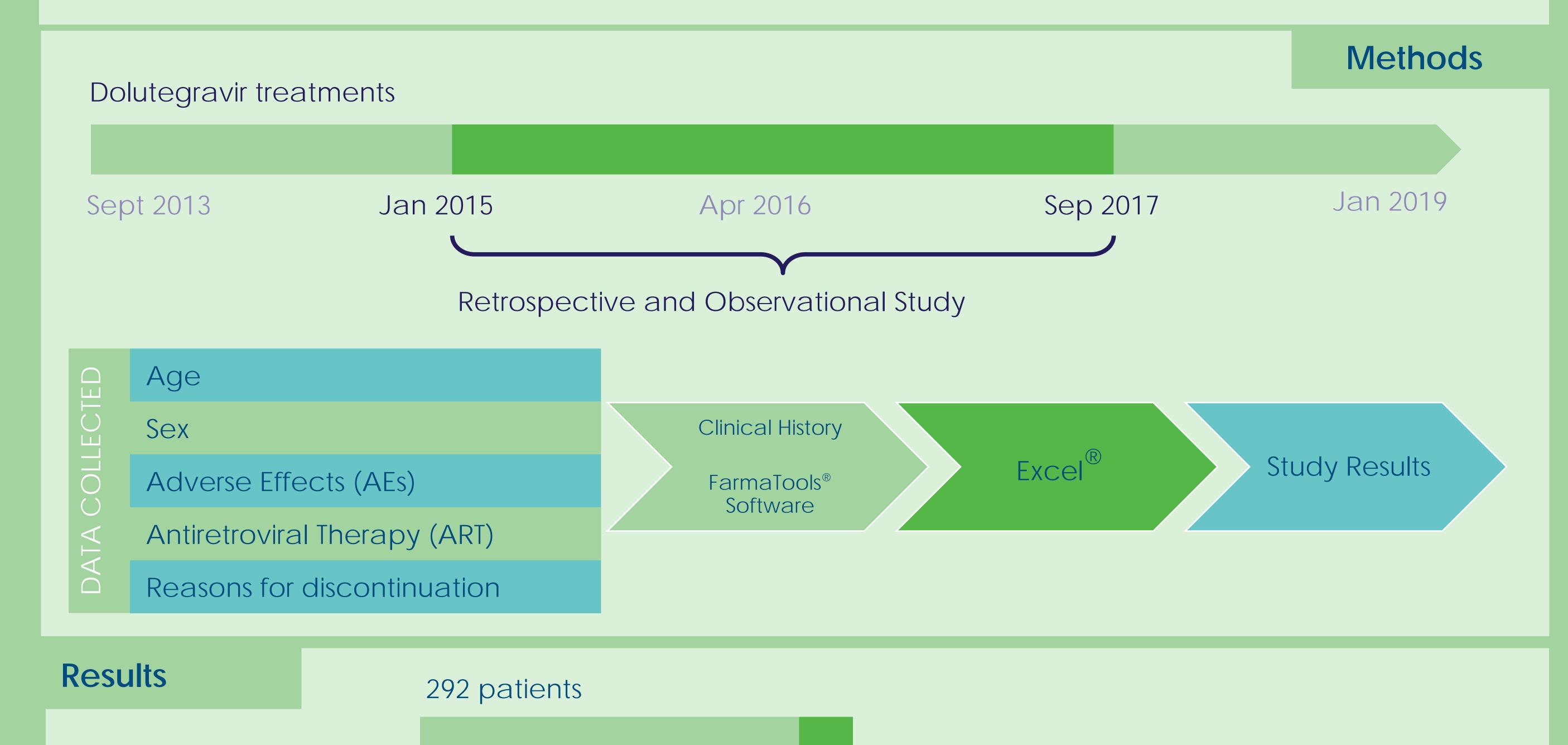
5PSQ-050

NEUROPSYCHIATRIC ADVERSE EFFECTS ON DOLUTEGRAVIR: EXPERIENCE IN A THIRD-LEVEL HOSPITAL

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Objectives

- To assess the neurotoxicity associated with DTG in the treatment of human immunodeficiency virus infected patients (HIV +).
- To compare our results with those published in recent reports.



16.78% discontinuation (87% of them during 1st year of treatment) Concomitant ART Reasons for discontinuation (I) 4% 6.30% 47.0% Abacavir/ Lamivudine 10.20% 71.9% Others ■ Tenofovir/ Emtricitabine Neuropsychiatric AEs Etravirine 53.0% 28.1% 79.50% potentiated protease inhibitors Men Women Reasons for discontinuation (II) Reversible AEs in 100% of patients after discontinuation Insomnia 55.50% Nervousness 27% Asthenia 83.3% of patients 22.20% Anxiety 73% were receiving 22.20% Abacavir/ Lamivudine 22.20% Dizziness 11.10% treatment Others Paranoid ideas and nightmares 5.60%

Conclusion

- Early discontinuation of Dolutegravir from neurotoxicity was frequent, mainly in women and in patients who initiated Abacavir/Lamivudine at the same time, but not in elderly patients. Therefore, our results agree with those already published in recent reports
- As Dolutegravir is **one of the most** commonly used antiretroviral options both in naive and pretreated patients, further research on their safety and neurotoxicity mechanisms are needed.







Neuropsychiatric AEs