

PHARMACOTHERAPY OPTIMISATION IN PATIENTS OVER 50 YEARS OF AGE WITH HIV INFECTION: FIRST STEPS

BACKGROUND AND IMPORTANCE

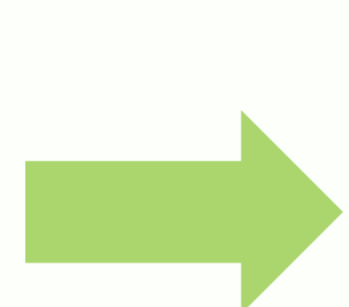
- HIV infection causes premature aging. As a result, there is an increase in comorbidities and therapeutic burden in these patients earlier than in the rest of population.

AIM AND OBJECTIVES

- To evaluate the prevalence of pluripathology, polypharmacy and pharmacotherapeutic complexity in HIV patients over 50 years of age and to determine the need for optimization of non-antiretroviral therapy.

MATERIALS AND METHODS

Cross sectional observational study was conducted (November 2019 – September 2020)



HIV patients over 50 years of age.

Data collected

- ❖ Sex and age
- ❖ Comorbidities
- ❖ Antiretroviral therapy (ART)
- ❖ Concomitant medication

✓ **Pharmaceutical interventions (PI)** were performed based on criteria for optimization of non-antiretroviral therapy from a guide for pharmacological deprescription in HIV patients, published by Spanish AIDS Study Group (GESIDA).

- ✓ **Pluripathology:** three or more comorbidities
- ✓ **Polypharmacy:** six or more prescribed drugs
- ✓ **Pharmacotherapy complexity:**
 - ✓ Anticholinergic burden and drugs involved, using Anticholinergic Burden Calculator program.
 - ✓ Relevant interactions between non-ART/ART medication (potential interaction/not coadminister), using University of Liverpool® and Lexicomp® databases

RESULTS

- **71 patients** (69% male) with **mean age 55.1** (50-65) years were evaluated.

- **Pluripatology:** 34 patients (47.9%)
- **Polypharmacy:** 39 patients (54.9%)

mean of 9.3(6–26) drugs/patient

- **33 drugs with anticholinergic burden** in 20 (28.2%) patients

10 of them (50%) had more than one anticholinergic burden drug

67 interactions were detected
(16 non-ART medication/51 ART medication)

34 pacientes

mean of 2(1–6) interactions/patient

49 potential interaction

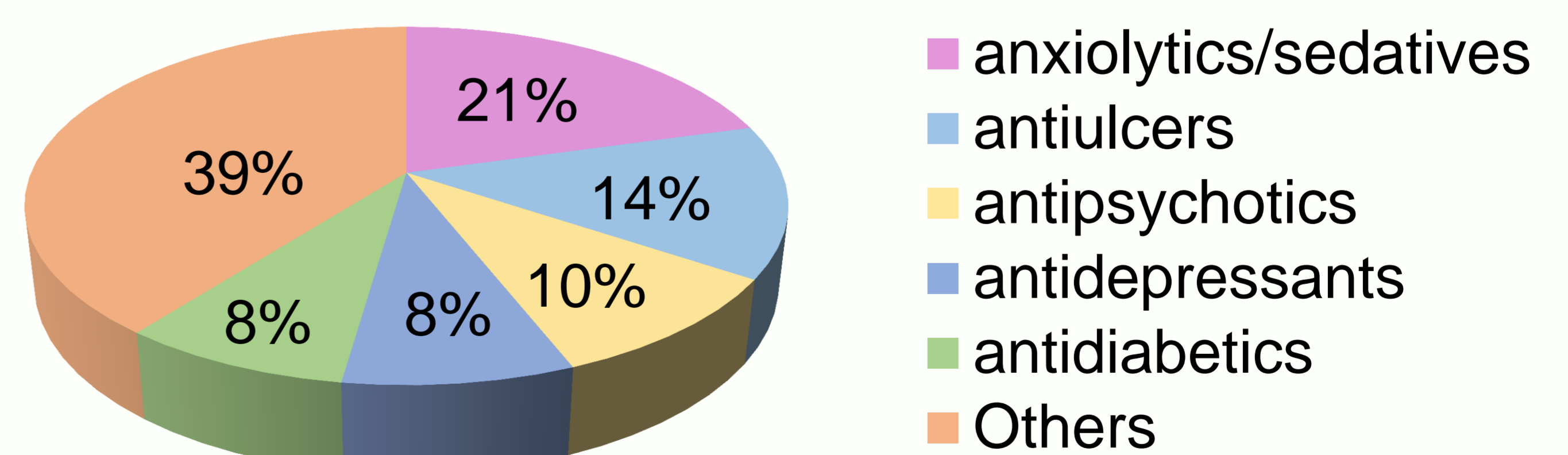
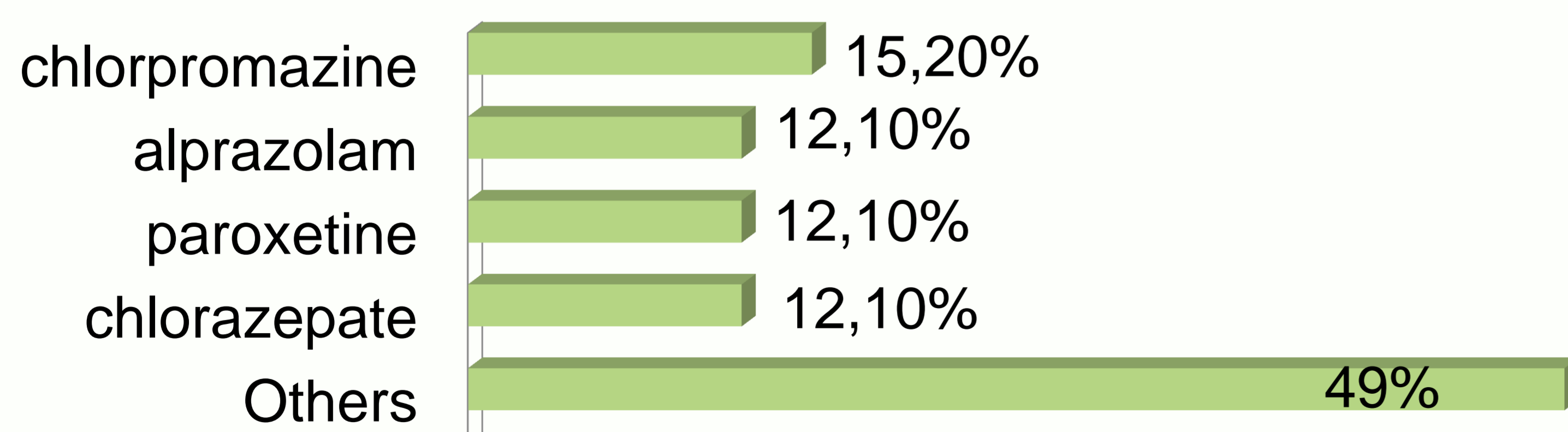
18 not coadministered

73 PI were performed in 34 pacientes

mean of 1.8(1–5) interactions/patient

Main drug classes candidates for deprescription:

Most common drugs involved:



CONCLUSION AND RELEVANCE

- About half of patients had pluripathology and polypharmacy. Pharmacotherapeutic complexity was mainly due to the number of interactions.
- Considering the high number of drugs identified as candidates for optimization, more coordinated intervention would be needed to improve pharmacotherapeutic prescription in HIV population.