

CP-154. EFFECT OF REGIMEN COMPLEXITY ON THE PREMATURE DISCONTINUATION OF TREATMENT WITH BOCEPREVIR OR TELAPREVIR IN HEPATITIS C VIRUS- HIV COINFECTED PATIENTS.

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Background

Medication regimen complexity index (MRCI) has been identified as a predictor of sustained virologic response in patients treated with peginterferon and ribavirin for chronic hepatitis C.

Objectives

To determine the influence of the MRCI in the premature discontinuation of triple therapy treatment with boceprevir or telaprevir in hepatitis C virus-HIV (HCV/HIV) coinfecting patients.

Methods

Design: multicentre and prospective study

Inclusion criteria: HCV/HIV coinfecting patients treated with triple therapy with boceprevir or telaprevir in combination with peginterferon-alpha plus ribavirin between January-December 2013.

- Variables:**
- Age
 - Gender
 - Hepatitis C treatment-naïve or previously treated ,
 - Presence of cirrhosis
 - Psychiatric disorder.
 - Extended rapid virologic response (RVRe), defined as HCV RNA negative between 4-12 weeks of treatment with telaprevir and between 8 -24 weeks of treatment with boceprevir.
 - Premature therapy discontinuation with the PI and reasons
 - MRCI. To calculate the MRCI, we considered all prescribed drugs and used the tool developed by McDonald et al.

Statistical analysis

To determine the independent predictors of therapy discontinuation, we performed a multivariate logistic regression analysis.

Results

55 patients of three different centres were included. Most of patients were non-naïve to hepatitis C treatment (figure 1). 83.1% (n=49) achieved RVRe and 18 patients (30.5%) prematurely discontinued the treatment. Reasons for treatment discontinuation are shown in table 2.

The mean MRCI was significantly higher in patients who discontinued the therapy (31.11 vs 26.16). In the multivariate analysis, the only predictor of premature discontinuation of the therapy was the MRCI (OR=1.17, p=0,009; 95% CI (1.04-1.53)).

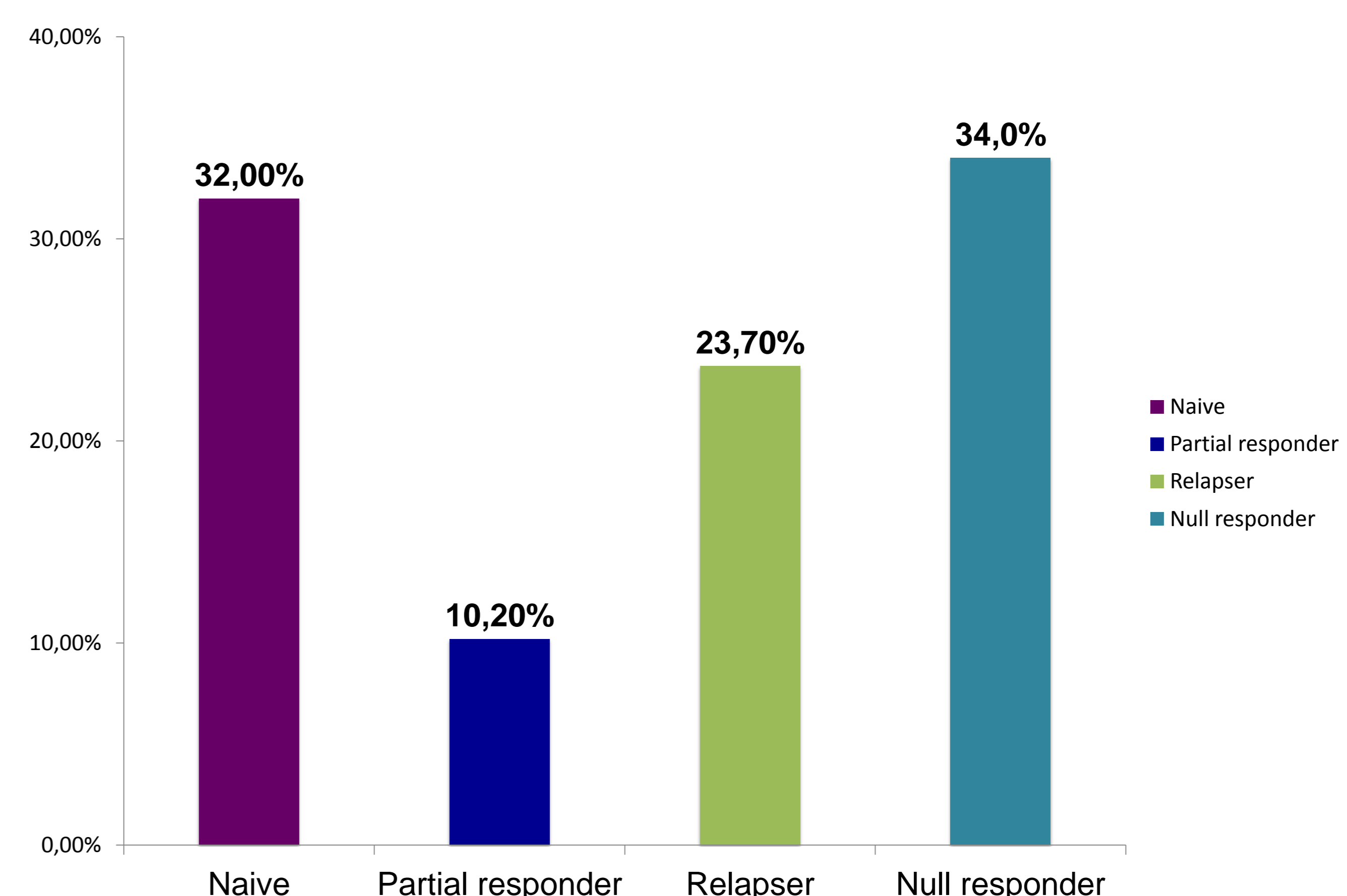
Table 1. Baseline and Clinical Characteristics of Study Patients

Variable	Frequency
Gender n (%)	
Male	48 (86,4)
Female	7 (13,6)
Age (mean +SD)	47,8 (±3,7)
Cirrhosis n (%)	50 (90,7)
Psychiatric disorder n(%)	8 (15,3)

Table 2. Reasons for treatment discontinuation

Reason for discontinuation	Frequency
Adverse events %	50.0%
Lack of efficacy %	33.0%
Refusal to continue the medication %	17.0%

Figure 1. Naive status for peginterferon alfa and ribavirin



Conclusions

- The MRCI is an independent predictor of premature discontinuation of the triple therapy with boceprevir and telaprevir in HCV/HIV coinfecting patients.