DURABILITY OF ORAL DUAL ANTIRETROVIRAL THERAPY IN HIV PATIENTS

L. PEREZ CORDON[1], A. SANCHEZ ULAYAR[1], S. MARIN RUBIO[2], V. AGUILERA JIMENEZ[1], L. CAMPINS BERNADAS[1], J. DELGADO RODRIGUEZ[1], M. BITLLOCH OBIOLS[1], R. MERINO MENDEZ[1], T. GURRERA ROIG[1], D. LOPEZ FAIXO[1].

[1]Hospital de Mataró, Pharmacy, Mataró, Spain
[2]Hospital Universitari Germans Trias i Pujol, Pharmacy, Barcelona, Spain

4CPS-164. ATC code: 4

BACKGROUND AND IMPORTANCE

Dual antiretroviral therapy (DAT) is currently used as initial treatment in naïve patients or as a maintenance therapy in those virologically suppressed. The simplification of antiretroviral regimens is associated with a reduction on treatment toxicities and costs and an adherence improvement. However, there is lack of studies reporting data on DAT effectiveness beyond clinical trials.

OBJECTIVES

To assess the durability and reasons for discontinuation of DAT in HIV-infected patients.

MATERIAL AND METHODS

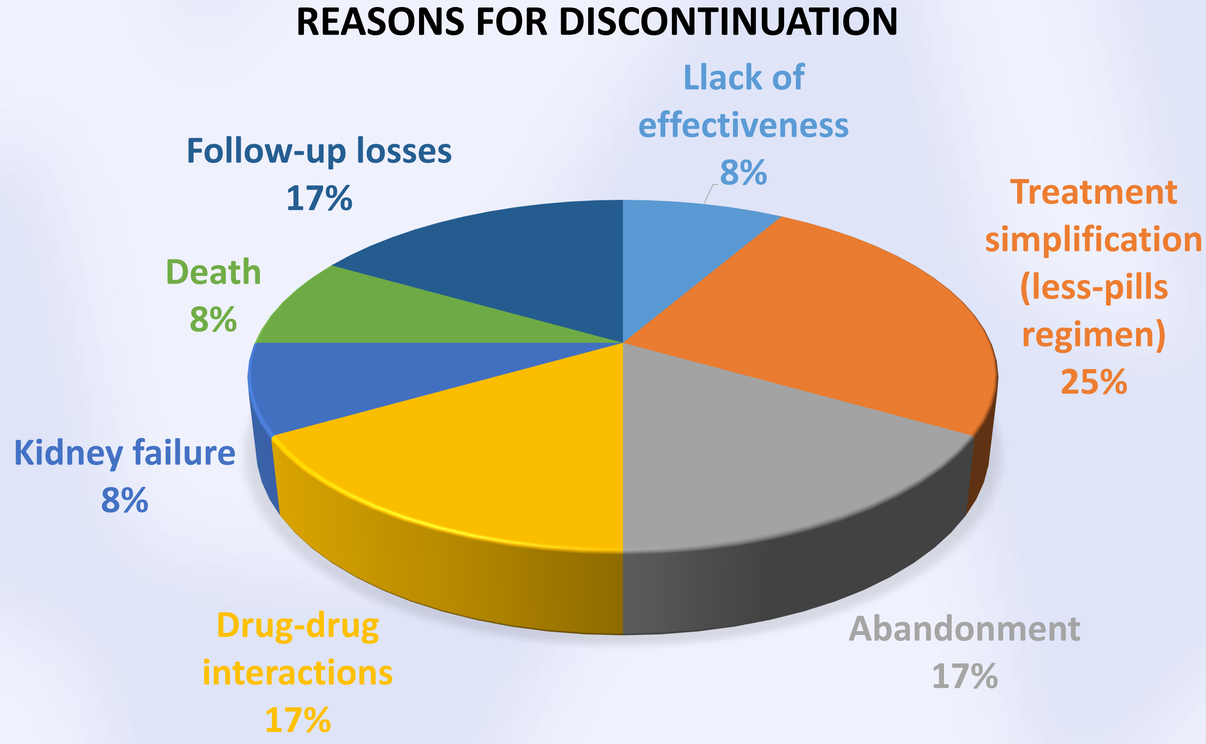
This was a retrospective, cohort study. Adult HIV-infected patients who started a treatment with DAT between 2015 and 2019 in a general hospital were included. Sociodemographic data, HIV-1 RNA copies at baseline and treatment data (DAT combination, previous treatment, time to discontinuation and reason for discontinuation) were collected from clinical records. Treatment durability was assessed using the Kaplan-Meier analysis up to 48 weeks.

RESULTS

Fifty-one patients were included: 31 patients were male, mean age was 49±11. Mean time from HIV diagnosis were 16.2±9.1 years, 20 patients had a previous classification CDC stage C and 15 had a history of intravenous drug use.

Thirty-six patients were previously treated with a 3-drug regimen, 8 with a DAT, 5 with an antiretroviral monotherapy and 2 were treatment-naïve. Thirty-seven patients were virologically suppressed at baseline.

REASONS FOR DISCONTINUATION



DAT combinations were: integrase inhibitor (INI) plus nucleoside reverse transcriptase inhibitor (NRTI) or non-nucleoside reverse transcriptase inhibitors (NNRTI) (n=29), boosted protease inhibitor (PI/b) plus NRTI or NNRTI (n=15) and INI plus PI/b (n=7). Thirty-nine patients maintained DAT at 48-weeks and mean treatment duration was 40.5±14.8 weeks.

51 patients

48-weeks

39 patients

Mean treatment duration: 40.5±14.8 weeks

CONCLUSIONS

A broad spectrum of DAT combinations were used according to patients' characteristics. Although 14 patients were not at virological suppression at baseline, DAT showed a high durability at 48 weeks and only 2 patients discontinued due to lack of effectiveness or toxicity.

HOSPITAL DE MATARÓ

lperez@csdm.cat

eahp european association of hospital pharmacists

CONSORCI SANITARI DEL MARESME