CP-060: COMPARISON OF ETHNIC CHRISTIAN AND MUSLIM POPULATIONS ON ANTIRETROVIRAL TREATMENT

Torres V, Castaño R, García C, Mohamed M, Torres E

Pharmacy Department, University Hospital of Ceuta, Ceuta, Spain

BACKGROUND

➢ Highly active antiretroviral treatment (HAART) has achieved infection control for human immunodeficiency virus type 1, decreasing the morbidity and mortality associated with it. But on the other hand, it can produce short and long-term side effects. Previous studies have shown that the ethnic Muslim population has a better lipid profile than the ethnic Christian population in Spain.

OBJECTIVES

➢ To analyse differences in the lipid profile, blood glucose levels, CD4 count and viral load (VL) between the ethnic Christian and Muslim populations with antiretroviral treatment in a university hospital.

MATERIAL AND METHODS

➢ A descriptive cross-sectional study of patients with antiretroviral treatment, who collected medicines from the outpatient unit of our Pharmacy Department (PD).

➢ The information collected was: age, sex, current drug treatment (obtained from PD program) and glucose, triglycerides, total cholesterol, HDL cholesterol, LDL cholesterol, VL, CD4 count (obtained from the hospital's clinical laboratory program).

➢ The results were analysed using SPSS version 15.0.

RESULTS

➢ 85 patients were included; 47 (55.3%) were Christians and the rest Muslims (figure 1). 59 (69.4%) were men, of whom 23 (39%) belonged to the Muslim ethnic and 36 (61%) to Christian ethnic (figures 2 and 3).

➢ Of the 26 women, 15 (57.7%) were Muslim and 11 (42.3%) Christian (figure 4).

➢ The mean age of patients was 47.8 years (SD: 10.1).

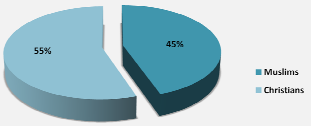

Figure 1: Demographic data

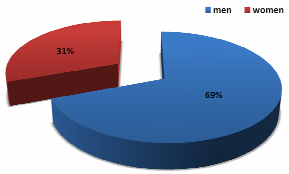

Figure 2: Sex distribution

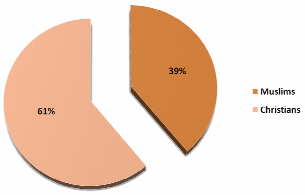

Figure 3: Men's distribution by culture

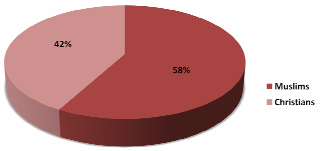

Figure 4:Women's distribution by culture

➢ We found 19 different pharmacological treatments (figure 5) and the most prescribed were: efavirenz/emtricitabine/tenofovir (32.9%), lopinavir/ritonavir monotherapy (29.4%) and lopinavir/ritonavir + emtricitabine/tenofovir (9.4%).

➢ 24 Christian and 11 Muslim patients had hypertriglyceridemia (value >150 mg/dL) with statistically significant differences (p=0.039) (figure 6).

➢ 21 Christian patients had CD4 counts below 450/mmc (figure 7); this number of patients was statistically significant (p=0.044). No statistical significance was found in the other laboratory test values.

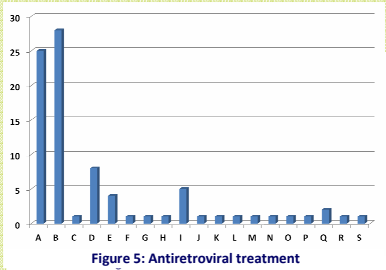

Figure 5: Antiretroviral treatment

A	Lopinavir / Ritonavir
B	Efavirenz / Emtricitabine / Tenofovir
C	Lopinavir / Ritonavir + Emtricitabine + Zidovudine
D	Lopinavir / Ritonavir + Emtricitabine / Tenofovir
E	Abacavir / Lamivudine / Zidovudine
F	Emtricitabine / Tenofovir + Nevirapine
G	Ritonavir + Emtricitabine / Tenofovir + Atazanavir
H	Lopinavir / Ritonavir + Lamivudine + Zidovudine
I	Atazanavir + Ritonavir + Emtricitabine / Tenofovir
J	Lopinavir / Ritonavir + Tenofovir + Atazanavir
K	Tenofovir + Nevirapine + Lopinavir / Ritonavir
L	Atazanavir + Emtricitabine + Ritonavir + Didanosine
M	Raltegravir + Atazanavir + Ritonavir
N	Didanosine + Tenofovir + Ritonavir + Tipranavir
O	Raltegravir + Atazanavir + Tipranavir
P	Lopinavir / Ritonavir + Didanosine + Emtricitabine
Q	Ritonavir + Emtricitabine / Tenofovir + Saquinavir
R	Efavirenz + Raltegravir
S	Lopinavir / Ritonavir + Didanosine + Lamivudine

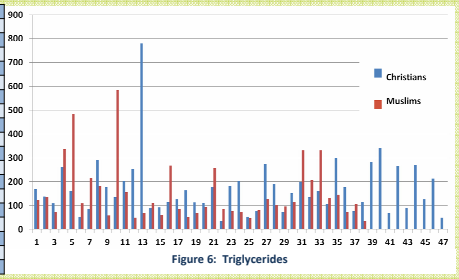

Figure 6: Triglycerides

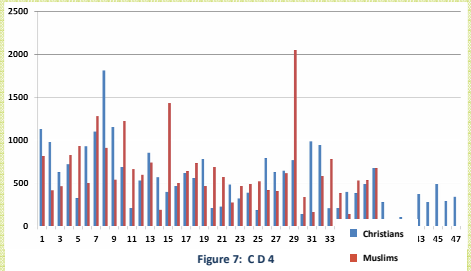

Figure 7: C D 4

CONCLUIONS

➢ Our results show that ethnic Christians had a higher rate of hypertriglyceridemia and low levels of CD4.

➢ However other studies would be needed to confirm these findings, which could contribute to a better selection of antiretroviral therapy.

20th Congress of the EAHP
Hamburg, Germany - 25-27 March, 2015