

SPEAKER: The approach that we take with our patients, and we tell them from the very beginning, is that at the beginning, I don't care about efficacy. I don't care about how well it's working in terms of treating the infection. I care about tolerability. I need to get these patients onto a regimen that they can take and a regimen that we think has opportunity for success.

We feel like we have greater success by introducing the drugs sequentially as opposed to all at one time. We've had a number of patients referred to us that couldn't tolerate the regimen, and yet, we were able to get them on the same regimen just by adding them sequentially, one drug every few days to every week, and to get them on a regimen within a month's time that they could then tolerate.

We check drug levels. This is a highly debated subject because there is some evidence in the literature that doesn't see a correlation between drug levels and outcomes. But there is also some literature that suggests that actually you do.

My bias leans towards, I need to have confidence that the patient has sufficient drug in their system to have an effect. We know that rifampin reduces the concentration of your other drugs, and so we want to make sure that we have them on a regimen that is likely to be successful. So we do use susceptibility testing and drug levels in the management of our patients.