Screening 12,803 HIV-1-infected patients during 2004-2008 from medical records

1,196 eligible

HIV-1-infected patients with previous allergic reactions to NVP (n = 284)

Missing history of NVP interruption (n = 41)

HIV-1-infected patients who were naive to ART (n = 912)

Random sampling

Simultaneous interruption (n = 161)

Once daily regimen 1% OBRs
- D4T/3TC 93%
- AZT/3TC 6%

Stopped EFV due to toxicity (n = 9)
Changed to other regimes (n = 2)
Virological failure (n = 8)
Dead (n = 5)
Lost to follow-up (n = 9)
Referred to other hospitals (n = 25)

Continued EFV-based regimen until the end of the study (n = 103)

Once daily regimen 66% OBRs
- TDF/3TC 62%
- AZT/3TC 26%
- D4T/3TC 7%

Staggered interruption (n = 82)

Once daily regimen 3% OBRs
- D4T/3TC 73%
- AZT/3TC 24%
- TDF/3TC 2%

Stopped EFV due to toxicity (n = 4)
Changed to other regimes (n = 4)
Virological failure (n = 1)
Dead (n = 5)
Lost to follow-up (n = 9)
Referred to other hospitals (n = 10)

Continued EFV-based regimen until the end of the study (n = 54)

Once daily regimen 54% OBRs
- TDF/3TC 54%
- AZT/3TC 26%
- D4T/3TC 17%

Continued EFV-based regimen until the end of the study (n = 224)

Once daily regimen 69% OBRs
- TDF/3TC 62%
- AZT/3TC 19%
- D4T/3TC 9%