Efficacy and safety of boosted atazanavir in HIV-infected, ARV-naive patients — results from 48/96 weeks Castle study
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SUMMARY
Antiretroviral regimens based on human immunodeficiency virus-1 protease inhibitors are the cornerstone of combination antiretroviral therapy because of their antiviral efficacy and high genetic barrier. Protease inhibitor – containing regimens are complicated by a number of side effects, mainly diarrhea, dyslipidemia, an increased risk of myocardial infarction, diabetes and lipodystrophy. Atazanavir (ReyatazTM) is the first, originally designed as once-daily HIV-1 protease inhibitor that offers a more convenient and safer PI-containing management of HIV infection. The antiviral efficacy of atazanavir has been proven in both treatment-experienced and treatment-naive patients. In July 2008 boosted atazanavir has received registration for use in antiretroviral-naive HIV-infected population. This specific registration was based on results from 48 weeks of the Castle (BMS AI424138) study.

Key words: boosted atazanavir; atazanavir/ritonavir; HIV-1 protease inhibitor; antiretroviral therapy; ARV; HIV-1; once-daily regimen