

OPTIMISATION OF ANTIRETROVIRAL THERAPY: RESULTS AFTER SIMPLIFICATION TO BITHERAPY WITH DOLUTEGRAVIR/LAMIVUDINE OR DOLUTEGRAVIR/ RILPIVIRINE





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BACKGROUND AND IMPORTANCE



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Simplification of antiretroviral therapy with dolutegravir/lamivudine (DTG/3TC) or dolutegravir/rilpivirine (DTG/RPV) improves the safety profile and cost-effectiveness of treatment in patients with Human Immunodeficiency Virus (HIV).





AIM AND OBJECTIVES

To evaluate the efficiency of simplification to bitherapy with DTG/3TC or with DTG/RPV in patients with HIV.

MATERIALS AND METHODS

WHAT?

WHERE?

WHEN?

WHO?

Observational and retrospective study

In a second level hospital

July 2019 – March 2022

All patients diagnosed with HIV who simplified antiretroviral treatment to bitherapy with DTG/3TC or DTG/RPV

MAIN QUESTIONS

- Percentage of patients with undetectable viral load (VL) (VL <50 copies/mL) measured in the first analytical determination performed after treatment simplification.
- Economic impact after treatment simplification.

OTHER QUESTIONS

- Age
- Sex
- · VL prior to treatment simplification.
- Type of bitherapy received.

HOW?



Data was obtained from the electronic medical record and the pharmacy dispensing program.

Statistical data analysis was performed using descriptive frequency analysis.





For the analysis of the economic impact, the difference between the annual consumption of each patient in treatment with triple therapy and with bitherapy was calculated.





RESULTS

415 patients receiving antiretroviral treatment were in follow-up in our center.

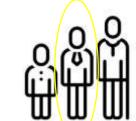
Treatment simplification was performed on 154 patients (37.10%)





76.62% (118/154) of patients were men.

The median age of the patients was 45 years (22-87)





96.1% (148/154) of patients had a new VL determination after treatment simplification. This determination was made with a median follow-up of 5.33 months (1.5-12.76). Of these, **100% (148/148) of patients maintained undetectable VL.**

In 94.81% (146/154) of patients, treatment was simplified to DTG/3TC. In 5.19% (8/154) of patients, treatment was simplified to DTG/RPV.





The **economic impact** of the simplification of treatment to bitherapy for 154 patients **implies a saving of 198,842.62 euros/year** (179,352.64 euros/year with simplification to DTG/3TC of 146 patients and 19,489.98 euros/year with simplification to DTG/RPV of 8 patients).

CONCLUSIONS AND RELEVANCE

The simplification of antiretroviral treatment to bitherapy with DTG/3TC or DTG/RPV has proven to be a good treatment option in terms of efficiency: patients maintain undetectable VL after simplification of therapy and this change translates into considerable savings. However, long-term clinical results need to be verified.