

## Special Issue

# Progress in Antiretroviral Research

### Message from the Guest Editor

Recommended antiretroviral therapy, consisting of two nucleoside analogues and a third agent (integrase inhibitor, non-nucleoside reverse transcriptase inhibitor, or boosted protease inhibitor), must be taken everyday (7 days/week) for life, with a risk of reduced adherence and long-term toxicity. In recent years, different strategies have been studied to reduce the exposure of people living with HIV (PLWH) to antiretroviral drugs and to improve their adherence and quality of life, while maintaining safety and virological suppression. Long-acting agents used to treat HIV infection will be the future, and cabotegravir and rilpivirine are the first to be used. Meanwhile, “intermittent” or “short-cycle” therapy (SCT) has received considerable attention. This strategy allows PLWH to take their antiretroviral drugs at standard doses and in combination for a limited number of consecutive days (generally 4 or 5 days) per week and interrupt the treatment during the weekend (Friday to Sunday or Saturday to Sunday).

### Guest Editor

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### Deadline for manuscript submissions

closed (30 June 2025)



## Biomedicines

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### Message from the Editor-in-Chief

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### Editor-in-Chief

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