazzard BG. Marked hypertriglyceridaemia associated with ritonavir therapy. Aids. 1998 Jul 30;12(11):1393-4.

2920. Sullivan AK, Nelson MR. Marked hyperlipidaemia on ritonavir therapy. Aids. 1997 Jun;11(7):938-9.

2921. Sullivan AK, Nelson MR, Moyle GJ, Newell AM, Feher MD, Gazzard BG. Coronary artery disease occurring with protease inhibitor therapy. Int J STD AIDS. 1998 Nov;9(11):711-2.

2922. Sullivan JL. Prevention of mother-to-child transmission of HIV--what next? J Acquir Immune Defic Syndr. 2003 Sep;34 Suppl 1:S67-72.

2923. Sundaram CP, Saltzman B. Urolithiasis associated with protease inhibitors. J Endourol. 1999 May;13(4):309-12.

2924. Sungkanuparph S, Jongwutiwes U, Kiertiburanakul S. Timing of cryptococcal immune reconstitution inflammatory syndrome after antiretroviral therapy in patients with AIDS and cryptococcal meningitis. J Acquir Immune Defic Syndr. 2007 Aug 15;45(5):595-6.

2925. Susman E. Notes and quotes. New drugs give hint of promise in treating HIV/AIDS. Aids. 2001 Jul 6;15(10):N11-2.

2926. Susman E. Excess DNA mutations seen in babies whose HIV-infected mothers took antiretroviral drugs. Aids. 2002 Sep 6;16(13):N9-10.

2927. Susman E. NNRTI without the rash. Aids. 2002 Aug 16;16(12):N8.

2928. Susman E. One as potent as five. Aids. 2002 Aug 16;16(12):N7.

2929. Sutherland SE, Reigle MD, Seftel AD, Resnick MI. Protease inhibitors and urolithiasis. J Urol. 1997 Jul;158(1):31-3.

2930. Swenson CL, Polas PJ, Cheney CM, Kociba GJ, Mathes LE. Prophylactic and therapeutic effects of phosphonoformate against feline leukemia virus in vitro. Am J Vet Res. 1991 Dec;52(12):2010-5.

2931. Szczech GM, Furman P, Painter GR, Barry DW, Borroto-Esoda K, Grizzle TB, et al. Safety assessment, in vitro and in vivo, and pharmacokinetics of emivirine, a potent and selective nonnucleoside reverse transcriptase inhibitor of human immunodeficiency virus type 1. Antimicrob Agents Chemother. 2000 Jan;44(1):123-30.

2932. Szeto CC, Chow KM. Nephrotoxicity related to new therapeutic compounds. Ren Fail. 2005;27(3):329-33.

2933. Taeron C. [Efavirenz]. Rev Infirm. 2005 May(111):37-8.

2934. Taha TE, Kumwenda N, Gibbons A, Hoover D, Lema V, Fiscus S, et al. Effect of HIV-1 antiretroviral prophylaxis on hepatic and hematological parameters of African infants. Aids. 2002 Apr 12;16(6):851-8.

2935. Taiwo BO. Nevirapine toxicity. Int J STD AIDS. 2006 Jun;17(6):364-9; quiz 70.

2936. Taiwo BO, Hicks CB. Darunavir: an overview of an HIV protease inhibitor developed to overcome drug resistance. AIDS Read. 2007 Mar;17(3):151-6, 9-61.

2937. Takai S, Tsurumi H, Ando K, Kasahara S, Sawada M, Yamada T, et al. Prevalence of hepatitis B and C virus infection in haematological malignancies and liver injury following chemotherapy. Eur J Haematol. 2005 Feb;74(2):158-65.

2938. Tam CW. New formulation of saquinavir (Fortovase) is more effective. Fac Notes (New Orleans La). 1998 Mar-Apr;10(2):11.

2939. Tamari M. A decade in HIV treatment: what is the state of the art and how did we arrive. Clin Excell Nurse Pract. 2001;5(1):4-12.

2940. Tambussi G, Ghezzi S, Nozza S, Vallanti G, Magenta L, Guffanti M, et al. Efficacy of low-dose intermittent subcutaneous interleukin (IL)--2 in antiviral drug--experienced human immunodeficiency virus--infected persons with detectable virus load: a controlled study of 3 il-2 regimens with antiviral drug therapy. J Infect Dis. 2001 May 15;183(10):1476-84.

2941. Tan D, Walmsley S, Shen S, Raboud J. Mild to moderate symptoms do not correlate with lactate levels in HIV-positive patients on nucleoside reverse transcriptase inhibitors. HIV Clin Trials. 2006 May-Jun;7(3):107-15.

2942. Tanaka K, Fukahori S, Jojima H, Fujimatsu Y, Shiraishi K, Tanaka M, et al. [Fatal lactic acidosis in a patient with acquired immunodeficiency syndrome treated with stavudine, lamivudine and indinavir]. Kansenshogaku Zasshi. 1999 Dec;73(12):1232-5.

2943. Tanaka-Taya K. [Human cytomegalovirus infection]. Nippon Rinsho. 2005 Apr;63 Suppl 4:528-33.

2944. Tantisiriwat W, Tebas P, Polish LB, Casabar E, Powderly WG, Fichtenbaum CJ. Elevated lactate levels in hospitalized persons with HIV infection. AIDS Res Hum Retroviruses. 2001 Feb 10;17(3):195-201.

2945. Tarantal AF, Castillo A, Ekert JE, Bischofberger N, Martin RB. Fetal and maternal outcome after administration of tenofovir to gravid rhesus monkeys (Macaca mulatta). J Acquir Immune Defic Syndr. 2002 Mar 1;29(3):207-20.

2946. Tashima KT, Carpenter CC. Fusion inhibition--a major but costly step forward in the treatment of HIV-1. N Engl J Med. 2003 May 29;348(22):2249-50.

2947. Tashima KT, Horowitz JD, Rosen S. Indinavir nephropathy. N Engl J Med. 1997 Jan 9;336(2):138-40.

2948. Tattevin P, Revest M, Dupont M, Arvieux C, Michelet C. A regimen containing rifabutin for the treatment of tuberculosis in patients intolerant to rifampin. Clin Infect Dis. 2003 Jan 1;36(1):127-8.

2949. Tavassoli N, Bagheri H, Sommet A, Delpierre C, Marion-Latard F, Massip P, et al. Effects of discontinuing stavudine or protease inhibitor therapy on human immunodeficiency virus-related fat redistribution evaluated by dual-energy x-ray absorptiometry. Pharmacotherapy. 2006 Feb;26(2):154-61.

2950. Taylor GP, Low-Beer N. Antiretroviral therapy in pregnancy: a focus on safety. Drug Saf. 2001;24(9):683-702.

2951. Taylor P, Worrell C, Steinberg SM, Hazra R, Jankelevich S, Wood LV, et al. Natural history of lipid abnormalities and fat redistribution among human immunodeficiency virus-infected children receiving long-term, protease inhibitor-containing, highly active antiretroviral therapy regimens. Pediatrics. 2004 Aug;114(2):e235-42.

2952. Tebas P, Powderly WG. Nelfinavir mesylate. Expert Opin Pharmacother. 2000 Dec;1(7):1429-40.

2953. Tebas P, Powderly WG, Claxton S, Marin D, Tantisiriwat W, Teitelbaum SL, et al. Accelerated bone mineral loss in HIV-infected patients receiving potent antiretroviral therapy. Aids. 2000 Mar 10;14(4):F63-7.

2954. Tebas P, Yarasheski K, Henry K, Claxton S, Kane E, Bordenave B, et al. Evaluation of the virological and metabolic effects of switching protease inhibitor combination antiretroviral therapy to nevirapine-based therapy for the treatment of HIV infection. AIDS Res Hum Retroviruses. 2004 Jun;20(6):589-94.

2955. Teglas JP, Quartier P, Treluyer JM, Burgard M, Gregoire V, Blanche S. Tolerance of efavirenz in children. Aids. 2001 Jan 26;15(2):241-3.

2956. Teira R, Zubero Z, Munoz J, Baraia-Etxaburu J, Santamaria JM. Stevens-Johnson syndrome caused by indinavir. Scand J Infect Dis. 1998;30(6):634-5.

2957. Teitel J. A side effect of protease inhibitors. Cmaj. 1998 May 5;158(9):1129-30.

2958. Telenti A, Aubert V, Spertini F. Individualising HIV treatment--pharmacogenetics and immunogenetics. Lancet. 2002 Mar 2;359(9308):722-3.

2959. Telenti A, Egger M. Identifying safety concerns from genetic data: lessons from the development of CCR5 inhibitors. Antivir Ther. 2007;12(2):147-8.

2960. Temesgen Z, Cainelli F, Poeschla EM, Vlahakis SA, Vento S. Approach to salvage antiretroviral therapy in heavily antiretroviral-experienced HIV-positive adults. Lancet Infect Dis. 2006 Aug;6(8):496-507.

2961. Temesgen Z, Feinberg J. Tipranavir: a new option for the treatment of drug-resistant HIV infection. Clin Infect Dis. 2007 Sep 15;45(6):761-9.

2962. Temple ME, Koranyi KI, Nahata MC. The safety and antiviral effect of protease inhibitors in children. Pharmacotherapy. 2001 Mar;21(3):287-94.

2963. Temple ME, Koranyi KI, Nahata MC. Lipodystrophy in HIV-infected pediatric patients receiving protease inhibitors. Ann Pharmacother. 2003 Sep;37(9):1214-8.

2964. Teplitsky V, Halabe A. Fat distribution in AIDS. N Engl J Med. 1999 Mar 25;340(12):969-70.

2965. ter Borg F, Smorenburg S, de Man RA, Rietbroek RC, Chamuleau RA, Jones EA. Recovery from life-threatening, corticosteroid-unresponsive, chemotherapy-related reactivation of hepatitis B associated with lamivudine therapy. Dig Dis Sci. 1998 Oct;43(10):2267-70.

2966. ter Hofstede HJ, Borm GF, Koopmans PP. Oral glucose loading for detection of mitochondrial toxicity during HAART in HIV-infected patients. Curr HIV Res. 2007 Jul;5(4):389-93.

2967. ter Hofstede HJ, Burger DM, Koopmans PP. Antiretroviral therapy in HIV patients: aspects of metabolic complications and mitochondrial toxicity. Neth J Med. 2003 Dec;61(12):393-403.

2968. ter Hofstede HJ, de Marie S, Foudraine NA, Danner SA, Brinkman K. Clinical features and risk factors of lactic acidosis following long-term antiretroviral therapy: 4 fatal cases. Int J STD AIDS. 2000 Sep;11(9):611-6.

2969. ter Hofstede HJ, Telgt DS, Koopmans PP. [Therapy of HIV infection: how early and how intensive?]. Ned Tijdschr Geneeskd. 2001 Feb 3;145(5):201-4.

2970. ter Hofstede HJ, Willems HL, Koopmans PP. Serum L-lactate and pyruvate in HIV-infected patients with and without presumed NRTI-related adverse events compared to healthy volunteers. J Clin Virol. 2004 Jan;29(1):44-50.

2971. Terheggen F, Frissen J, Weigel H, Schouten I, Brinkman K. Nail, hair and skin hyperpigmentation associated with indinavir therapy. Aids. 2004 Jul 23;18(11):1612.

2972. Terrazas-Aranda K, Van Herrewege Y, Lewi PJ, Van Roey J, Vanham G. In vitro pre- and post-exposure prophylaxis using HIV inhibitors as microbicides against cell-free or cell-associated HIV-1 infection. Antivir Chem Chemother. 2007;18(3):141-51.

2973. Teruya K. [Antiretrovirals]. Nippon Rinsho. 2007 Feb 28;65 Suppl 2 Pt. 1:384-9.

2974. Teruya K, Oka S. [Antiretrovirals]. Nippon Rinsho. 2003 Feb;61 Suppl 2:780-6.

2975. Thabut D, Thibault V, Bernard-Chabert B, Mouquet C, Di Martino V, Le Calvez S, et al. Long-term therapy with lamivudine in renal transplant recipients with chronic hepatitis B. Eur J Gastroenterol Hepatol. 2004 Nov;16(12):1367-73.

2976. Theobald T, Jager H. [First-line monotherapy with boostered protease inhibitor. Effectively reduce viral load with only one drug?]. MMW Fortschr Med. 2005 Apr 25;147 Spec No 1:28-9.

2977. Thiebaut R, Dequae-Merchadou L, Ekouevi DK, Mercie P, Malvy D, Neau D, et al. Incidence and risk factors of severe hypertriglyceridaemia in the era of highly active antiretroviral therapy: the Aquitaine Cohort, France, 1996-99. HIV Med. 2001 Apr;2(2):84-8.

2978. Thomas CM, Smart EJ. How HIV protease inhibitors promote atherosclerotic lesion formation. Curr Opin Lipidol. 2007 Oct;18(5):561-5.

2979. Thomas JC, Lopes-Virella MF, Del Bene VE, Cerveny JD, Taylor KB, McWhorter LS, et al. Use of fenofibrate in the management of protease inhibitor-associated lipid abnormalities. Pharmacotherapy. 2000 Jun;20(6):727-34.

2980. Thompson M, DeJesus E, Richmond G, Wheeler D, Flaherty J, Piliero P, et al. Pharmacokinetics, pharmacodynamics and safety of once-daily versus twice-daily dosing with enfuvirtide in HIV-infected subjects. Aids. 2006 Feb 14;20(3):397-404.

2981. Thompson MA, Kessler HA, Eron JJ, Jr., Jacobson JM, Adda N, Shen G, et al. Short-term safety and pharmacodynamics of amdoxovir in HIV-infected patients. Aids. 2005 Oct 14;19(15):1607-15.

2982. Thorn K. Lipodystrophy and altered body shape in HIV: a protease inhibitor side effect? What do you tell your patient? Case Manager. 1999 Jan-Feb;10(1):45-7; quiz 9.

2983. Thorne C, Newell ML. Antenatal and neonatal antiretroviral therapy in HIV-infected women and their infants: a review of safety issues. Med Wieku Rozwoj. 2003 Oct-Dec;7(4 Pt 1):425-36.

2984. Threlkeld SC, Hirsch MS. Antiretroviral therapy. Med Clin North Am. 1996 Nov;80(6):1263-82.

2985. Thuret I, Michel G, Chambost H, Tamalet C, Giraud P, Brunet C, et al. Combination antiretroviral therapy including ritonavir in children infected with human immunodeficiency. Aids. 1999 Jan 14;13(1):81-7.

2986. Tietz A. [Stage CDC C3 HIV infection; V.a. acute serotoninergic syndrome]. Praxis (Bern 1994). 1997 Sep 3;86(36):1393-5.

2987. Tikhomirov V, Namek K, Hindes R. Agranulocytosis induced by abacavir. Aids. 1999 Jul 30;13(11):1420-1.

2988. Timmermans S, Tempelman C, Godfried MH, Nellen J, Dieleman J, Sprenger H, et al. Nelfinavir and nevirapine side effects during pregnancy. Aids. 2005 May 20;19(8):795-9.

2989. Tobin GJ, Ennis WH, Clanton DJ, Gonda MA. Inhibition of bovine immunodeficiency virus by anti-HIV-1 compounds in a cell culture-based assay. Antiviral Res. 1996 Dec;33(1):21-31.

2990. Toma E, Devost D, Chow Lan N, Bhat PV. HIV-protease inhibitors alter retinoic acid synthesis. Aids. 2001 Oct 19;15(15):1979-84.

2991. Tomasselli AG, Heinrikson RL. Targeting the HIV-protease in AIDS therapy: a current clinical perspective. Biochim Biophys Acta. 2000 Mar 7;1477(1-2):189-214.

2992. Tong C, Fenton M, Hall M. Using Agenerase. Nutritional considerations affect bioavailability of new P.I. Posit Living. 1999 Jul;8(6):6, 62.

2993. Torre D, Speranza F. Is there a role for nitric oxide in hyperlactataemia syndromes and mitochondrial dysfunction associated with HIV therapy? Lancet Infect Dis. 2003 Oct;3(10):609-10.

2994. Torres HA, Barnett BJ, Arduino RC. Alopecia associated with ritonavir-boosted atazanavir therapy. Aids. 2007 Jun 19;21(10):1391-2.

2995. Torres Isidro MV, Garcia Benayas T, del Val Gomez Martinez M, Gonzalez Gallardo F, Gambi Pisonero N, Castilla Miguel S, et al. [Role of bone gammagraphy in the diagnosis of secondary osteomalacia in a patient treated with tenofovir]. Rev Esp Med Nucl. 2006 Mar-Apr;25(2):103-6.

2996. Torres SM, Walker DM, Carter MM, Cook DL, Jr., McCash CL, Cordova EM, et al. Mutagenicity of zidovudine, lamivudine, and abacavir following in vitro exposure of human lymphoblastoid cells or in utero exposure of CD-1 mice to single agents or drug combinations. Environ Mol Mutagen. 2007 Apr-May;48(3-4):224-38.

2997. Torti C, Costarelli S, De Silvestri A, Quiros-Roldan E, Lapadula G, Cologni G, et al. Analysis of severe hepatic events associated with nevirapine-containing regimens: CD4+ T-cell count and gender in hepatitis C seropositive and seronegative patients. Drug Saf. 2007;30(12):1161-9.

2998. Touzeau D, Beauverie P, Bouchez J, Poisson N, Edel Y, Dessalles MC, et al. [Methadone and new antiretroviral drugs. Results of therapeutic follow-up]. Ann Med Interne (Paris). 1999 Jun;150(4):355-6.

2999. Touzot M, Beller CL, Touzot F, Louet AL, Piketty C. Dramatic interaction between levothyroxine and lopinavir/ritonavir in a HIV-infected patient. Aids. 2006 May 12;20(8):1210-2.

3000. Tovo PA, Chiapello N, Gabiano C, Zeviani M, Spada M. Zidovudine administration during pregnancy and mitochondrial disease in the offspring. Antivir Ther. 2005;10(6):697-9.

3001. Traba Villameytide ML, Fernandez-Guerrero M. [Indinavir and renal lithiasis]. Actas Urol Esp. 2004 Jul-Aug;28(7):523-6.

3002. Trainor LD, Steinberg JP, Austin GW, Solomon HM. Indinavir crystalluria: identification of patients at increased risk of developing nephrotoxicity. Arch Pathol Lab Med. 1998 Mar;122(3):256-9.

3003. Tramontano E, Marongiu ME, de Montis A, Loi AG, Artico M, Massa S, et al. Characterization of the anti-HIV-1 activity of 3,4-dihydro-2-alkoxy-6-benzyl-4-oxopyrimidines (DABOs), new non-nucleoside reverse transcriptase inhibitors. New Microbiol. 1994 Oct;17(4):269-79.

3004. Trape M, Barnosky S. Nelfinavir in expanded postexposure prophylaxis causing acute hepatitis with cholestatic features: two case reports. Infect Control Hosp Epidemiol. 2001 Jun;22(6):333-4.

3005. Treisman GJ, Kaplin AI. Neurologic and psychiatric complications of antiretroviral agents. Aids. 2002 Jun 14;16(9):1201-15.

3006. Treluyer JM, Morini JP, Dimet J, Gorin I, Rey E, Deleuze J, et al. High concentrations of nelfinavir as an independent risk factor for lipodystrophy in human immunodeficiency virus-infected patients. Antimicrob Agents Chemother. 2002 Dec;46(12):4009-12.

3007. Treudler R, Husak R, Raisova M, Orfanos CE, Tebbe B. Efavirenz-induced photoallergic dermatitis in HIV. Aids. 2001 May 25;15(8):1085-6.

3008. Tribble MA, Gregg CR, Margolis DM, Amirkhan R, Smith JW. Fatal ergotism induced by an HIV protease inhibitor. Headache. 2002 Jul-Aug;42(7):694-5.

3009. Tripuraneni NS, Smith PR, Weedon J, Rosa U, Sepkowitz D. Prognostic factors in lactic acidosis syndrome caused by nucleoside reverse transcriptase inhibitors: report of eight cases and review of the literature. AIDS Patient Care STDS. 2004 Jul;18(7):379-84.

3010. Trojan J, Kronenberger B, von Wagner M, Zeuzem S. Lack of birth defects after paternal exposure to lamivudine. J Hepatol. 2002 Apr;36(4):571.

3011. Trottier B, Walmsley S, Reynes J, Piliero P, O'Hearn M, Nelson M, et al. Safety of enfuvirtide in combination with an optimized background of antiretrovirals in treatment-experienced HIV-1-infected adults over 48 weeks. J Acquir Immune Defic Syndr. 2005 Dec 1;40(4):413-21.

3012. Tsang WK, Tong KL, Chan HW. Lamivudine therapy in renal allograft recipients with hepatitis B virus infection. Transplant Proc. 2003 Feb;35(1):278-9.

3013. Tseng A, Conly J, Fletcher D, Keystone D, Salit I, Walmsley S. Precipitous declines in hemoglobin levels associated with combination zidovudine and lamivudine therapy. Clin Infect Dis. 1998 Oct;27(4):908-9.

3014. Tseng A, Walmsley S. Follow-up to management strategies for candidates for protease inhibitors and requiring treatment for Mycobacterium tuberculosis. Can Commun Dis Rep. 1998 Aug 15;24(16):129-32.

3015. Tseng AL, Salit IE. CD4+ cell count decline despite HIV suppression: a probable didanosine-valganciclovir interaction. Ann Pharmacother. 2007 Mar;41(3):512-7.

3016. Tsiodras S, Mantzoros C, Hammer S, Samore M. Effects of protease inhibitors on hyperglycemia, hyperlipidemia, and lipodystrophy: a 5-year cohort study. Arch Intern Med. 2000 Jul 10;160(13):2050-6.

3017. Tsutsumi Y, Tanaka J, Kawamura T, Miura T, Kanamori H, Obara S, et al. Possible efficacy of lamivudine treatment to prevent hepatitis B virus reactivation due to rituximab therapy in a patient with non-Hodgkin's lymphoma. Ann Hematol. 2004 Jan;83(1):58-60.

3018. Tuldra A, Ferrer MJ, Fumaz CR, Bayes R, Paredes R, Burger DM, et al. Monitoring adherence to HIV therapy. Arch Intern Med. 1999 Jun 28;159(12):1376-7.

3019. Tulpule A, Scadden DT, Espina BM, Cabriales S, Howard W, Shea K, et al. Results of a randomized study of IM862 nasal solution in the treatment of AIDS-related Kaposi's sarcoma. J Clin Oncol. 2000 Feb;18(4):716-23.

3020. Tuomala RE, Shapiro DE, Mofenson LM, Bryson Y, Culnane M, Hughes MD, et al. Antiretroviral therapy during pregnancy and the risk of an adverse outcome. N Engl J Med. 2002 Jun 13;346(24):1863-70.

3021. Tuomala RE, Yawetz S. Protease inhibitor use during pregnancy: is there an obstetrical risk? J Infect Dis. 2006 May 1;193(9):1191-4.

3022. Tupinambas U, Aleixo A, Greco D. HIV-1 genotypes related to failure of nelfinavir as the first protease inhibitor treatment. Braz J Infect Dis. 2005 Aug;9(4):324-9.

3023. Turkoski BB. Unraveling the mystery of HIV medications. Orthop Nurs. 2006 Jan-Feb;25(1):51-6.

3024. Turner MJ, Angel JB, Woodend K, Giguere P. The efficacy of calcium carbonate in the treatment of protease inhibitor-induced persistent diarrhea in HIV-infected patients. HIV Clin Trials. 2004 Jan-Feb;5(1):19-24.

3025. Uckun FM. Stampidine as a novel nucleoside reverse transcriptase inhibit with potent anti-HIV activity. Arzneimittelforschung. 2006 Feb;56(2A):121-35.

3026. Uckun FM, Chen CL, Lisowski E, Mitcheltree GC, Venkatachalam TK, Erbeck D, et al. Toxicity and pharmacokinetics of stampidine in mice and rats. Arzneimittelforschung. 2003;53(5):357-67.

3027. Uckun FM, Erbeck D, Tibbles H, Qazi S, Venkatachalam TK. Improved oral bioavailability of anti-HIV agent N'-[2-(2-thiophene)ethyl]-N'-[2-(5-bromopyridyl)]-thiourea (HI-443) in a novel lipophilic formulation. Arzneimittelforschung. 2007;57(3):164-70.

3028. Uckun FM, Tibbles H, Erbeck D, Venkatachalam TK, Qazi S. In vivo pharmacokinetics and toxicity of a novel hydrophilic oral formulation of the potent non-nucleoside reverse transcriptase inhibitor compound N'-[2-(2-thiophene)ethyl]-N'-[2-(5-bromopyridyl)]-thiourea (HI-443). Arzneimittelforschung. 2007;57(4):218-26.

3029. Uckun FM, Tibbles HE, Venkatachalam TK, Erbeck D. In vivo pharmacokinetics, metabolism, toxicity, and anti-HIV activity of N'-[2-(2-Thiophene)ethyl]-N'-[2-(5-bromopyridyl)]thiourea (HI-443), a potent non-nucleoside inhibitor of HIV reverse transcriptase. Arzneimittelforschung. 2007;57(7):483-96.

3030. Ueno T, Takahashi H, Oda M, Mizunuma M, Yokoyama A, Goto Y, et al. Inhibition of human telomerase by rubromycins: implication of spiroketal system of the compounds as an active moiety. Biochemistry. 2000 May 23;39(20):5995-6002.

3031. Unadkat JD, Wara DW, Hughes MD, Mathias AA, Holland DT, Paul ME, et al. Pharmacokinetics and safety of indinavir in human immunodeficiency virus-infected pregnant women. Antimicrob Agents Chemother. 2007 Feb;51(2):783-6.

3032. Urso R, Croce GF, Tubili C, De Marco M, La Scala P, Luglio D, et al. [Dysmetabolic syndrome related to HIV-1 protease inhibitors. Review of the literature and personal data]. Recenti Prog Med. 2000 Feb;91(2):78-85.

3033. Usami O, Ashino Y, Komaki Y, Tomaki M, Irokawa T, Tamada T, et al. Efavirenz-induced neurological symptoms in rare homozygote CYP2B6 *2/*2 (C64T). Int J STD AIDS. 2007 Aug;18(8):575-6.

3034. Uurlings F, Moutschen M. [Lipodystrophy syndrome in HIV infected patients]. Rev Med Liege. 2007 Nov;62(11):669-74.

3035. Vaillancourt M, Sauve G, Cohen E. Antiviral properties of simple difunctionalized enols targeted to the HIV-1 protease. Antiviral Res. 1995 Jun;27(3):205-18.

3036. Valente O, Valente AM. [HIV lipodystrophy syndrome: a new challenge to the endocrinologist]. Arq Bras Endocrinol Metabol. 2007 Feb;51(1):3-4.

3037. Valenti WM. The metabolic syndrome: news from the 4th International AIDS Society Conference. AIDS Read. 2007 Sep;17(9):435-7.

3038. Valerio L, Fontas E, Pradier C, Lavrut T, Garraffo R, Dunais B, et al. Lopinavir/ritonavir combination and total/HDL cholesterol ratio. J Infect. 2005 Apr;50(3):229-35.

3039. Valero G, Leyton R, Valenzuela A. [Ureteral lithiasis caused by Indinavir]. Rev Med Chil. 2002 May;130(5):557-9.

3040. Vallejo O. [Diabetes, insulin resistance and HIV]. Sidahora. 2004(1):22-5.

3041. Van Cleef GF, Fisher EJ, Polk RE. Drug interaction potential with inhibitors of HIV protease. Pharmacotherapy. 1997 Jul-Aug;17(4):774-8.

3042. van der Eijk AA, Doorduijn JK, Janssen HL, Schalm SW, Niesters HG, de Man RA. [Lamivudine for the prevention of chronic hepatitis B exacerbations during chemotherapy for non-Hodgkin's lymphoma]. Ned Tijdschr Geneeskd. 2002 Jun 15;146(24):1140-4.

3043. van der Valk M, Bisschop PH, Romijn JA, Ackermans MT, Lange JM, Endert E, et al. Lipodystrophy in HIV-1-positive patients is associated with insulin resistance in multiple metabolic pathways. Aids. 2001 Nov 9;15(16):2093-100.

3044. van der Valk M, Gisolf EH, Reiss P, Wit FW, Japour A, Weverling GJ, et al. Increased risk of lipodystrophy when nucleoside analogue reverse transcriptase inhibitors are included with protease inhibitors in the treatment of HIV-1 infection. Aids. 2001 May 4;15(7):847-55.

3045. van der Valk M, Heijligenberg R, Sauerwein HP. Metabolic response to a 13C-glucose load in human immunodeficiency virus in patients before and after antiprotease therapy. Metabolism. 2003 Apr;52(4):520; author reply

3046. Van Glabeke E, Conort P, Chartier-Kastler E, Desrez G, Boyer C, Richard F. [Treatment of complicated renal colic in patients treated with indinavir: value of double J stents]. Prog Urol. 1999 Jun;9(3):470-3.

3047. Van Hecken A, Depre M, De Lepeleire I, Laskin O, Au T, Woolf E, et al. Human pharmacokinetics and tolerability of L-697,639, a non-nucleoside HIV-1 reverse transcriptase inhibitor. Int J Clin Pharmacol Res. 1994;14(2):45-50.

3048. Van Huyen JP, Batisse D, Heudes D, Belair MF, Piketty C, Gonzalez-Canali G, et al. Alteration of cytochrome oxidase subunit I labeling is associated with severe mitochondriopathy in NRTI-related hepatotoxicity in HIV patients. Mod Pathol. 2006 Oct;19(10):1277-88.

3049. Van Huyen JP, Landau A, Piketty C, Belair MF, Batisse D, Gonzalez-Canali G, et al. Toxic effects of nucleoside reverse transcriptase inhibitors on the liver. Value of electron microscopy analysis for the diagnosis of mitochondrial cytopathy. Am J Clin Pathol. 2003 Apr;119(4):546-55.

3050. van Leeuwen R, Katlama C, Murphy RL, Squires K, Gatell J, Horban A, et al. A randomized trial to study first-line combination therapy with or without a protease inhibitor in HIV-1-infected patients. Aids. 2003 May 2;17(7):987-99.

3051. van Leeuwen R, Lange JM, Hussey EK, Donn KH, Hall ST, Harker AJ, et al. The safety and pharmacokinetics of a reverse transcriptase inhibitor, 3TC, in patients with HIV infection: a phase I study. Aids. 1992 Dec;6(12):1471-5.

3052. van Leth F, Lange JM. [The use of the non-nucleoside reverse transcriptase inhibitors nevirapine and efavirenz in the treatment of patients with a chronic HIV-I infection]. Ned Tijdschr Geneeskd. 2006 Aug 5;150(31):1719-22.

3053. van Leth F, Phanuphak P, Ruxrungtham K, Baraldi E, Miller S, Gazzard B, et al. Comparison of first-line antiretroviral therapy with regimens including nevirapine, efavirenz, or both drugs, plus stavudine and lamivudine: a randomised open-label trial, the 2NN Study. Lancet. 2004 Apr 17;363(9417):1253-63.

3054. Van Rompay KK, McChesney MB, Aguirre NL, Schmidt KA, Bischofberger N, Marthas ML. Two low doses of tenofovir protect newborn macaques against oral simian immunodeficiency virus infection. J Infect Dis. 2001 Aug 15;184(4):429-38.

3055. van Rossum AM, Dieleman JP, Fraaij PL, Cransberg K, Hartwig NG, Burger DM, et al. Persistent sterile leukocyturia is associated with impaired renal function in human immunodeficiency virus type 1-infected children treated with indinavir. Pediatrics. 2002 Aug;110(2 Pt 1):e19.

3056. van Rossum AM, Dieleman JP, Fraaij PL, Cransberg K, Hartwig NG, Gyssens IC, et al. Indinavir-associated asymptomatic nephrolithiasis and renal cortex atrophy in two HIV-1 infected children. Aids. 2001 Sep 7;15(13):1745-7.

3057. van Rossum AM, Geelen SP, Hartwig NG, Wolfs TF, Weemaes CM, Scherpbier HJ, et al. Results of 2 years of treatment with protease-inhibitor--containing antiretroviral therapy in dutch children infected with human immunodeficiency virus type 1. Clin Infect Dis. 2002 Apr 1;34(7):1008-16.

3058. Vandepapeliere P, Lau GK, Leroux-Roels G, Horsmans Y, Gane E, Tawandee T, et al. Therapeutic vaccination of chronic hepatitis B patients with virus suppression by antiviral therapy: a randomized, controlled study of co-administration of HBsAg/AS02 candidate vaccine and lamivudine. Vaccine. 2007 Dec 12;25(51):8585-97.

3059. Vandercam B, Moreau M, Horsmans C, Gala JL. Acute hepatitis in a patient treated with saquinavir and ritonavir: absence of cross-toxicity with indinavir. Infection. 1998 Sep-Oct;26(5):313.

3060. Vasseur BG, Kawanishi H, Shah N, Anderson ML. Type B lactic acidosis: a rare complication of antiretroviral therapy after cardiac surgery. Ann Thorac Surg. 2002 Oct;74(4):1251-2.

3061. Vasudevachari MB, Antony A. Inhibition of avian myeloblastosis virus reverse transcriptase and virus inactivation by metal complexes of isonicotinic acid hydrazide. Antiviral Res. 1982 Oct;2(5):291-300.

3062. Vaughn G, Detels R. Protease inhibitors and cardiovascular disease: analysis of the Los Angeles County adult spectrum of disease cohort. AIDS Care. 2007 Apr;19(4):492-9.

3063. Vazquez E. Saquinavir plus ritonavir reduce viral load by 99.9 percent. Posit Aware. 1996 Nov-Dec;7(6):8-9.

3064. Vazquez E. Freedom of choice. Posit Aware. 1996 May-Jun;7(3):9, 19.

3065. Vazquez E. Nevirapine approval expands combo possibilities--and HIV suppression. Posit Aware. 1996 Sep-Oct;7(5):9.

3066. Vazquez E. 3TC approval may revive AZT's appeal. Posit Aware. 1996 Jan-Feb;7(1):8-9.

3067. Vazquez E. Delavirdine gets the green light. Posit Aware. 1997 May-Jun;8(3):18-9.

3068. Vazquez E. Hepatitis C. Posit Aware. 1998 Sep-Oct;9(5):55.

3069. Vazquez E. Oat bran treats diarrhea. Posit Aware. 1999 Mar-Apr;10(2):16.

3070. Vazquez E. New protease inhibitor. Posit Aware. 1999 May-Jun;10(3):24.

3071. Vazquez E. Sustiva flashbacks. Posit Aware. 1999 Mar-Apr;10(2):17.

3072. Vazquez E. Sustiva "dirty drops" put prisoners in solitary. Posit Aware. 2001 Nov-Dec;12(6):34.

3073. Vazquez E, Whitfield L. Seldane warnings. Posit Aware. 1997 Nov-Dec;8(6):12.

3074. Veal GJ, Agrawal S, Byrn RA. Synergistic inhibition of HIV-1 by an antisense oligonucleotide and nucleoside analog reverse transcriptase inhibitors. Antiviral Res. 1998 Apr;38(1):63-73.

3075. Vella S. Update on HIV protease inhibitors. AIDS Clin Care. 1995 Oct;7(10):79-82, 8.

3076. Vella S, Galluzzo C, Giannini G, Pirillo MF, Duncan I, Jacobsen H, et al. Saquinavir/zidovudine combination in patients with advanced HIV infection and no prior antiretroviral therapy: CD4+ lymphocyte/plasma RNA changes, and emergence of HIV strains with reduced phenotypic sensitivity. Antiviral Res. 1996 Jan;29(1):91-3.

3077. Vella S, Lazzarin A, Carosi G, Sinicco A, Armignacco O, Angarano G, et al. A randomized controlled trial of a protease inhibitor (saquinavir) in combination with zidovudine in previously untreated patients with advanced HIV infection. Antivir Ther. 1996 Aug;1(3):129-40.

3078. Velsor LW, Kovacevic M, Goldstein M, Leitner HM, Lewis W, Day BJ. Mitochondrial oxidative stress in human hepatoma cells exposed to stavudine. Toxicol Appl Pharmacol. 2004 Aug 15;199(1):10-9.

3079. Vemula S, Kerr S, Pancharoen C, Siripong A, Kosalaraksa P, Engchanil C, et al. Incidence and risk factors for non-nucleoside reverse transcriptase inhibitors (NNRTI)-related rash in Thai children with HIV infection. J Med Assoc Thai. 2007 Nov;90(11):2437-41.

3080. Venhoff N, Setzer B, Melkaoui K, Walker UA. Mitochondrial toxicity of tenofovir, emtricitabine and abacavir alone and in combination with additional nucleoside reverse transcriptase inhibitors. Antivir Ther. 2007;12(7):1075-85.

3081. Venkatachalam TK, Sudbeck EA, Mao C, Uckun FM. Anti-HIV activity of aromatic and heterocyclic thiazolyl thiourea compounds. Bioorg Med Chem Lett. 2001 Feb 26;11(4):523-8.

3082. Vennarecci G, Ettorre GM, Antonini M, Maritti M, Moricca P, D'Offizzi G, et al. [Acute liver toxicity of antiretroviral therapy (HAART) after liver transplantation in a patient with HIV-HCV coinfection and associated hepatocarcinoma (HCC)]. Tumori. 2003 Jul-Aug;89(4 Suppl):159-61.

3083. Vera Mendez FJ, Martinez Madrid OJ, Garcia Henarejos JA, Garcia Solano J, Vilaplana Garcia R. [Toxic epidermal necrolysis in relation with nevirapine]. An Med Interna. 2000 Aug;17(8):448-9.

3084. Verdon R, Daudon M, Albessard F, Brefort JL, Bazin C. Indinavir-induced cholelithiasis in a patient infected with human immunodeficiency virus. Clin Infect Dis. 2002 Sep 1;35(5):e57-9.

3085. Vergel N. It's time to face the Zerit problem. GMHC Treat Issues. 2003 Mar;17(3):12.

3086. Verges B, Petit JM. [Blood lipid abnormalities during treatment with protease inhibitors]. Presse Med. 2001 May 19;30(18):911-4.

3087. Vermeulen JN, Meijer DK, Over J, Lange J, Proost JH, Bakker HI, et al. A phase I/IIa study with succinylated human serum albumin (Suc-HSA), a candidate HIV-1 fusion inhibitor. Antivir Ther. 2007;12(2):273-8.

3088. Veronese L, Rautaureau J, Sadler BM, Gillotin C, Petite JP, Pillegand B, et al. Single-dose pharmacokinetics of amprenavir, a human immunodeficiency virus type 1 protease inhibitor, in subjects with normal or impaired hepatic function. Antimicrob Agents Chemother. 2000 Apr;44(4):821-6.

3089. Verweel G, Sharland M, Lyall H, Novelli V, Gibb DM, Dumont G, et al. Nevirapine use in HIV-1-infected children. Aids. 2003 Jul 25;17(11):1639-47.

3090. Viani RM. Sarcoidosis and interstitial nephritis in a child with acquired immunodeficiency syndrome: implications of immune reconstitution syndrome with an indinavir-based regimen. Pediatr Infect Dis J. 2002 May;21(5):435-8.

3091. Viard JP. [Therapeutic strategies for HIV infection: tolerance to boost antiproteases]. Med Mal Infect. 2004 Nov;34 Suppl 3:S209-15.

3092. Viengchareun S, Caron M, Auclair M, Kim MJ, Frachon P, Capeau J, et al. Mitochondrial toxicity of indinavir, stavudine and zidovudine involves multiple cellular targets in white and brown adipocytes. Antivir Ther. 2007;12(6):919-29.

3093. Vigano A, Brambilla P, Cafarelli L, Giacomet V, Borgonovo S, Zamproni I, et al. Normalization of fat accrual in lipoatrophic, HIV-infected children switched from stavudine to tenofovir and from protease inhibitor to efavirenz. Antivir Ther. 2007;12(3):297-302.

3094. Vigano A, Giacomet V. Nucleoside analogues toxicities related to mitochondrial dysfunction: focus on HIV-infected children. Antivir Ther. 2005;10 Suppl 2:M53-64.

3095. Vigano A, Rombola G, Barbiano di Belgioioso G, Sala N, Principi N. Subtle occurrence of indinavir-induced acute renal insufficiency. Aids. 1998 May 28;12(8):954-5.

3096. Vigano M, Colombo M, Aroldi A, Lunghi G, Manenti E, Ponticelli C, et al. Long-term lamivudine monotherapy in renal-transplant recipients with hepatitis-B-related cirrhosis. Antivir Ther. 2005;10(6):709-13.

3097. Vigouroux C, Gharakhanian S, Salhi Y, Nguyen TH, Adda N, Rozenbaum W, et al. Adverse metabolic disorders during highly active antiretroviral treatments (HAART) of HIV disease. Diabetes Metab. 1999 Nov;25(5):383-92.

3098. Vigouroux C, Gharakhanian S, Salhi Y, Nguyen TH, Chevenne D, Capeau J, et al. Diabetes, insulin resistance and dyslipidaemia in lipodystrophic HIV-infected patients on highly active antiretroviral therapy (HAART). Diabetes Metab. 1999 Sep;25(3):225-32.

3099. Vila A, Mykietiuk A, Bonvehi P, Temporiti E, Uruena A, Herrera F. Clinical ergotism induced by ritonavir. Scand J Infect Dis. 2001;33(10):788-9.

3100. Vilar FJ, Naisbitt DJ, Park BK, Pirmohamed M. Mechanisms of drug hypersensitivity in HIV-infected patients: the role of the immune system. J HIV Ther. 2003 May;8(2):42-7.

3101. Villalba N, Gomez-Cano M, Casas E, Soriano V, Valencia E, Gonzalez-Lahoz J. Safety and efficacy of two different triple drug combinations in which either lamivudine or didanosine were administered with stavudine plus indinavir. Aids. 1997 Dec;11(15):1896-7.

3102. Visnegarwala F, Krause KL, Musher DM. Severe diabetes associated with protease inhibitor therapy. Ann Intern Med. 1997 Nov 15;127(10):947.

3103. Vittecoq D, Escaut L, Monsuez JJ. Vascular complications associated with use of HIV protease inhibitors. Lancet. 1998 Jun 27;351(9120):1959.

3104. Vlahakis SR, Bren GD, Algeciras-Schimnich A, Trushin SA, Schnepple DJ, Badley AD. Flying in the face of resistance: antiviral-independent benefit of HIV protease inhibitors on T-cell survival. Clin Pharmacol Ther. 2007 Sep;82(3):294-9.

3105. Voigt E, Wickesberg A, Wasmuth JC, Gute P, Locher L, Salzberger B, et al. First-line ritonavir/indinavir 100/800 mg twice daily plus nucleoside reverse transcriptase inhibitors in a German multicentre study: 48-week results. HIV Med. 2002 Oct;3(4):277-82.

3106. Voiosu R. The treatment of chronic hepatitis B. Rom J Intern Med. 2000;38-39:21-31.

3107. Volkert R. [New trends in HIV]. Dtsch Med Wochenschr. 1998 Sep 18;123(38):A7.

3108. von Giesen HJ, Koller H, de Nocker D, Haslinger BA, Arendt G. Long-term safety and efficacy of NNRTI within the central nervous system. HIV Clin Trials. 2003 Nov-Dec;4(6):382-90.

3109. von Hentig N. Lopinavir/ritonavir: appraisal of its use in HIV therapy. Drugs Today (Barc). 2007 Apr;43(4):221-47.

3110. von Moltke LL, Greenblatt DJ, Grassi JM, Granda BW, Duan SX, Fogelman SM, et al. Protease inhibitors as inhibitors of human cytochromes P450: high risk associated with ritonavir. J Clin Pharmacol. 1998 Feb;38(2):106-11.

3111. Von Tungeln LS, Williams LD, Doerge DR, Shaddock JG, McGarrity LJ, Morris SM, et al. Transplacental drug transfer and frequency of Tk and Hprt lymphocyte mutants and peripheral blood micronuclei in mice treated transplacentally with zidovudine and lamivudine. Environ Mol Mutagen. 2007 Apr-May;48(3-4):258-69.

3112. Vonsover A, Loya S, Sredni B, Albeck M, Gotlieb-Stematsky T, Araf O, et al. Inhibition of the reverse transcriptase activity and replication of human immunodeficiency virus type 1 by AS 101 in vitro. AIDS Res Hum Retroviruses. 1992 May;8(5):613-23.

3113. Vritsali E, Kolokotronis A, Valagouti D, Miteloudis G, Zaraboukas T, Kioses V, et al. Acquired macroglossia due to lopinavir/ritonavir treatment. J Oral Pathol Med. 2005 Jan;34(1):56-8.

3114. Vrouenraets SM, Treskes M, Regez RM, Troost N, Smulders YM, Weigel HM, et al. Hyperlactataemia in HIV-infected patients: the role of NRTI-treatment. Antivir Ther. 2002 Dec;7(4):239-44.

3115. Vrouenraets SM, Wit FW, van Tongeren J, Lange JM. Efavirenz: a review. Expert Opin Pharmacother. 2007 Apr;8(6):851-71.

3116. Walensky RP, Goldberg JH, Daily JP. Anaphylaxis after rechallenge with abacavir. Aids. 1999 May 28;13(8):999-1000.

3117. Walker DM, Malarkey DE, Seilkop SK, Ruecker FA, Funk KA, Wolfe MJ, et al. Transplacental carcinogenicity of 3'-azido-3'-deoxythymidine in B6C3F1 mice and F344 rats. Environ Mol Mutagen. 2007 Apr-May;48(3-4):283-98.

3118. Walker DS. Nondestructive analysis of crystals within rat liver and duodenum samples by spectroscopic means. Appl Spectrosc. 2004 Oct;58(10):1259-63.

3119. Walker UA. Clinical manifestations of mitochondrial toxicity. J HIV Ther. 2001 Mar;6(1):17-21.

3120. Walker UA. Update on mitochondrial toxicity: where are we now? J HIV Ther. 2003 May;8(2):32-5.

3121. Walker UA. [Lactic acidosis in HIV-patients--diagnosis and treatment]. MMW Fortschr Med. 2004 Apr 26;146 Spec No 1:65-7.

3122. Walker UA. Acquired and inherited lipodystrophies. N Engl J Med. 2004 Jul 1;351(1):103-4; author reply -4.

3123. Walker UA, Auclair M, Lebrecht D, Kornprobst M, Capeau J, Caron M. Uridine abrogates the adverse effects of antiretroviral pyrimidine analogues on adipose cell functions. Antivir Ther. 2006;11(1):25-34.

3124. Walker UA, Bauerle J, Laguno M, Murillas J, Mauss S, Schmutz G, et al. Depletion of mitochondrial DNA in liver under antiretroviral therapy with didanosine, stavudine, or zalcitabine. Hepatology. 2004 Feb;39(2):311-7.

3125. Walker UA, Brinkman K. NRTI induced mitochondrial toxicity as a mechanism for HAART related lipodystrophy: fact or fiction? HIV Med. 2001 Jul;2(3):163-5.

3126. Walker UA, Brinkman K. An argument for mitochondrial toxicity in highly active antiretroviral therapy-induced lipoatrophy. Aids. 2001 Jul 27;15(11):1450-2.

3127. Walker UA, Hoffmann C, Enters M, Thoden J, Behrens G, Mitzel SL. High serum urate in HIV-infected persons: the choice of the antiretroviral drug matters. Aids. 2006 Jul 13;20(11):1556-8.

3128. Walker UA, Langmann P, Miehle N, Zilly M, Klinker H, Petschner F. Beneficial effects of oral uridine in mitochondrial toxicity. Aids. 2004 Apr 30;18(7):1085-6.

3129. Walker UA, Setzer B, Venhoff N. Increased long-term mitochondrial toxicity in combinations of nucleoside analogue reverse-transcriptase inhibitors. Aids. 2002 Nov 8;16(16):2165-73.

3130. Walker UA, Setzer B, Volksbeck SI. Toxicity of nucleoside-analogue reverse-transcriptase inhibitors. Lancet. 2000 Mar 25;355(9209):1096.

3131. Walker UA, Venhoff N. Uridine in the prevention and treatment of NRTI-related mitochondrial toxicity. Antivir Ther. 2005;10 Suppl 2:M117-23.

3132. Walker UA, Venhoff N, Koch EC, Olschewski M, Schneider J, Setzer B. Uridine abrogates mitochondrial toxicity related to nucleoside analogue reverse transcriptase inhibitors in HepG2 cells. Antivir Ther. 2003 Oct;8(5):463-70.

3133. Walker VE, Poirier MC. Special issue on health risks of perinatal exposure to nucleoside reverse transcriptase inhibitors. Environ Mol Mutagen. 2007 Apr-May;48(3-4):159-65.

3134. Wallace MR, Brann OS. Gastrointestinal manifestations of HIV infection. Curr Gastroenterol Rep. 2000 Aug;2(4):283-93.

3135. Wallace VC, Blackbeard J, Segerdahl AR, Hasnie F, Pheby T, McMahon SB, et al. Characterization of rodent models of HIV-gp120 and anti-retroviral-associated neuropathic pain. Brain. 2007 Oct;130(Pt 10):2688-702.

3136. Walli R, Goebel FD, Demant T. Impaired glucose tolerance and protease inhibitors. Ann Intern Med. 1998 Nov 15;129(10):837-8.

3137. Walli R, Herfort O, Michl GM, Demant T, Jager H, Dieterle C, et al. Treatment with protease inhibitors associated with peripheral insulin resistance and impaired oral glucose tolerance in HIV-1-infected patients. Aids. 1998 Oct 22;12(15):F167-73.

3138. Walli RK, Michl GM, Bogner JR, Goebel FD. Improvement of HAART-associated insulin resistance and dyslipidemia after replacement of protease inhibitors with abacavir. Eur J Med Res. 2001 Oct 29;6(10):413-21.

3139. Walmsley S. Protease inhibitor-based regimens for HIV therapy: safety and efficacy. J Acquir Immune Defic Syndr. 2007 Jun 1;45 Suppl 1:S5-13; quiz S28-31.

3140. Walmsley S, Henry K, Katlama C, Nelson M, Castagna A, Reynes J, et al. Enfuvirtide (T-20) cross-reactive glycoprotein 41 antibody does not impair the efficacy or safety of enfuvirtide. J Infect Dis. 2003 Dec 15;188(12):1827-33.

3141. Walsh JS, Reese MJ, Thurmond LM. The metabolic activation of abacavir by human liver cytosol and expressed human alcohol dehydrogenase isozymes. Chem Biol Interact. 2002 Nov 10;142(1-2):135-54.

3142. Walther RA. [Facial lipodystrophy in patients with HIV infections troublesome to treat]. Lakartidningen. 2002 Sep 26;99(39):3826-9.

3143. Wand H, Calmy A, Carey DL, Samaras K, Carr A, Law MG, et al. Metabolic syndrome, cardiovascular disease and type 2 diabetes mellitus after initiation of antiretroviral therapy in HIV infection. Aids. 2007 Nov 30;21(18):2445-53.

3144. Wang J, Chen T, Honma M, Chen L, Moore MM. 3'-azido-3'-deoxythymidine induces deletions in L5178Y mouse lymphoma cells. Environ Mol Mutagen. 2007 Apr-May;48(3-4):248-57.

3145. Wang LH, Wiznia AA, Rathore MH, Chittick GE, Bakshi SS, Emmanuel PJ, et al. Pharmacokinetics and safety of single oral doses of emtricitabine in human immunodeficiency virus-infected children. Antimicrob Agents Chemother. 2004 Jan;48(1):183-91.

3146. Wang X, Chai H, Yao Q, Chen C. Molecular mechanisms of HIV protease inhibitor-induced endothelial dysfunction. J Acquir Immune Defic Syndr. 2007 Apr 15;44(5):493-9.

3147. Wanke C. Pathogenesis of HIV-associated lipodystrophy. AIDS Clin Care. 2000 Dec;12(12):100.

3148. Ward DJ, Curtin JM. Switch from efavirenz to nevirapine associated with resolution of efavirenz-related neuropsychiatric adverse events and improvement in lipid profiles. AIDS Patient Care STDS. 2006 Aug;20(8):542-8.

3149. Ward HA, Russo GG, Shrum J. Cutaneous manifestations of antiretroviral therapy. J Am Acad Dermatol. 2002 Feb;46(2):284-93.

3150. Warren KJ, Boxwell DE, Kim NY, Drolet BA. Nevirapine-associated Stevens-Johnson syndrome. Lancet. 1998 Feb 21;351(9102):567.

3151. Warren SM, May JW, Jr. Images in clinical medicine. Lipodystrophy induced by antiretroviral therapy. N Engl J Med. 2005 Jan 6;352(1):63.

3152. Washington CB, Duran GE, Man MC, Sikic BI, Blaschke TF. Interaction of anti-HIV protease inhibitors with the multidrug transporter P-glycoprotein (P-gp) in human cultured cells. J Acquir Immune Defic Syndr Hum Retrovirol. 1998 Nov 1;19(3):203-9.

3153. Washington CB, Flexner C, Sheiner LB, Rosenkranz SL, Segal Y, Aberg JA, et al. Effect of simultaneous versus staggered dosing on pharmacokinetic interactions of protease inhibitors. Clin Pharmacol Ther. 2003 May;73(5):406-16.

3154. Wasmuth JC, la Porte CJ, Schneider K, Burger DM, Rockstroh JK. Comparison of two reduced-dose regimens of indinavir (600 mg vs 400 mg twice daily) and ritonavir (100 mg twice daily) in healthy volunteers (COREDIR). Antivir Ther. 2004 Apr;9(2):213-20.

3155. Wasmuth JC, Lambertz I, Voigt E, Vogel M, Hoffmann C, Burger D, et al. Maintenance of indinavir by dose adjustment in HIV-1-infected patients with indinavir-related toxicity. Eur J Clin Pharmacol. 2007 Oct;63(10):901-8.

3156. Wasmuth JC, Rockstroh JK. [HIV-infection]. Dtsch Med Wochenschr. 2007 Mar 30;132(13):673-83; quiz 85-6.

3157. Waters LJ, Mandalia S, Gazzard B, Nelson M. Prospective HLA-B*5701 screening and abacavir hypersensitivity: a single centre experience. Aids. 2007 Nov 30;21(18):2533-4.

3158. Waters LJ, Nelson MR. Are all non-thymidine analogue backbones appropriate for treating antiretroviral-naive patients? Int J Clin Pract. 2005 Dec;59(12):1452-8.

3159. Watson A. Reversible acute haemolysis associated with indinavir. Aids. 2000 Mar 10;14(4):465-6.

3160. Watson ME, Pimenta JM, Spreen WR, Hernandez JE. HLA-B*5701 and abacavir hypersensitivity. Pharmacogenetics. 2004 Nov;14(11):783-4; author reply 4.

3161. Watts DH. Treating HIV during pregnancy: an update on safety issues. Drug Saf. 2006;29(6):467-90.

3162. Watts DH, Balasubramanian R, Maupin RT, Jr., Delke I, Dorenbaum A, Fiore S, et al. Maternal toxicity and pregnancy complications in human immunodeficiency virus-infected women receiving antiretroviral therapy: PACTG 316. Am J Obstet Gynecol. 2004 Feb;190(2):506-16.

3163. Wax JR, Mueller S. Puerperal febrile morbidity associated with the reverse transcriptase inhibitor stavudine. J Matern Fetal Med. 1997 Mar-Apr;6(2):118-9.

3164. Weeks MS, Hill CL, Schinazi RF. Synthesis, characterization, and anti-human immunodeficiency virus activity of water-soluble salts of polyoxotungstate anions with covalently attached organic groups. J Med Chem. 1992 Apr 3;35(7):1216-21.

3165. Wehr A. [New treatment options for HIV-infected patients]. Dtsch Med Wochenschr. 2004 May 7;129(19):1093.

3166. Weir A, Wansbrough-Jones M. Mucosal Kaposi's sarcoma following protease inhibitor therapy in an HIV-infected patient. Aids. 1997 Dec;11(15):1895-6.

3167. Weitzel T, Plettenberg A, Albrecht D, Lorenzen T, Stoehr A. Severe anemia as a newly recognized side-effect caused by lamivudine. Aids. 1999 Nov 12;13(16):2309-11.

3168. Welch K, Morse A, Clark R, Ogbuokiri T. Factors associated with incomplete virological response to highly active antiretroviral therapy. Clin Infect Dis. 2000 Feb;30(2):407-8.

3169. Wendel KA, Alwood KS, Gachuhi R, Chaisson RE, Bishai WR, Sterling TR. Paradoxical worsening of tuberculosis in HIV-infected persons. Chest. 2001 Jul;120(1):193-7.

3170. Wheat LJ, Farthing C, Cohen C, Pierone G, Lalezari J, Pilson RS, et al. Efficacy and safety of twice-daily versus three-times daily saquinavir soft gelatin capsules as part of triple combination therapy for HIV-1 infection. Antivir Ther. 2002 Sep;7(3):199-209.

3171. Wheeler DA, Lalezari JP, Kilby JM, Wheat J, Delehanty J, DeMasi R, et al. Safety, tolerability, and plasma pharmacokinetics of high-strength formulations of enfuvirtide (T-20) in treatment-experienced HIV-1-infected patients. J Clin Virol. 2004 Jun;30(2):183-90.

3172. Wheeler J, McHale M, Jackson V, Penny M. Assessing theoretical risk and benefit suggested by genetic association studies of CCR5: experience in a drug development programme for maraviroc. Antivir Ther. 2007;12(2):233-45.

3173. White AJ. Mitochondrial toxicity and HIV therapy. Sex Transm Infect. 2001 Jun;77(3):158-73.

3174. Whitson S. Updates from the 38th Interscience Conference on Antimicrobial Agents and Chemotherapy. Posit Aware. 1998 Nov-Dec;9(6):18-9.

3175. Whitson S. New data on IL-2. Posit Aware. 1998 Jul-Aug;9(4):52.

3176. Wilcox RD. What do the studies show about STIs in the chronically HIV-1 infected patient? HIV Clin. 2006 Summer;18(2):1-3.

3177. Wilde JT. Protease inhibitor therapy and bleeding. Haemophilia. 2000 Sep;6(5):487-90.

3178. Wilks D, Dalgleish AG. Chemotherapy against human immunodeficiency virus infection. Mol Aspects Med. 1991;12(4):313-28.

3179. Williams B. Ototoxicity may be associated with protease inhibitor therapy. Clin Infect Dis. 2001 Dec 15;33(12):2100-2.

3180. Williams K, Pujol G. Nutrient deficiency associated with new HIV medication. Surviv News (Atlanta Ga). 2002 Jan:14, 7-9.

3181. Williams LH, Fleckman P. Painless periungual pyogenic granulomata associated with reverse transcriptase inhibitor therapy in a patient with human immunodeficiency virus infection. Br J Dermatol. 2007 Jan;156(1):163-4.

3182. Williamson K, Reboli AC, Manders SM. Protease inhibitor-induced lipodystrophy. J Am Acad Dermatol. 1999 Apr;40(4):635-6.

3183. Willig JH, Westfall AO, Allison J, Van Wagoner N, Chang PW, Raper J, et al. Nucleoside reverse-transcriptase inhibitor dosing errors in an outpatient HIV clinic in the electronic medical record era. Clin Infect Dis. 2007 Sep 1;45(5):658-61.

3184. Wilson JD, Dunham RJ, Balen AH. HIV protease inhibitors, the lipodystrophy syndrome and polycystic ovary syndrome--is there a link? Sex Transm Infect. 1999 Aug;75(4):268-9.

3185. Winston A, McAllister J, Amin J, Cooper DA, Carr A. The use of a triple nucleoside-nucleotide regimen for nonoccupational HIV post-exposure prophylaxis. HIV Med. 2005 May;6(3):191-7.

3186. Winston J, Shepp DH. Estimating renal function in patients on tenofovir disoproxil fumarate: suggestions for safer use. HIV Med. 2006 Oct;7(7):484-5.

3187. Winter AJ, Pywell JM, Ilchyshyn JM, Fearn J, Natin D. Photosensitivity due to saquinavir. Genitourin Med. 1997 Aug;73(4):323.

3188. Wire MB, Shelton MJ, Studenberg S. Fosamprenavir : clinical pharmacokinetics and drug interactions of the amprenavir prodrug. Clin Pharmacokinet. 2006;45(2):137-68.

3189. Wit FW, Weverling GJ, Weel J, Jurriaans S, Lange JM. Incidence of and risk factors for severe hepatotoxicity associated with antiretroviral combination therapy. J Infect Dis. 2002 Jul 1;186(1):23-31.

3190. Wit FW, Wood R, Horban A, Beniowski M, Schmidt RE, Gray G, et al. Prednisolone does not prevent hypersensitivity reactions in antiretroviral drug regimens containing abacavir with or without nevirapine. Aids. 2001 Dec 7;15(18):2423-9.

3191. Witherell G. BMS-232632 (Novartis/Bristol-Myers Squibb). Curr Opin Investig Drugs. 2001 Mar;2(3):340-7.

3192. Witt KL, Cunningham CK, Patterson KB, Kissling GE, Dertinger SD, Livingston E, et al. Elevated frequencies of micronucleated erythrocytes in infants exposed to zidovudine in utero and postpartum to prevent mother-to-child transmission of HIV. Environ Mol Mutagen. 2007 Apr-May;48(3-4):322-9.

3193. Witte M, Tobon A, Gruenenfelder J, Goldfarb R, Coburn M. Anuria and acute renal failure resulting from indinavir sulfate induced nephrolithiasis. J Urol. 1998 Feb;159(2):498-9.

3194. Wittenstein B, Rogers V, Novelli V, Clayton PT, Kenny MB, Peters MJ. "African medicine" and Reye's syndrome. Lancet. 2004 Mar 13;363(9412):860.

3195. Wiznia A, Church J, Emmanuel P, Eppes S, Rowell L, Evans C, et al. Safety and efficacy of enfuvirtide for 48 weeks as part of an optimized antiretroviral regimen in pediatric human immunodeficiency virus 1-infected patients. Pediatr Infect Dis J. 2007 Sep;26(9):799-805.

3196. Woerle HJ, Mariuz PR, Meyer C, Reichman RC, Popa EM, Dostou JM, et al. Mechanisms for the deterioration in glucose tolerance associated with HIV protease inhibitor regimens. Diabetes. 2003 Apr;52(4):918-25.

3197. Wolbach J, Capoccia K. A review of abacavir and efavirenz: new antiretroviral drugs to treat HIV-1 infection. Nurse Pract. 1999 Jun;24(6):81-2, 7-90, 2.

3198. Wolff MJ, Beltran CJ, Vasquez P, Ayala MX, Valenzuela M, Berrios G, et al. The Chilean AIDS cohort: a model for evaluating the impact of an expanded access program to antiretroviral therapy in a middle-income country--organization and preliminary results. J Acquir Immune Defic Syndr. 2005 Dec 15;40(5):551-7.

3199. Wolfort FG, Cetrulo CL, Jr., Nevarre DR. Suction-assisted lipectomy for lipodystrophy syndromes attributed to HIV-protease inhibitor use. Plast Reconstr Surg. 1999 Nov;104(6):1814-20; discussion 21-2.

3200. Woodcock A, Bradley C. Validation of the HIV treatment satisfaction questionnaire (HIVTSQ). Qual Life Res. 2001;10(6):517-31.

3201. Woolley I, Tapley N, Korman TM. Sequential cutaneous drug reactions to protease inhibitors in the context of occupational post-exposure prophylaxis. Aids. 2003 Jul 25;17(11):1709.

3202. Wooltorton E. HIV drug nevirapine (Viramune): risk of severe hepatotoxicity. Cmaj. 2004 Mar 30;170(7):1091.

3203. Worm D, Kirk O, Andersen O, Vinten J, Gerstoft J, Katzenstein TL, et al. Clinical lipoatrophy in HIV-1 patients on HAART is not associated with increased abdominal girth, hyperlipidaemia or glucose intolerance. HIV Med. 2002 Oct;3(4):239-46.

3204. Worth L, Elliott J, Anderson J, Sasadeusz J, Street A, Lewin S. A cautionary tale: fatal lactic acidosis complicating nucleoside analogue and metformin therapy. Clin Infect Dis. 2003 Jul 15;37(2):315-6.

3205. Wu DS, Stoller ML. Indinavir urolithiasis. Curr Opin Urol. 2000 Nov;10(6):557-61.

3206. Xu A, Yin S, Wong L, Chan KW, Lam KS. Adiponectin ameliorates dyslipidemia induced by the human immunodeficiency virus protease inhibitor ritonavir in mice. Endocrinology. 2004 Feb;145(2):487-94.

3207. Yahagi K, Ueno Y, Mano Y, Shimosegawa T. Rhabdomyolytic syndrome during the lamivudine therapy for acute exacerbation of chronic type B hepatitis. Liver Transpl. 2002 Dec;8(12):1198-9.

3208. Yamamoto Y, Yasuoka A, Tachikawa N, Teruya K, Genka I, Yamaguchi M, et al. Mitigation of hepato-cellular injury caused by HAART with glycyrrhizin compound in patients co-infected with HIV and HCV. Jpn J Infect Dis. 1999 Dec;52(6):248-9.

3209. Yamamoto Y, Yasuoka A, Yasuoka C, Genka I, Teruya K, Kikuchi Y, et al. Leukocytopenia due to zidovudine- and nevirapine-containing regimens in elderly patients with HIV infection. Jpn J Infect Dis. 2000 Dec;53(6):244-5.

3210. Yan Q, Hruz PW. Direct comparison of the acute in vivo effects of HIV protease inhibitors on peripheral glucose disposal. J Acquir Immune Defic Syndr. 2005 Dec 1;40(4):398-403.

3211. Yanez L, Hernandez JL, Saiz N, Calvo J, Ramos C, Salesa R, et al. Geotrichum proctitis after HIV postexposure prophylaxis. Aids. 2002 Aug 16;16(12):1701-2.

3212. Yanez MH. Ureteric obstruction in HIV patients undergoing indinavir therapy. AJR Am J Roentgenol. 1999 May;172(5):1452.

3213. Yang SS, Hsu CT, Hu JT, Lai YC, Wu CH. Lamivudine does not increase the efficacy of interferon in the treatment of mutant type chronic viral hepatitis B. World J Gastroenterol. 2002 Oct;8(5):868-71.

3214. Yang Y, Wilder-Smith A, Panchalingam A, Tha NO, Paton NI. Changes in body fat measured by DEXA in patients taking different formulations of stavudine. HIV Clin Trials. 2005 Nov-Dec;6(6):337-43.

3215. Yanovski JA, Miller KD, Kino T, Friedman TC, Chrousos GP, Tsigos C, et al. Endocrine and metabolic evaluation of human immunodeficiency virus-infected patients with evidence of protease inhibitor-associated lipodystrophy. J Clin Endocrinol Metab. 1999 Jun;84(6):1925-31.

3216. Yao F, Gish RG. Treatment of chronic hepatitis B: new antiviral therapies. Curr Gastroenterol Rep. 1999 Feb-Mar;1(1):20-6.

3217. Yao FY, Terrault NA, Freise C, Maslow L, Bass NM. Lamivudine treatment is beneficial in patients with severely decompensated cirrhosis and actively replicating hepatitis B infection awaiting liver transplantation: a comparative study using a matched, untreated cohort. Hepatology. 2001 Aug;34(2):411-6.

3218. Yarasheski KE, Tebas P, Sigmund C, Dagogo-Jack S, Bohrer A, Turk J, et al. Insulin resistance in HIV protease inhibitor-associated diabetes. J Acquir Immune Defic Syndr. 1999 Jul 1;21(3):209-16.

3219. Yarchoan R, Pluda JM, Perno CF, Mitsuya H, Broder S. Anti-retroviral therapy of human immunodeficiency virus infection: current strategies and challenges for the future. Blood. 1991 Aug 15;78(4):859-84.

3220. Yasuoka A. [Challenges of the anti-retroviral therapy]. Nippon Rinsho. 2002 Apr;60(4):750-6.

3221. Yazdanpanah Y, Viget N, Cheret A, Guerroumi H, Gerard Y, Ajana F, et al. Increased bleeding in HIV-positive haemophiliac patients treated with lopinavir-ritonavir. Aids. 2003 Nov 7;17(16):2397-9.

3222. Ye XY, Ng TB. Peptides from pinto bean and red bean with sequence homology to cowpea 10-kDa protein precursor exhibit antifungal, mitogenic, and HIV-1 reverse transcriptase-inhibitory activities. Biochem Biophys Res Commun. 2001 Jul 13;285(2):424-9.

3223. Yeh KC, Deutsch PJ, Haddix H, Hesney M, Hoagland V, Ju WD, et al. Single-dose pharmacokinetics of indinavir and the effect of food. Antimicrob Agents Chemother. 1998 Feb;42(2):332-8.

3224. Yeh TK, Kang HJ, Wientjes MG, Au JL. Pharmacokinetic interaction between intravenous 2',3'-dideoxyinosine and pentamidine in rats. Pharm Res. 1996 Apr;13(4):628-32.

3225. Yeni P, Cooper DA, Aboulker JP, Babiker AG, Carey D, Darbyshire JH, et al. Virological and immunological outcomes at 3 years after starting antiretroviral therapy with regimens containing non-nucleoside reverse transcriptase inhibitor, protease inhibitor, or both in INITIO: open-label randomised trial. Lancet. 2006 Jul 22;368(9532):287-98.

3226. Yeni PG, Hammer SM, Carpenter CC, Cooper DA, Fischl MA, Gatell JM, et al. Antiretroviral treatment for adult HIV infection in 2002: updated recommendations of the International AIDS Society-USA Panel. Jama. 2002 Jul 10;288(2):222-35.

3227. Yeo TK, Kintner J, Armand R, Perez R, Lewis LD. Sublethal concentrations of gemcitabine (2',2'-difluorodeoxycytidine) alter mitochondrial ultrastructure and function without reducing mitochondrial DNA content in BxPC-3 human pancreatic carcinoma cells. Hum Exp Toxicol. 2007 Dec;26(12):911-21.

3228. Yerly S, Kaiser L, Race E, Bru JP, Clavel F, Perrin L. Transmission of antiretroviral-drug-resistant HIV-1 variants. Lancet. 1999 Aug 28;354(9180):729-33.

3229. Yerly S, Rickenbach M, Popescu M, Taffe P, Craig C, Perrin L. Drug resistance mutations in HIV-1-infected subjects during protease inhibitor-containing highly active antiretroviral therapy with nelfinavir or indinavir. Antivir Ther. 2001 Sep;6(3):185-9.

3230. Yogev R, Kovacs A, Chadwick EG, Homans JD, Lou Y, Symonds WT. Single-dose safety and pharmacokinetics of amprenavir (141W94), a human immunodeficiency virus type 1 (HIV-1) protease inhibitor, in HIV-infected children. Antimicrob Agents Chemother. 2005 Jan;49(1):336-41.

3231. Yotsumoto M, Kitano K, Saito H. Bradycardia-tachycardia syndrome induced by lopinavir-ritonavir in a patient with AIDS. Aids. 2005 Sep 23;19(14):1547-8.

3232. Youle M. HIV-associated antiretroviral toxic neuropathy (ATN): a review of recent advances in pathophysiology and treatment. Antivir Ther. 2005;10 Suppl 2:M125-9.

3233. Young B. The role of nucleoside and nucleotide reverse transcriptase inhibitor backbones in antiretroviral therapy. J Acquir Immune Defic Syndr. 2004 Sep 1;37 Suppl 1:S13-20.

3234. Young B, Fischl MA, Wilson HM, Finn TS, Jensen EH, DiNubile MJ, et al. Open-label study of a twice-daily indinavir 800-mg/ritonavir 100-mg regimen in protease inhibitor-naive HIV-infected adults. J Acquir Immune Defic Syndr. 2002 Dec 15;31(5):478-82.

3235. Young EM, Considine RV, Sattler FR, Deeg MA, Buchanan TA, Degawa-Yamauchi M, et al. Changes in thrombolytic and inflammatory markers after initiation of indinavir- or amprenavir-based antiretroviral therapy. Cardiovasc Toxicol. 2004;4(2):179-86.

3236. Young J, Rickenbach M, Weber R, Furrer H, Bernasconi E, Hirschel B, et al. Body fat changes among antiretroviral-naive patients on PI- and NNRTI-based HAART in the Swiss HIV cohort study. Antivir Ther. 2005;10(1):73-81.

3237. Young J, Weber R, Rickenbach M, Furrer H, Bernasconi E, Hirschel B, et al. Lipid profiles for antiretroviral-naive patients starting PI- and NNRTI-based therapy in the Swiss HIV cohort study. Antivir Ther. 2005;10(5):585-91.

3238. Yozviak JL, Doerfler RE, Woodward WC. Effectiveness and tolerability of nevirapine, stavudine, and lamivudine in clinical practice. HIV Clin Trials. 2001 Nov-Dec;2(6):474-6.

3239. Yuan JH, Stolzenbach JC, Salamon CM, Snook SS, Schoenhard GL. Improvement of bioavailability of the HIV protease inhibitor SC-52151 in the beagle dog by coadministration of the CYP3A4 inhibitor, ketoconazole. Xenobiotica. 1997 May;27(5):489-97.

3240. Yudkoff BL, Linsenmeyer TA, Oakley A, Kirshblum S. Urolithiasis associated with indinavir in a patient with spinal cord injury. J Spinal Cord Med. 2004;27(3):263-5.

3241. Yuen GJ, Lou Y, Thompson NF, Otto VR, Allsup TL, Mahony WB, et al. Abacavir/lamivudine/zidovudine as a combined formulation tablet: bioequivalence compared with each component administered concurrently and the effect of food on absorption. J Clin Pharmacol. 2001 Mar;41(3):277-88.

3242. Yuen MF, Lai CL. Treatment of chronic hepatitis B. Lancet Infect Dis. 2001 Nov;1(4):232-41.

3243. Zakharenko LP, Zakharov IK, Vasiunina EA, Karamysheva TV, Danilenko AM, Nikiforov AA. [Determination of the genotoxicity of fullerene C60 and fullerol using the method of somatic mosaics on cells of Drosophila melanogaster wing and SOS-chromotest]. Genetika. 1997 Mar;33(3):405-9.

3244. Zala C, Salomon H, Ochoa C, Kijak G, Federico A, Perez H, et al. Higher rate of toxicity with no increased efficacy when hydroxyurea is added to a regimen of stavudine plus didanosine and nevirapine in primary HIV infection. J Acquir Immune Defic Syndr. 2002 Apr 1;29(4):368-73.

3245. Zangerle R, Sarcletti M. Antiretroviral drugs and the risk of myocardial infarction. N Engl J Med. 2007 Aug 16;357(7):715-6; author reply 6-7.

3246. Zeremski M, Talal AH. Dideoxynucleoside analogues should be used cautiously in patients with hepatic steatosis. Clin Infect Dis. 2006 Aug 1;43(3):373-6.

3247. Zhang D, Chando TJ, Everett DW, Patten CJ, Dehal SS, Humphreys WG. In vitro inhibition of UDP glucuronosyltransferases by atazanavir and other HIV protease inhibitors and the relationship of this property to in vivo bilirubin glucuronidation. Drug Metab Dispos. 2005 Nov;33(11):1729-39.

3248. Zhang Z, Hamatake R, Hong Z. Clinical utility of current NNRTIs and perspectives of new agents in this class under development. Antivir Chem Chemother. 2004 May;15(3):121-34.

3249. Zhong DS, Lu XH, Conklin BS, Lin PH, Lumsden AB, Yao Q, et al. HIV protease inhibitor ritonavir induces cytotoxicity of human endothelial cells. Arterioscler Thromb Vasc Biol. 2002 Oct 1;22(10):1560-6.

3250. Zhou J, Phanupak P, Kiertiburanakul S, Ditangco R, Kamarulzaman A, Pujary S. Highly active antiretroviral treatment containing efavirenz or nevirapine and related toxicity in the TREAT Asia HIV Observational Database. J Acquir Immune Defic Syndr. 2006 Dec 1;43(4):501-3.

3251. Zidek Z, Kmonickova E, Holy A. Cytotoxicity of pivoxil esters of antiviral acyclic nucleoside phosphonates: adefovir dipivoxil versus adefovir. Biomed Pap Med Fac Univ Palacky Olomouc Czech Repub. 2005 Dec;149(2):315-9.

3252. Zimhony O, Stein D. Saquinavir-induced hypoglycemia in type 2 diabetes. Ann Intern Med. 1999 Dec 21;131(12):980.

3253. Zorrilla CD, Van Dyke R, Bardeguez A, Acosta EP, Smith B, Hughes MD, et al. Clinical response and tolerability to and safety of saquinavir with low-dose ritonavir in human immunodeficiency virus type 1-infected mothers and their infants. Antimicrob Agents Chemother. 2007 Jun;51(6):2208-10.

3254. Zucker SD, Qin X, Rouster SD, Yu F, Green RM, Keshavan P, et al. Mechanism of indinavir-induced hyperbilirubinemia. Proc Natl Acad Sci U S A. 2001 Oct 23;98(22):12671-6.

3255. Zylberberg H, Nalpas B, Pol S, Brechot C, Viard JP. Is there a relationship between hepatitis C virus infection and antiretroviral-associated lipoatrophy? Aids. 2000 Sep 8;14(13):2055.

3256. Zylberberg H, Pialoux G, Carnot F, Landau A, Brechot C, Pol S. Rapidly evolving hepatitis C virus-related cirrhosis in a human immunodeficiency virus-infected patient receiving triple antiretroviral therapy. Clin Infect Dis. 1998 Nov;27(5):1255-8.