



PATIENTS WITH DARUNAVIR/COBICISTAT/EMTRICITABINE/TENOFOVIR ALAFENAMIDE TREATMENT IN A THIRD LEVEL HOSPITAL

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BACKGROUND

Darunavir/cobicistat/emtricitabine/tenofovir alafenamide (DRV/c/FTC/TAF) is a new single tablet regimen HIV, another advantage is its coformulation with tenofovir alafenamide, with a safer profile.

PURPOSE

To evaluate the switching reasons from one antiretroviral therapy (ART) to DRV/c/FTC/TAF. To evaluate effectiveness, safety and patient satisfaction.

MATERIAL AND METHODS

Observational, descriptive, retrospective study of patients who start treatment with DRV/c/FTC/TAF and at least they have an analytical control after the start with DRV/c/FTC/TAF. Variables collected: demographic; pharmacotherapeutic (reason for change to DRV/c/FTC/TAF, previous ART, number of previous active ingredients and tablets) and clinical (CD4 and CD8 lymphocytes, CD4/CD8 quotient, viral load and glomerular filtrate prior and a median of 105 days after starting treatment). Satisfaction to ART is measured at five months, using ESTAR questionnaire

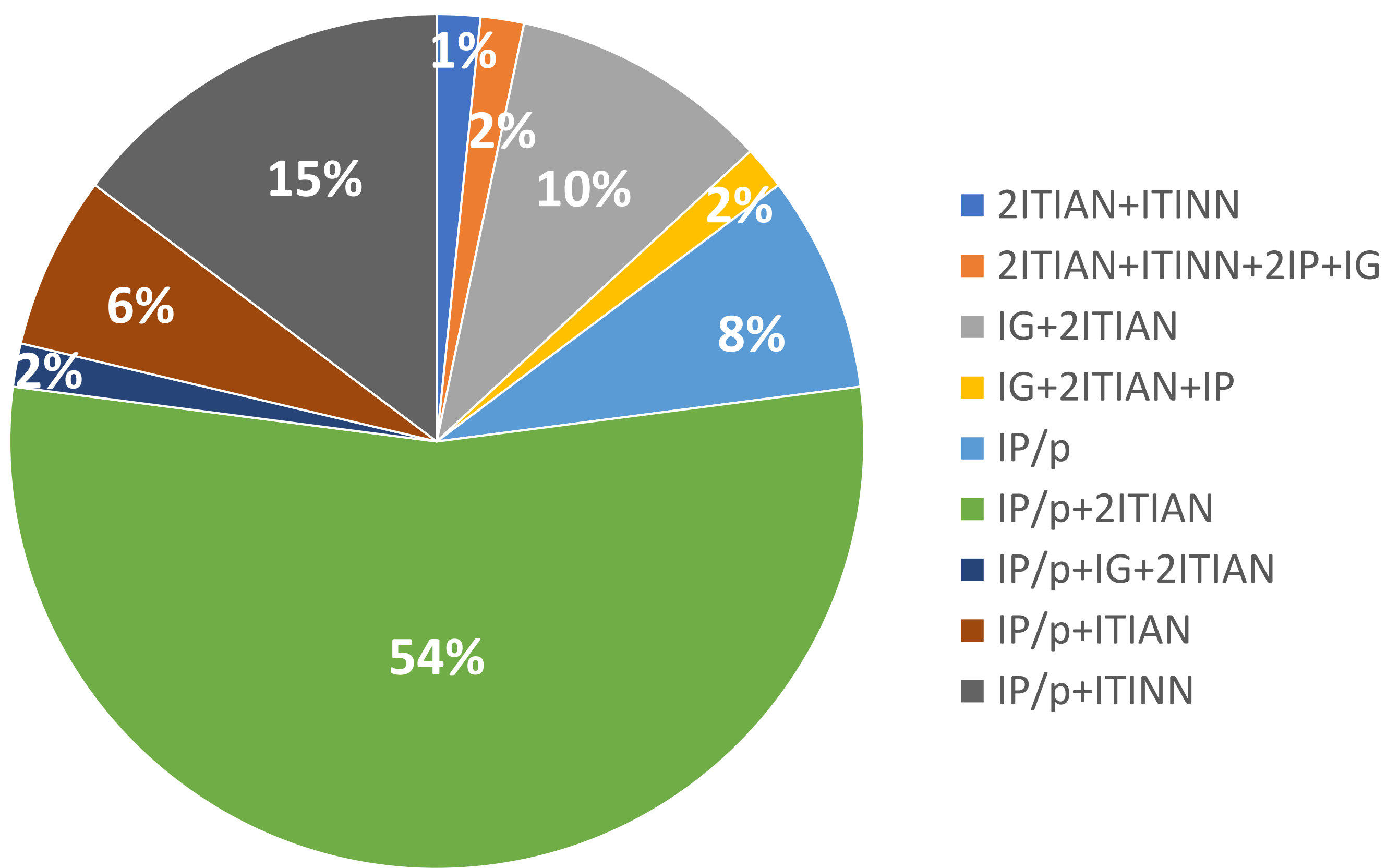
RESULTS

38 patients:

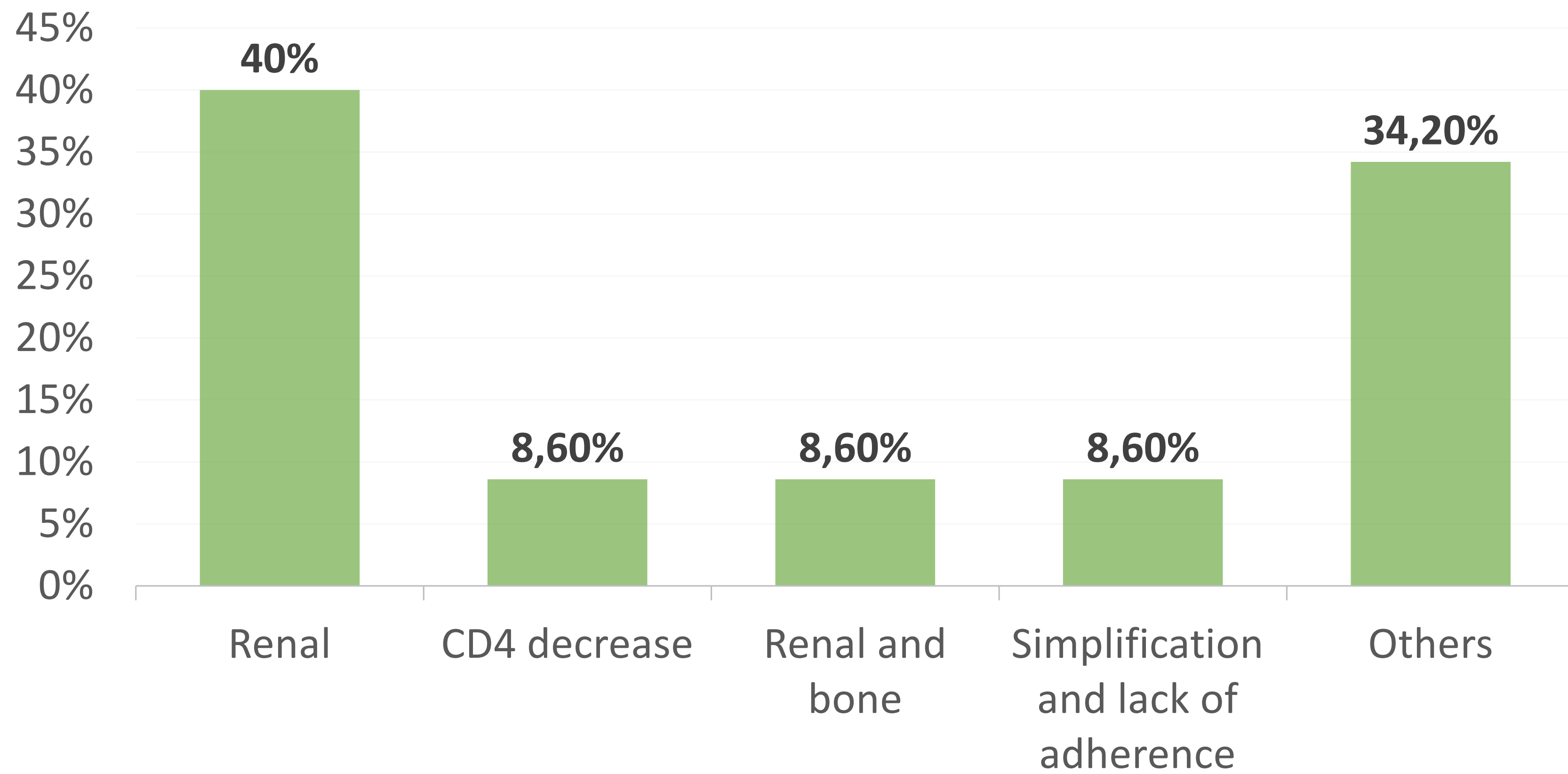
- Median age **50.5 years**
- **66.7% women**

- Patients switched from tenofovir diproxil fumarate (TDF) to TAF were **45.7%**.
- Patients changed from an average of **2.57** active principles daily to **3** and from **1.78** tablets to **1**.

The previous ART



REASONS FOR CHANGE TO DRV/C/FTC/TAF



	Before study	After study
Median CD4	505	684
Median CD8	692	764
CD4/CD8	0,66	0,69

- **Undetectable viral load** is stable in **97.7%** of patients and glomerular filtrate in **94.3%**.
- Score in the ESTAR questionnaire was higher than 50 in **80%** of the patients.

CONCLUSION

- In daily practice, ART changes to DRV/c/FTC/TAF are in most cases to **prevent damage to renal function**.
- DRV/c/FTC/TAF is an **effective and safety** treatment which maintain undetectable viral load and glomerular filtrate
- Patient satisfaction with the treatment **was excellent**.



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25-4CPS-062