

IMPACT OF PILL BURDEN ON DURATION OF FIRSTLINE ANTIRETROVIRAL THERAPY IN REAL LIFE SETTING



N Valcarce¹, H Álvarez², L Vilariño³, I Rodríguez¹, A Mariño²

Hospital Pharmacy¹. Infectious Diseases Unit². Internal Medicine³, Complejo Hospitalario Universitario de Ferrol

Background

The firstline antiretroviral treatment (ART) is often considered a long term therapy at treatment initiation. The complexity of ART could influence the persistence, making it shorter

Purpose

To investigate the duration of the firstline ART, the main reasons for switching the firstline ART and the association between daily antiretroviral pill burden and switching

Material and Methods

Design of study: retrospective observational

January 2012- April 2015

Inclusion criteria: Naive, HIV+ patients (Age ≥ 18) starting their first ART

Revision

- Electronic medical records
- Specific database of HIV patients
- Antiretroviral dispensing records

Collection:

- Demographics data
- Pharmacotherapeutic data



Second level hospital

Duration: time from the start of the first ART until modification for any reason or last follow-up visit

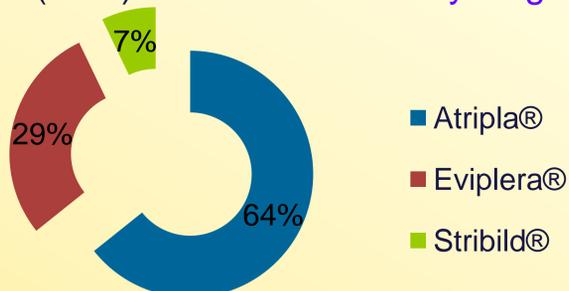
Results

42 patients, 86% men
Median age 43 years (IQR 33-51)

STARTED

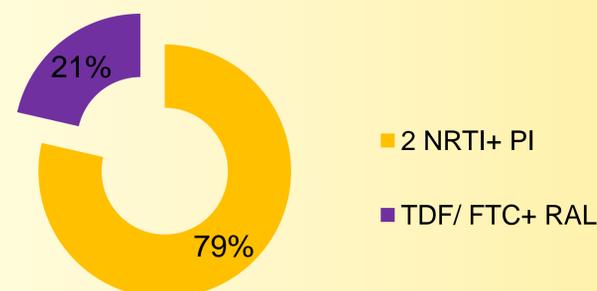
their first antiretroviral regimen

14 patients (33%) started a **once daily single tablet regimen (STR)**



71% maintained the STR
Median duration was 29 months (IQR 19-40)

28 patients (66%) started a **triple tablet regimen (TTR)**



39% maintained the TTR
Median duration was 32 months (IQR 20-43)

Firstline ART was modified in eighteen patients (43%). At the time of change all patients maintained virologic suppression.

Changes in STR group

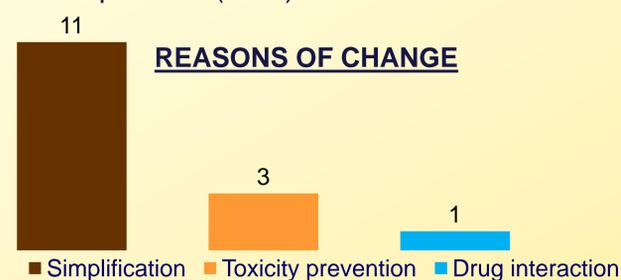
Three patients (21%) switched to secondline ART

REASONS OF CHANGE	
Safety	Two patients
Difficulty in swallowing	One patient

At the end of follow-up one patient with STR discontinued ART (transfer to another center)

Changes in TTR group

Fifteen patients (54%) switched to secondline ART



At the end of follow-up two patients with TTR discontinued ART (one transfer to another center and one death)

Conclusions

TTR was preferred as firstline ART. Median duration of the different regimens was similar and independent of pill burden. More than half of patients on TTR switched their first ART and the main reason for change was simplification