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LETTER TO THE EDITOR

Authors' Reply to Cotton and Nicol's Comment on "Adverse Drug Reactions and Clinical Outcomes in Patients Initiated on Antiretroviral Therapy: A Prospective Cohort Study from Ethiopia"

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Dear Editor,

We thank Drs. Cotton and Nicol for their letter [1]. They raise an important issue about maximizing the benefit and prolonging the efficacy of first-line antiretroviral therapy (ART) in sub-Saharan Africa during this time of rapid scaling-up to improve access to ART in the region [2]. We agree that improving adherence to first-line ART regimens is the best option to realize better treatment outcomes with the lowest cost in this resource-limited setting.

The second important point raised in their letter is that serious adverse drug reactions (ADRs) are prevalent and are associated with mortality and morbidity in patients taking ART [3, 4]. Severe ADRs that were more prevalent within the first 3 months were a barrier to achieving optimal adherence [4], which is critically important for successful virological suppression in patients initiated on ART [5].

We share the call of Drs Cotton and Nicol for rapid implementation of interventions to actively identify ADRs in patients who are initiated on ART [1]. However, it may be worth conducting a multicentre randomised controlled trial in resource-limited settings to test the effectiveness of various interventions to improve the detection and management of severe ART ADRs and thus improve treatment outcomes. Evidence-based strategies would assist the healthcare teams in ART clinics to reduce the influence of severe ADRs while the ART rollout expands in sub-Saharan Africa.

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Compliance with Ethical Standards

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Conflict of interest Woldesellassie M. Bezabhe, Luke R. Bereznicki, Leanne Chalmers, Peter Gee, Desalew M. Kassie, Mekides A. Bimirew, and Gregory M. Peterson have no conflicts of interest that are directly relevant to the content of this reply letter.

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