CLINICAL EXPERIENCE WITH DOLUTEGRAVIR IN A TERTIARY HOSPITAL

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BACKGROUND

Dolutegravir has been marketed in Spain last year. Due to its recent approval, it seems interesting to describe our clinical experience

PURPOSE

To evaluate the use of dolutegravir in patients with HIV infection treated in a tertiary hospital.

METHODS

Observational retrospective study of all patients who started therapy with dolutegravir in our centre since its introduction in January 2015 until June 15. Data was collected from electronic clinical history and hospital's electronic prescribing software. The following variables were collected: sex, age, type of patient (naive, virological failure, switch strategies), viral load (VL) pre-treatment, after 4 weeks, 12 and 24 weeks.

RESULTS

25 PATIENTS: 17 men, 8 women.

MEAN AGE: 43.5

(21–57)

Dolutegravir was associated with:

* 15 PATIENTS with emtricitabine plus tenofovir

* 9 PATIENTS with lamivudine plus abacavir

20% were treatmentnaïve patients

36% were virologic failures treatment

44% were switch strategies:

45,5% for management of potential drug interactions.

27,3% for preventions/ correct lipid elevation.

18,2% for avoid side effects and 9% for pill burden.

Viral load after 4 and 12 weeks:

VL 4 w	VL 12 w
48% had VL <50 copies/ml	64%: undetectable VL 16%: 50-100 copies/ml 20%: VL are not available.

CONCLUSIONS

- ✓ Dolutegravir was used primarily as a strategy for simplification to avoid drug interactions and to improve/prevent antirretrovirals toxicity.
- ✓ Most patients got undetectable VL after 12 weeks and treatment was well tolerated