CLINICAL-EPIDEMIOLOGICAL CHARACTERISTICS OF A COHORT OF PATIENTS TREATED WITH DORAVIRINE

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Results

4CPS-077

ATC CODE: J05-ANTIVIRAL FOR SYSTEMIC USE

BACKGROUND AND IMPORTANCE

Doravirine is a non-competitive, non-nucleoside reverse transcriptase inhibitor (RTI), used in combination regimens with other antiretrovirals for the treatment of HIV-1 without evidence of resistance to non-nucleoside inhibitors.

AIM AND OBJECTIVES

To describe the clinical-epidemiological characteristics and the clinical and analytical evolution of DORA associated with abacavir/lamivudine (ABC/3TC), dolutegravir rilpivirine (RPV).



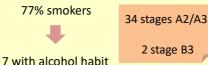
36 patients Age 53,8 years (26-64)

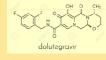






Treatment Patients ABC/3TC+DORA 20 **RPV+DORA** 9 DTG+DORA 7





34 patients CV<50 cop/ml

34 patients CV<50 cop/ml



At the beginning 2 patients CV>10x6 cop/ml

During the study

2 patients CV 110-150 cop/ml

MATERIAL AND METHODS

To assess the efficacy of DORA, clinical response was analyzed through follow-up consultations and serological tests, measuring viral load (VL), CD4-T lymphocytes, liver profile and renal function.

CD4-T lymphocyte NORMAL (262-1169/µL)

Creatinine NORMAL (0.9-1.1 mg/dl) except 2 patients (1,13 and 1,29 mg/dl)

Most common side effects* Diarrhea Nausea and/or vomiting Mild headaches

*2 patients reported myalgia, probably related to atorvastatin treatment.

Patients with RPV+DORA came from ABC/3TC+DORA RPV was replaced due to hypercholesterolemia, liver disorders or intake of PPIs or NSAIDs.

CONCLUSION **AND RELEVANCE**

Doravirine has been shown to be a safe and effective therapeutic alternative for HIV-1 infection, especially in patients with metabolic disorders or interactions with other drugs.

At 2, 4 and 6 months from the start of treatment.

CD4-T Renal **Viral load** Liver profile lymphocytes function The role of hospital pharmacists

To guarantee adherence to treatment.

To document the most frequent side effects by reporting them to the Local **HIV Commission.**

REFERENCES AND/OR ACKNOWLEDGEMENTS

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Special thanks to the Infectious Diseases Unit.





