



# ANTIRETROVIRAL PRESCRIPTION PROFILE AND ADHERENCE TO GUIDELINES

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### **OBJECTIVES**

- > To **DESCRIBE THE DIFFERENCES BETWEEN THE YEARLY ANTIRETROVIRAL THERAPY (ART) RECOMMENDATIONS** from a Spanish HIV study group (GESIDA) from 2010 to 2012.
- > To ANALYSE THE ART PRESCRIPTION PROFILE (PP) in naïve patients for 2010 and 2011 (PP-2010; PP-2011) and EVALUATE THE ADHERENCE to GESIDA recommendations.

## STUDY DESIGN

- Seventy naïve patients (36 in 2010; 34 in 2011) were included in a retrospective observational study of ART and laboratory/microbiology parameters between 2010 and 2011, in a 450-bed tertiary hospital.
- \$ The latest GESIDA recommendations (January 2010, 2011 and 2012) were reviewed.
- ♥ Microsoft Excel 2007 and SPSS Statistics 19.0 were used for statistical analysis.

### RESULTS

RECOMMENDED PREFERRED THERAPIES AVAILABILITY								
GESIDA-2010	GESIDA-2011	GESIDA-2012						
16	9	9						

> While GESIDA-2010 has a freer combinatory process between artiretroviral drugs, GESIDA-2011 and GESIDA-2012 narrow it to only certain combinations.

TREATMENT RECOMMENDATIONS ACCORDING TO CD4 COUNT							
CD4 COUNT / GESIDA	2010	2011-2012					
< 350 cells/µl	Recommend	Recommend					
350-500 cells/μl	Do not recommend*	Reccomend*					
> 500 cells/µl	Defer	Do not recommend*					

<sup>\*</sup> Except certain circumstances.

	PRESCRIPTION PROFILE ADHERENCE TO GUIDELINES									
Therapies	PP-2010				PP-2011					
	GESIDA 2010		GESIDA-2011		GESIDA-2011		GESIDA-2012			
Preferred	34	100%	32	92%	27	79%	28	82%		
Alternative	2	100%	1	9276	0	1970	0	02 /6		
Out guidelines	0	0%	3	8%	7	21%	6	18%		

- hoPP-2010 adhered to GESIDA-2010 in a 100%, however PP-2011 adherence to GESIDA-2011 fell to 79% ( $\alpha$ =0,004).
- hoPP-2011 has a better compliance to GESIDA-2012 preferred therapies rather than to GESIDA -2011 (82% vs 79%) ( $\alpha$ =0,1).

# CONCLUSIONS

- >The last three years GESIDA guidelines have tended to reduce the number of recommended therapies available for treatment and encourage to treat patients with higher CD4 count.
- > According to our results, PP-2011 tended to adhere more to the following year GESIDA recommendations (not significant). The high percentage of adherence of PP-2010 to the same year guidelines (100%) might be partly explained because the combinations available were nearly twice as many as next year recommendations.
- > GESIDA is a reference for ART, but given its once-a-year publication, continuous updated information from current investigations becomes necessary for prescribing.