ASSESSMENT OF THE TREATMENT WITH TWO-DRUG ANTIRETROVIRAL REGIMEN

DGI-015

E. Ríos-Sánchez[1], M.A. Blanco-Castaño[1], M.J. Gándara-LadrondeGuevara[1], J.F. López-Vallejo[1], J.M. Borrero-Rubio[1], E.J. Alegre-DelRey[1], M.A. Marín-Marín[2]
[1] Hospital Universitario Puerto Real. Pharmacy. Puerto Real (Cadiz), Spain.
[2] Hospital Universitario Puerto Real. Infectious Diseases. Puerto Real (Cadiz), Spain.

BACKGROUND

Antiretroviral treatment with three drug-regimen is the initial recommended treatment for HIV chronic infection. For different reasons, the combination of three drugs can be modified to a two-drug regimen.

PURPOSE

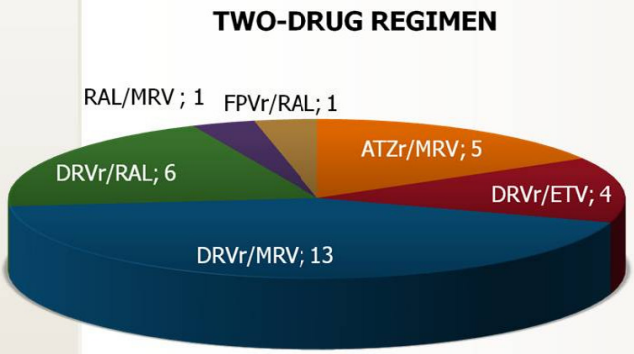
To analyze the change from a three-drug antiretroviral treatment regimen (HAART) to a two-drug regimen in HIV+ patients: reason of change and effectiveness.

MATERIAL AND METHOD

Cross sectional retrospective study of HIV-infected patients in treatment with two antiretroviral active drugs from January 2010 to April 2012. The data was obtained from medical history and Farmatools® application of external patients treatment. Effectiveness was evaluated by the viral plasmatic load (VPL) and the CD4 cells count, measured at 24 weeks. Viral load suppression (VLS) was defined as less than 50 copies/ml.

RESULTS

A total of 30 patients were studied, with the following two-drug regimens:



The reasons for the change to two-drug regimen and the obtained answer were the following:

	VPL at start of two-drug regimen	CD4 at start of two-drug regimen	VPL 24 weeks	CD4 24 weeks
Change by drug resistence test 12 patients	2 patients VLS 10 patients Medium VPL 5449c/ml	433/ml	9 patients VLS 3 patients Medium VPL 44388c/ml	461/ml
Change due to side effects 6 patients	4 patients VLS 2 patients Medium VPL 142515c/ml	306/ml	6 patients VLS	336/ml
Change for simplification 12 patients	12 patients VLS	589/ml	12 patients VLS	427/ml

Patients who did not reach viral load supression at 24 week were having a regimen composed of ATZr/MRV(2 patients) and DRVr/MRV(1 patient).

CONCLUSION

The main reasons for the HAART exchange to two-drug regimen were drug resistence tests and simplification of the antiretroviral treatment.
Taking into account the limitation of the study due to its short follow-up and the limited number of patients, we can say that in our study, the change to a treatment with two active antiretroviral drugs seems to be, at least, as effectively as the three-drug regimen HAART.