

# SWITCHING TO TENOFOVIR/ EMTRICITABINE/RILPIVIRINE IN HIV-1 PATIENTS PREVIOUSLY TREATED WITH TENOFOVIR/EMTRICITABINE/EFVIRENZ

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## BACKGROUND:

The new combo tenofovir/emtricitabine/rilpivirine (TDF/FTC/RPV) provides lower incidence of adverse central nervous system effects, allowing better adherence and being as effective as the tenofovir/emtricitabine/efavirenz (TDF/FTC/EFV) combination.

## PURPOSE:

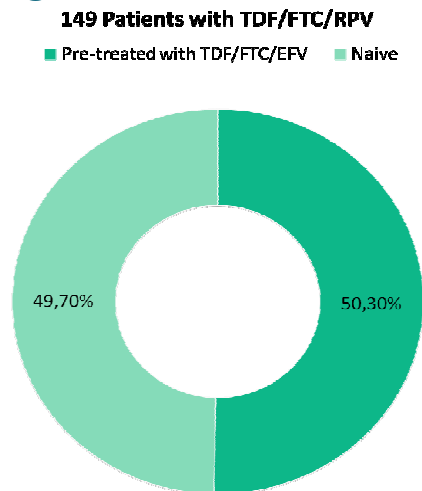
To analyze the evolution of patients with HIV-1 infection who have changed their treatment with TDF/FTC/EFV to TDF/FTC/RPV

To evaluate the maintenance of viral suppression and the adherence

## MATERIAL AND METHODS:

Retrospective observational study. Study duration: 1 year. Patients were revised with treatment with TDF/FTC/RPV. We excluded patients without prior treatment with TDF/FTC/EFV and naive patients. We developed a database with: Viral load (VL) and CD4 T lymphocyte level (LTCD4) before switching and after 6 months of treatment. It is also considered the adherence to the new antiretroviral by number and date of dispensations made.

## RESULTS:



94'7% (71) of the patients pre-treated maintained virologic suppression to less than 37 copies/ml. Three patients with 523.400, 64'04 and 48'58 copies / ml, respectively, were able to achieve a VL of less than 37 copies/ml after 6 months treatment with TDF/FTC/RPV. LTCD4 level was increased or remained at figures close to those already obtained from previous treatment in all patients. All patients maintained the adherence due to continue with a single tablet daily, having better side effect profile.

## CONCLUSION:

In patients with HIV infection, change of treatment with TDF/FTC/EFV to TDF/FTC/RPV has proven to be effective, and maintain or decrease the levels of VL. The results obtained in this study are similar to *Nelson et al* study, where concludes that we must identify patients with adverse effects EFV so they can benefit from TDF/FTC/RPV<sup>1</sup>.

## REFERENCE:

<sup>1</sup>Nelson M, et al. Multicentre Open-label study of switching from Atripla to Eviplera for possible efavirenz associated CNS toxicity. 53rd ICAAC2013. Abstract H-672b.