



Shaping Tomorrow's Nephrology: Insight-Driven Kidney Care

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Renal Function in People Living with HIV Receiving TenofovirBased Antiretroviral Therapy: A CrossSectional Study from Indonesia

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Objectives : Tenofovir disoproxil fumarate (TDF)–based antiretroviral therapy (ART) is widely used in people living with HIV, but concerns remain regarding its long-term nephrotoxicity in real-world settings. We evaluated the association between different TDF-based regimens, treatment duration, and kidney function in an HIV cohort from Indonesia.

Methods : We conducted a cross-sectional study of 173 adults living with HIV receiving TDF-based ART at a single center. ART regimens were grouped as TDF/3TC/DTG, TDF/3TC/EFV, and other TDF-based regimens. Kidney function was assessed using serum urea and creatinine, and eGFR calculated by CKD-EPI. eGFR was categorized using KDIGO-based strata. Differences in categorical eGFR distribution across ART regimen groups and across concomitant medication burden (1 vs ≥ 8 non-ART drugs) were assessed using chi-square tests. Differences in continuous kidney parameters (urea and creatinine) across ART regimens were assessed using appropriate group-comparison tests based on data distribution (ANOVA if normally distributed; otherwise Kruskal-Wallis). Correlations between ART duration and kidney parameters (urea, creatinine, and eGFR) were evaluated using Spearman's rank correlation. Statistical significance was set at $p < 0.05$.

Results : The most common regimens were TDF/3TC/DTG (67.6%) and TDF/3TC/EFV (28.9%); the remaining participants received other TDF-based regimens (3.5%). Based on KDIGO-based eGFR categories, 38.2% had normal/high eGFR, 43.4% had mildly decreased eGFR, 3.4% had moderately-to-severely decreased eGFR, and 15.0% were classified as kidney failure. There were no statistically significant differences in serum urea, creatinine, or eGFR category distribution across ART regimen groups (all $p > 0.05$). Concomitant medication burden (1 vs ≥ 8 non-ART drugs) was not associated with eGFR category distribution ($p > 0.05$). ART duration showed no significant correlation with serum urea, creatinine, or eGFR (all $p > 0.19$).

Conclusions : In this HIV cohort on TDF-based regimens, reduced eGFR was common but unrelated to regimen type or treatment duration, suggesting renal risk depends more on patient vulnerability, emphasizing routine monitoring and further study of ART-related nephrotoxicity.