

- Despite antiretroviral (ARV) therapy reducing renal disease in patients with human immunodeficiency virus (HIV) overall, there is concern that certain ARVs may reduce renal function over time.
- This systematic review of higher-quality evidence critically evaluated changes in renal function over time with currently used protease inhibitors (PIs) either individually or in combination with tenofovir disoproxil fumarate (TDF).
- Oxford Centre for Evidence-Based Medicine (OCEBM) Level 1 and 2 RCTs provided little evidence that PIs independently led to progressive changes in renal function over time; however, more consistent evidence emerged for greater reductions in renal function when PIs were coadministered with TDF. Similar findings were evident from OCEBM Level 2 observational cohort studies, although the results were more variable, and PI interactions with TDF could not be established with certainty.
- Limitations included suboptimal assessments of renal function in many studies.
- In clinical practice, regular monitoring of renal function should be undertaken for all patients with HIV infection, regardless of ARV therapy usage.

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