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## Efficacy, tolerability and drug resistance of highly active antiretroviral therapy to patients with HIV/AIDS in China

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**Objective:** To evaluate the clinical efficacy, tolerability and drug resistance on highly active antiretroviral therapy (HAART), and then provide scientific evidence for antiretroviral therapy and reducing drug resistance

**Methods:** 266 HIV-seropositive individuals, who met the conditions of WHO recommendation antiretroviral therapy, were enrolled in a prospective study in April 2007 (regimen: AZT+DDI+NVP or AZT+DDI+EFV), and then 239 patients completed 12 months antiretroviral therapy. Clinical symptom, CD4<sup>+</sup> T cell count and viral load were measured before and after HAART, and drug resistance and reason of stopping antiretroviral therapy were also monitored for HIV/AIDS patients receiving HAART.

**Results:** After HAART, the effective rate of fever, cough, diarrhea, lymphadenectasis, weight loss, tetter, debility and fungous infection was 92.55%, 93.13%, 93.71%, 91.18%, 91.18%, 89.00%, 92.25% and 80.65%, respectively (Table 1). CD4<sup>+</sup>T cell count after HAART (353.39±203.47 cells/ml) was significantly increaser than before HAART (258.84±198.26 cells/ml) ( $P<0.05$ ). The viral load after HAART (4061.88±1367.18 copies/ml) was significantly declined than before HAART (6616.48±1569.67 copies/ml) ( $P<0.05$ ) (Table 2). The rate of drug resistance was 7.81% (AZT), 17.19% (DDI), 37.50% (EFV) and 31.25% (NVP), respectively (Table 3). Therapy schedule of 27 patients was stopped due to a variety of reasons, such as death, dizziness, liver damage, bellyache et al. Except for eight death cases, three suicides were discovered at 22, 35 and 56 days respectively after stopping therapy (Table 4).

**Conclusion:** HAART could effectively improve the clininical symptoms of HIV/AIDS patients, and increase the count of CD4<sup>+</sup>T cell and reduce the viral load and inhibit virus replication. Drug resistance may be the key factor restricting the clinical efficacy.