

LONG-TERM PROTEASE INHIBITORS-BASED MONOTHERAPY VERSUS REVERSE TRANSCRIPTASE INHIBITORS-BASED TRIPLE THERAPY: EXPERIENCE IN A SPANISH TERTIARY HOSPITAL

Background

Current guidelines and trials (OK04, KalMo) support the Highly Active Antiretroviral Therapy (HAART) simplification, but long-term experience according to these findings is still limited

Material&methods

The virological and immunologic laboratory tests, the adverse events profile and the Karnofsky score, along with the Pharmacy withdrawal registry and the calculated monthly costs per patient were monitored at 3, 6, 9 and 12 months after simplification and compared with the previous period average. Databases: Andalusian digital or paper medical records and the outpatient database (Farmatools®).

Conclusion

In our cohort, monotherapy was an alternative at least as effective as traditional combinations. In addition, it showed better adherence and tolerance, plus remarkable costs diminution. Accordingly, this study leads to practice the results of large trials meant to demonstrate the favorable profile in long-lasting treatments for selected patients.

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Purpose

To assess the Efficacy, Safety, Adherence and Costs related to the HAART based on Ritonavir-boosted protease inhibitors (r/PI) versus the standard combinations based on reverse-transcriptase inhibitors (RTI) in long-term stable patients.

Results

Study population

Patients: 13 (2 female vs 11 male)
Age: 44 y.o. (29-68)
HIV diagnosis average time: 61 mo (3-88)
HAART start average time: 53 mo (4-93)
Previous RTIs: FTC/TDF (8 patients), ABC/3TC (3), ABC/TDF (1) and ddI/3TC (1).
Previous r/PI: ATZ/r, SQV/r & LPV/r: 84%, though 92% were not maintained after simplification.
Switching to DRV/r: 11 patients, LPV/r: 2

Comparative outcomes:

Efficacy: Sustained VL: 100% both groups
CD4+ > 350 cells/ μ L: 10 vs 11 patients
Lymphocyte increase after simplification: 76.9%
Safety previous period: neurotoxicity (1case), mild-to-moderate lipodystrophy (2) and cotrimoxazol-related toxicodermis (1).
Safety (after simplification): No remarkable adverse events.
Karnofsky: 100% (both groups).
Adherence: 5(\pm 2) vs 2(\pm 1) missed intakes.
Costs: 859 vs 492€ (57.2% reduction).