EVALUATION OF ADEQUACY, ADHERENCE AND SAFETY OF HUMAN IMMUNODEFICIENCY VIRUS POST-EXPOSURE TREATMENT

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BACKGROUD AND IMPORTANCE

- Preventing human inmunodeficiency virus(HIV) transmission → major public health challenge.
- Consideration is given to the role of post-exposure treatment(PEP) of HIV prevention strategies.

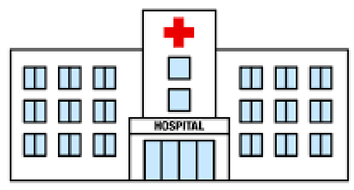
AIM AND OBJECTIVES

To describe the **adequacy**, **adherence** and **safety** of PEP.

MATERIALS AND METHODS

Retrospective observational study conducted in a tertiary hospital

- Patients > 16 years old
- consulted emergency department (ED)
- January 2021- July 2022



VARIABLES COLLECTED

DEMOGRAPHICS
Sex
Age

EXPOSURE RELATED	
Risk exposure	Low, minumum, high or unknown
Type of exposure	• Non occupational (sexual, suspected sexual agression, accidental puncture,…) • Occupational

HIV SEROLOGICAL DATA
HIV-status source
Basal/monthly serology

OTHER VARIABLES	
PEP dispensing shift (at pharmacy department)	8h-14:59h 15h-21:59h 22h-07:59h
Suitable patient for pre-exposure treatment (PrEP)	-

PEP RELATED	
Adequacy of PEP	Based on **Clinical Guidelines** (< 72h to start PEP & combination (EMTRICITABINE/TENOFOVIR + RALTEGRAVIR)
Previous PEP	-
Adherence	Achieved/ not achieved/unknown
Completeness	Achieved/not achived/unknown
Safety	Side efects

Statistical analysis was performed using Stata MPv17.0.

RESULTS

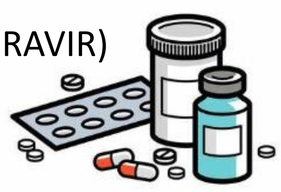
n= 70 patients
- 67.14% men
- Median age 24.44 (IQR:21.69-35.91)

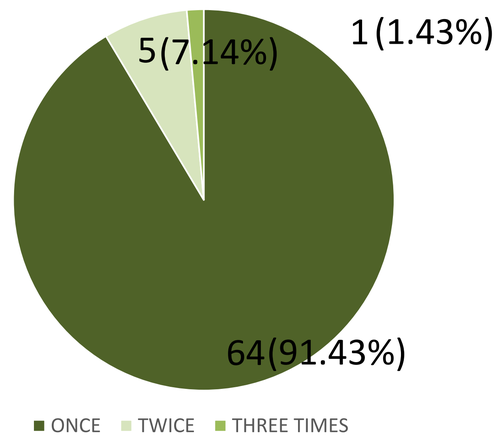
→ Visited de ED **77 times** to get PEP

→ **Pre-exposure treatment (PrEP)**
- 13/70 (18.57%) patients were suitable to start PrEP
- 1/13 has already started taken PrEP

→ **Dispensing treatment (PrEP)** → 67/77 (87.01%) was provided at our center.

70/77(90.90%) were standard combination (EMTRICITABINE/TENOFOVIR + RALTEGRAVIR)





64/70 (91.43%) ONCE
5/70 (7.14%) TWICE
1/70 (1.43%) THREE TIMES

EXPOSURE RISK	N (%)
Low	36/77 (46.75)
Minimum	32/77 (41.56)
High	7/77 (9.09)
Unknown	2/77 (2.60)

→ 3/77(3.89%) were NOT adecuate according **CLINICAL GUIDELINES**

HIV STATUS SOURCE	N (%)
Unknown	63/77 (81.82)
Positive	12/77 (15.58)
Negative	2/77 (2.60)

ALL PATIENTS were provided by **pharmaceutical care**

→ **22h-07:59h** Dispensing shift

46/77(59.74%)

HIV SEROLOGY	BASELINE	AFTER 1 MONTH
Negative	72/77	55/76
Unknown	4/77	21/76
Positive	1/77	-

LOST OF FOLLOW-UP

→ **Type of exposure** → 75/77 (97.40%) were **NON-OCCUPATIONAL**
- 54/75 (72.00%) sexual exposure
- 18/75 (24.00%) suspected sexual aggression
- 3/75 (4.00%) accidental puncture

→ **Adherence**
- 60/77 (77.92%) achieved
- 8/77 (10.39%) not achieved
- 12/77 (15.58%) unknown

→ **Completeness** → 21/77 (27.27%) were **NOT FINISHED**
- 15/21 (71.43%) LFU
- 5/21 (23.81%) medical decision
- 1/21 (4.76%) intolerance

SIDE EFFECTS were reported in 24/77(31.17%)

SIDE EFFECTS	%
Gastrointestinal	65.62
Central Nervous System	19.35
Psiquiatric	6.45
General disorders	6.45

Moderate side effects: 4/24(16.66%)

CONCLUSION AND RELEVANCE

1. PEP decision making was adequate in the majority of visits.
2. It should be noted the large number of patients who were lost of follow-up. → Work should be tdone to avoid such losses.