

PHARMACOLOGICAL RISK FACTORS FOR DRUG-DRUG INTERACTIONS IN PEOPLE LIVING WITH HIV: A SYSTEMATIC REVIEW

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••••• Background and importance •••••

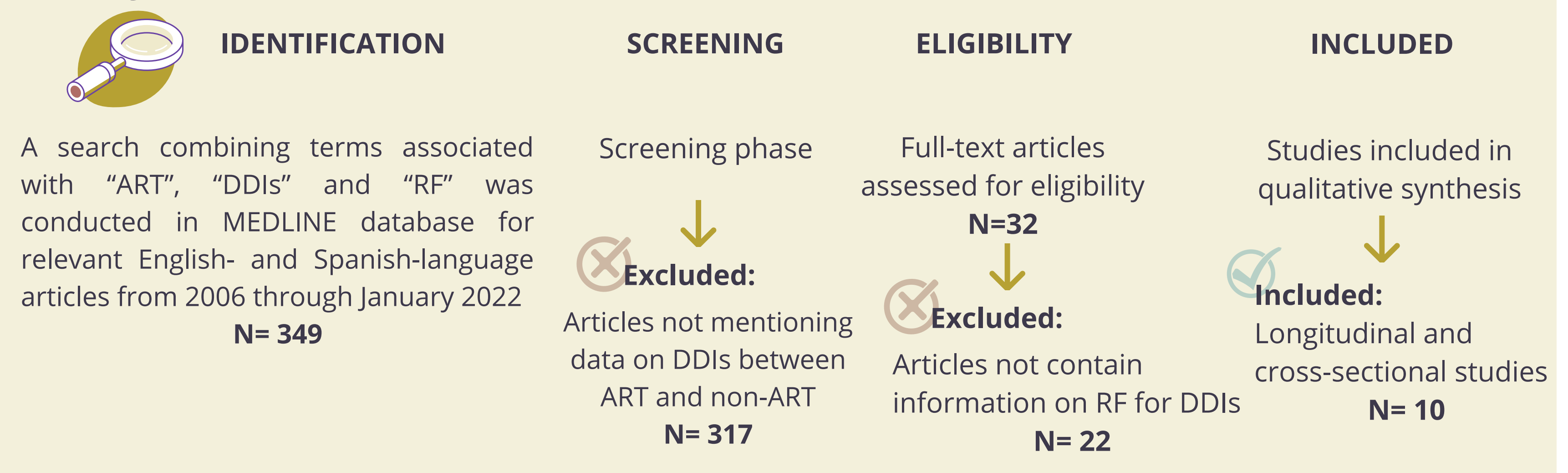
Improved survival of people living with HIV (PLWH) increases comorbidities burden leading to polypharmacy and drug-drug interactions (DDIs). The risk factors (RF) for developing DDIs in PLWHIV are of interest to detect cases needing for pharmaceutical assessment

••••• Aim and objectives •••••

Assess literature on the pharmacological RF for developing DDIs in PLWH

••••• Material and methods •••••

Following the PRISMA recommendations:



The outcome of interest: pharmacological RF for DDIs between ART and non-ART in PLWH ≥18 years.

••••• Results •••••

349 articles were identified and **10 included** (4 longitudinal and 6 cross-sectional).

Number of comedications is a RF of occurrence of potential DDIs

Kunimoto Y et al (OR=1.52[1.16–1.99])
Okoli C et al (OR=1.3[1.2–1.3])
Pontelo B Met al (OR=1.13[1.11–1.15])
Bastida C et al (OR=1.18[1.14–1.22])
El Moussaoui M et al
Orange-flag (OR=1.8[1.6–2.0])
Red-flag (OR=1.4[1.3–1.6])

Polypharmacy is a severe RF for DDIs

Kunimoto Y et al (OR=11.69[3.01–45.40])
López Centeno B et al
Red flags (OR=2.65[1.98–3.54])
Orange flag (OR=2.17[1.90–2.47])

ART-regimens containing protease inhibitors (PIs) were more likely to have DDIs compared with those containing non-nucleoside reverse transcriptase inhibitors(NNRTI) and integrase inhibitors(II)

Halloran M O et al (OR uninformed)

This Increased risk of IP-regimens was also notified by

Chen R et al (OR=2.54[1.25–5.16])
Bastida C et al (OR=1.18[1.14–1.22])
Fernández Cañabate S et al (OR=8.82[4.07–19.14])

PIs as an independent RF for red/orange-flag

El Moussaoui M et al
Orange-flag (OR=7.5[4.5–12.5])
Red-flag (OR=7.9[3.2–19.5])

This risk of PIs for red-flag was also reported by

López-Centeno B et al and *Holtzman C et al*

••••• Conclusions •••••

This is the first systematic review summarizing literature in this field and is helpful to stratify patients at need for specialized management to reduce DDIs and polypharmacy burden

