

EVALUATION OF CARDIOVASCULAR RISK IN PATIENTS ON DARUNAVIR/COBICISTAT MONOTHERAPY TREATMENT.

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OBJECTIVE

To analyze the impact of the metabolic adverse effects in HIV patients on darunavir/cobicistat monotherapy treatment.

MATERIAL AND METHODS

We made a search of clinical variables as well as results of analytical tests. The variables included in this study were age, smoking habit, systolic blood pressure, presence of antihypertensive treatment, presence of diabetes mellitus, and HDL and total cholesterol serum concentrations at the beginning of treatment and at 6 and 12 months after. With these data, we calculated the Framingham Risk Score at these months.

DISCUSSION

Patients (n=30) had a mean age of 50.2 ± 11.6 years and 66.6% were men. They were all on treatment with a daily tablet of darunavir/cobicistat (800 mg/150 mg) as a single drug for HIV treatment. The median of Framingham RiskScore(FRS) at the beginning of the treatment was 9.3(3.9-22.7). At M6 of treatment the median of FRS was 8.9(4.2-20.8) and 12 months after was 8.9(3.4-21.7). None of the patients had an increase of more than four points. A small group of patients(n=7) from this sample, who had an initial FRS over 25 were separately studied. Their mean FRS were 38,2(28.4-39,4) at the beginning, 32,1(28.9-36,4) at month 6 and 30.5(25.2-37) at month 12. 5 of this 7 patients had a decrease in FRS of more than 4 points. Only one of them had an increase(2 points)

CONCLUSION

we can affirm that there was no increase in the cardiovascular risk of the patients on treatment with darunavir/cobicistat, but there was also an improvement. Even patients at greater risk reduced their Framingham Risk Score.

RESULTS

Median of FRS

INITIAL FRS	FRS M6	FRS M12
9,3	8,9	8,9

Median of FRS in patientes with initial FRS>25

INITIAL FRS	FRS M6	FRS M12
38,2	32,1	30,5