SIMPLIFICATION TO SINGLE-DRUG REGIMEN WITH A RITONAVIR-BOOSTED PROTEASE INHIBITOR FOR HIV PATIENTS

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Background

Single-drug regimens (SDR) with a ritonavir-boosted protease inhibitors (PI) could potentially be a regimen simplification to avoid nucleoside reverse transcriptase inhibitor (NRTI) toxicities in patients carrying human immunodeficiency virus (HIV) who fulfill several requirements:

- ✓ virologic suppression,
- ✓ high level of medication adherence,
- ✓ no previous PI virologic failure,
- ✓ high CD4 count level(>100 cell/mcL).

Purpose

To evaluate effectiveness and security of SDR with ritonavir-boosted lopinavir (Lp/r) and ritonavir-boosted darunavir (Dr/r) in HIV-positive patients pre-treated with three-drug regimens (TDR) including NRTI.

Material and methods

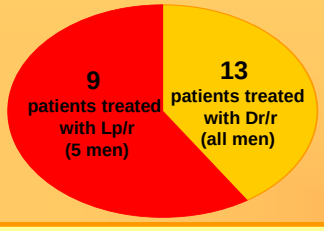
Retrospective observational study of HIV-positive patients with **treatment switches from TDR to SDR** in a second-level hospital.

Data were collected from the Farmatools-Dominion®-Programme and medical records.

Variables included:

- ✓ sex,
- ✓ age,
- ✓ duration of previous TDR,
- ✓ plasma viral load (PVL) pre- and post-treatment switching,
- ✓ PI virologic failure,
- ✓ CD4 cell count before switching,
- ✓ months of SDR to date (June'11-September'14).

Results



Patient characteristics

- Mean age at the time of the study: 48 ± 6 years.
- 4 patients were HIV/Hepatits C virus co-infected.

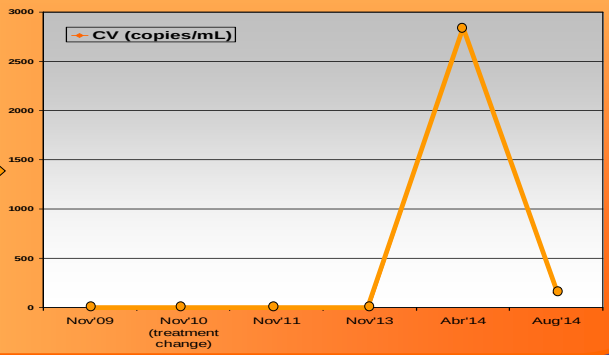
2 patients with Lp/r — 2 patients with Dr/r

All subjects:

- had been treated with TDR during minimum 12 months prior to treatment change,
- basal PVL was undetected for at least 6 months before switching,
- basal PVL remained undetectable during the entire study,
- no presented previous PI virologic failure,
- the medium CD4 counts at treatment switch were normal (825±583 cell/mcL),
- were treated with SDR for a median period of 22 months.

1 exception

Patient with confirmed viral rebound which leaded to treatment re-intensification with two NRTI included in the previous TDR.



Adherence and tolerance were considered successful before and after switching.

Conclusions

- ✓ SDR with a ritonavir-boosted PI might be an alternative as effective as traditional combinations.
- ✓ It involves a clear benefit for HIV-positive patients because it provides a treatment simplification with minor toxicity and minor interaction number.

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