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## Purpose

Analyze the effectiveness immunovirological, viral load (VL) and CD4-cells, safety (lipid profile) and adherence to 24 weeks of therapy change to Emtricitabine/Rilpivirine/Tenofovir (FTC/RPV/TDF) from another option of HAART previous.

Observational and retrospective multicenter study. Include all patients who do switching to FTC/RPV/TDF during 2014 and continuing with the new treatment 24 weeks.

Identified HAART schemes previous to the change, and analyzed the results of VL, CD4-cells and lipid profile: Total-Cholesterol (TC), HDL, LDL and Triglyceride levels (TG).

The previous HAART were grouped by therapeutic schemes: 2NRTI+1NNRTI, 2NRTI+1PI and 2NRTI+1 Integrase Inhibitor. Adherence pre and post-change was evaluated, using records of dispensing (%Adherence=total units dispensed/total units planned).

## Material and methods

Results were analyzed globally and by subgroups (according to previous HAART) at startup and at 24 weeks.

## Results

We included 73 patients (54 men and 19 women) with an average age 45 years. HAART schemes identified before the change:

44 patients 2NRTI+1NNRTI,  
26 patients 2NRTI+1PI,  
3 patients 2NRTI+1Integrase Inhibitor.

58 adherent patients and 15 non-adherent were detected, moreover 59 patients had negative VL and 14 positive VL. Following the change the adherence increased 18% (71 adherent and only 2 non-adherent) and VL became negative in all patients (except in the 2 non-adherent).

Effectiveness / Lipid profile	Baseline	At 24 weeks
CD4	685/μl	737/μl
CD4(2NRTI+1NNRTI)	694/μl	729/μl
CD4(2NRTI+1PI)	680/μl	745/μl
CD4(2NRTI+1II)	581/μl	781/μl
TC	180mg/dl	164mg/dl
TC(2NRTI+1NNRTI)	179 mg/dl	164 mg/dl
TC(2NRTI+1PI)	182 mg/dl	167 mg/dl
TC(2NRTI+1II)	180 mg/dl	205 mg/dl
HDL	47mg/dl	41mg/dl
HDL(2NRTI+1NNRTI)	45mg/dl	38mg/dl
HDL(2NRTI+1PI)	51mg/dl	43mg/dl
HDL(2NRTI+1II)	44mg/dl	45mg/dl
LDL	107mg/dl	96mg/dl
LDL (2NRTI+1NNRTI)	101mg/dl	97mg/dl
LDL (2NRTI+1PI)	118mg/dl	96mg/dl
LDL (2NRTI+1II)	106mg/dl	74mg/dl
TG	182mg/dl	128mg/dl
TG ((2NRTI+1NNRTI)	196mg/dl	139mg/dl
TG (2NRTI+1PI)	163mg/dl	110mg/dl
TG (2NRTI+1II)	153mg/dl	121mg/dl

## Conclusions

- 1.-The change to FTC/RPV/TDF improve adherence to treatment.
- 2.- At 24 weeks of switching to FTC/RPV/TDF the patients has shown an excellent lipidic profile and keeping a good immunovirological control.