

Switching from adefovir to tenofovir in Hepatitis B infected patients

CPC-130

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Background

Adefovir disoproxil (ADF) was the second nucleoside analogue to be approved for Hepatitis B Virus (HBV) infection treatment. Later studies showed that Tenofovir had better and more efficient clinical outcomes for the treatment of this pathology.

Purpose

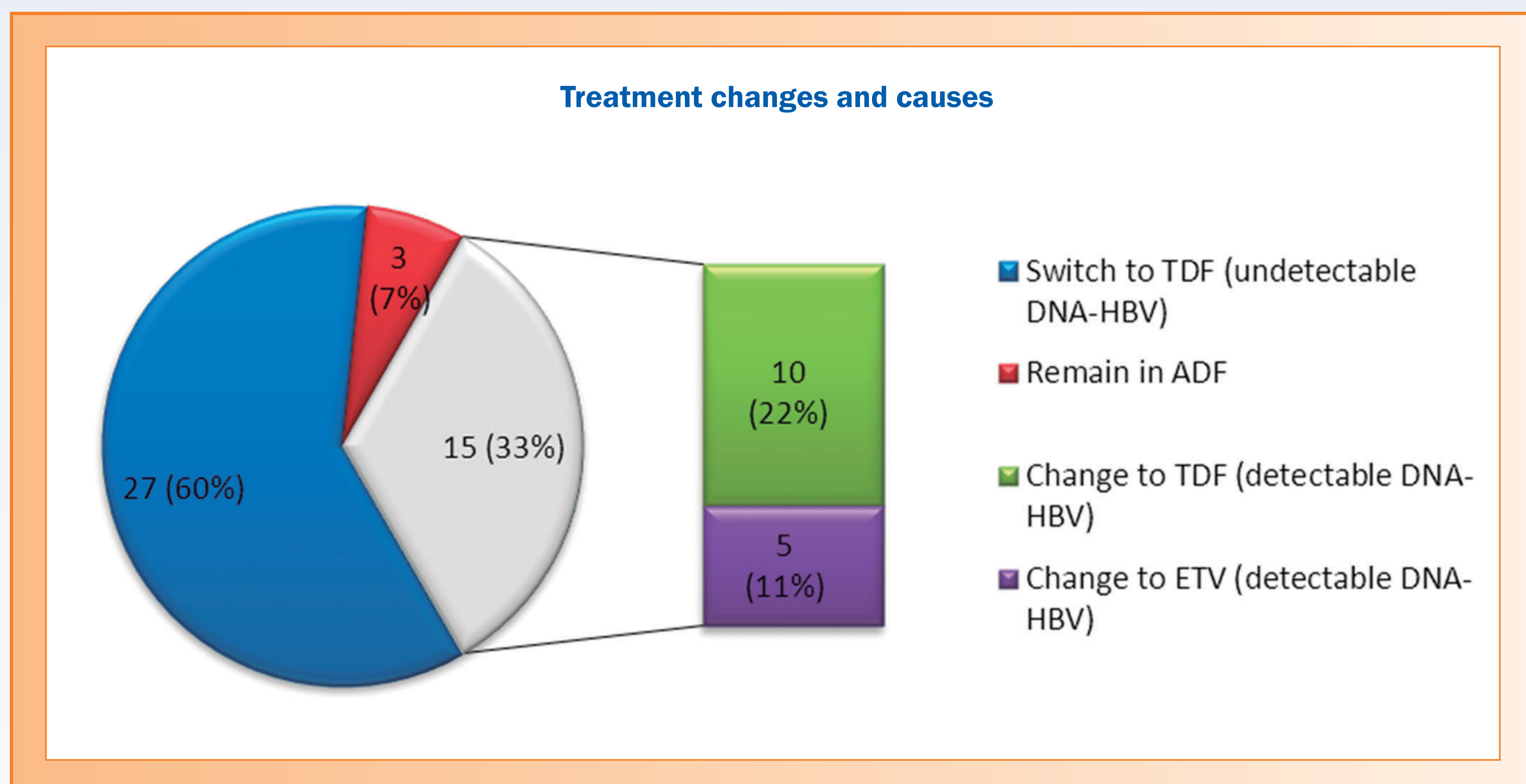
The purpose of the study is to analyse the treatment changes in patients with chronic infection under ADF treatment. We aim to define treatment changes and their clinical causes and effects in our population.

Material and Methods

A retrospective observational study was performed in a tertiary hospital including all patients treated with ADF between January 2005 and September 2012. Data collected: demographics (sex, age) previous treatment, ADF treatment duration, reasons for changing ADF, new drug prescribed, HBV DNA-viral load at the moment of change, and 6 months later.

Results

Fifty-nine patients started treatment with ADF during the period of the study; men (81.4%), mean age: 42 years. Previous treatment: 45 naïve, 2 Peginterferon- α 2-a and 12 lamivudin. 14 patients were lost of follow-up. For the 45 patients included mean duration of treatment with ADF was 44.96 months (range: 3 -92). 40 patients changed treatment with ADF: 27 patients switched to TDF with undetectable HBV DNA-viral load (two of them returned to ADF due to intolerance); 15 patients switched due to detectable HBV DNA-viral load: 10 patients to TDF and 5 to ETV. 5 patients still remained under ADF treatment at the end of this study.



Conclusions

Nearly all of the patients treated with ADF changed their treatment at any point and were no longer treated with this drug.

Most patients switched from ADF to TDF without any clinical reason. This may be related to better clinical outcomes and efficiency.