

CP-166. FACTORS ASSOCIATED WITH PERSISTENCE WITH ANTIRETROVIRAL TREATMENT IN HIV INFECTED PATIENTS

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Background

Short persistence to antiretroviral treatment (ART) is associated with worse clinical outcomes. Persistence to single-tablet regimen (STR) and less-drug regimen (LDR) in HIV-infected patients has been insufficiently assessed in current research.

Objectives

To compare persistence to both strategies and identify factors associated with non-persistence

Methods

Design: retrospective and unicentre study

Inclusion criteria: HIV-infected patients treated with a STR or LDR between January 2007-June 2014. STR were based on efavirenz/emtricitabine/tenofovir or emtricitabine/tenofovir/rilpivirine combined in a fixed-dose administered once-daily and LDR consisted of protease inhibitor (PI/r) or bitherapy with a PI/r plus another drug.

Variables:

- Age
- Gender
- HIV risk-transmission
- Hepatitis C virus (HCV) coinfection,
- Treatment-naive
- Presence of psychiatric disorder
- Drug abuse consumption during the therapy.
- Persistence to treatment, defined as the time from starting of treatment to discontinuation.
- Reasons for discontinuation

Statistical analysis

To identify independent predictors of non-persistence we developed a multivariate Cox regression analysis.

Results

348 patients were included, 280 with STR and 68 with LDR. 86 (30,1%) patients discontinued in the STR group and 13 (19,1%) in the LDR group. The Cox regression model showed (table 2) that the only variable associated with higher risk of non-persistence was the drug abuse (figure 1). There were no statistically significant differences according to type of regimen. Adverse events were the main reason for ART discontinuation in the STR group and virologic failure in the LDR.

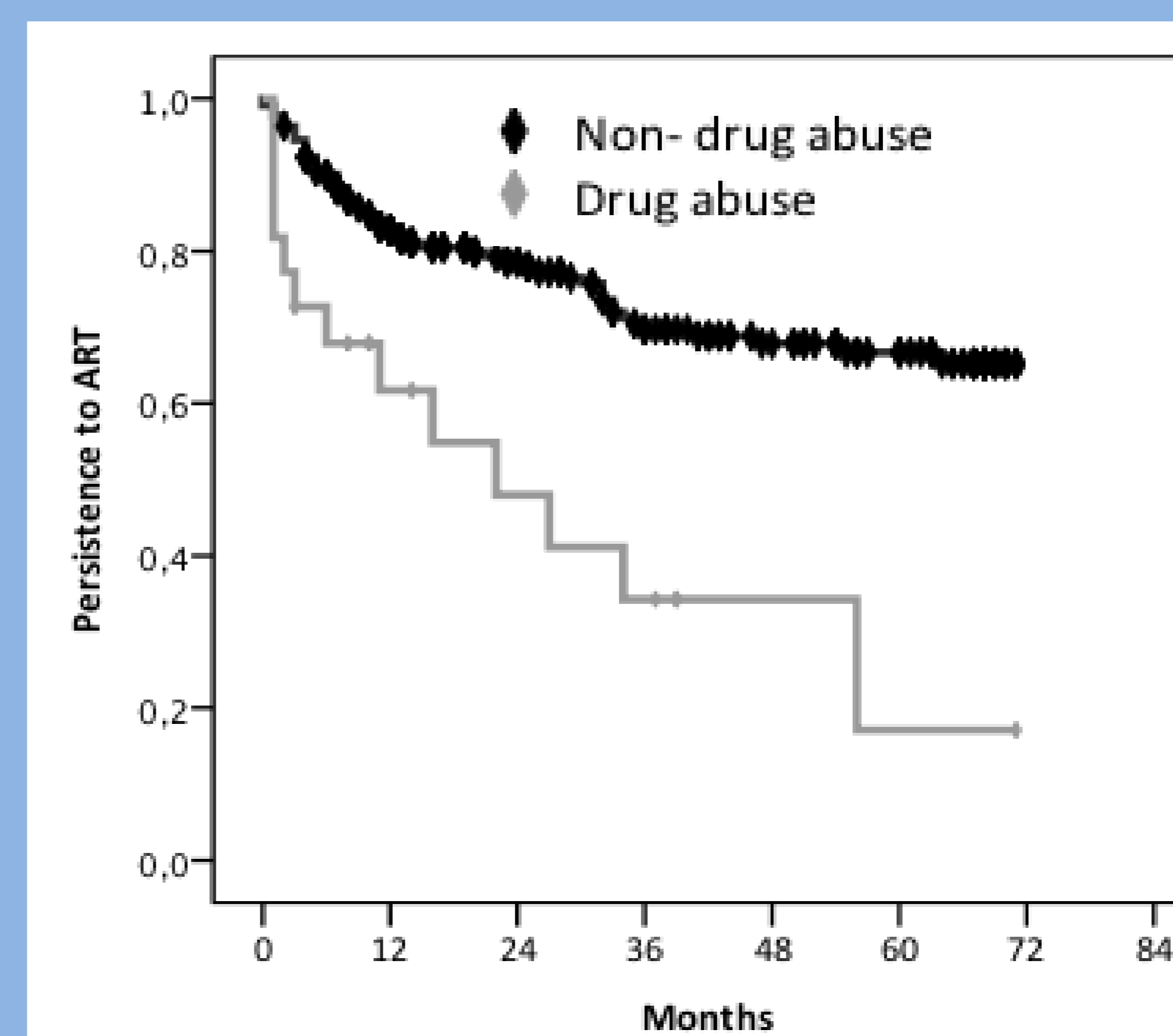
Table 1. Baseline characteristics of the study population according to type of regimen

	Grupo STR n= 280	Grupo LDR n= 68	P value
Age mean (SD)	44,11 (10,61)	48,13 (9,14)	0,005
Gender			
Men n(%)	284 (83,6)	52 (77,6)	0,252
HCV coinfection n(%)	84 (30,0)	35 (51,5)	0,001
Psychiatric disorder n(%)	25 (8,9)	11 (16,2)	0,083
Naive n(%)	104 (37,1)	0	0,996
HIV risk transmission (%)			
- Sexual	170 (60,9)	34 (50,0)	0,337
- Injection Drug Use	109 (39,1)	32 (47,1)	
Drug abuse n(%)	22 (7,90)	3 (4,4)	0,437

Table 2. Multivariate risk of non-persistence to antiretroviral treatment

	Hazard ratio	P value (CI95%)
Age	1,02	0,07 (0,99-1,04)
Gender	1,38	0,24 (0,80-2,36)
Type of regimen	0,58	0,076 (0,32-1,06)
HIV risk transmission	1,36	0,24 (0,81-2,3)
Psychiatric disorder	1,59	0,12 (0,88-2,84)
HCV coinfection	1,05	0,83 (0,64-1,74)
Drug abuse	3,2	<0,001 (1,83-5,71)

Figure 1. Time to persistence according to drug abuse.



Conclusions

- Persistence to STR and LDR seems to be similar in HIV-infected patients. Drug abuse is the only factor identified with a higher risk of non-persistence.