

PRESCRIPTION OF PSYCHOTROPIC DRUGS IN PATIENTS WITH HUMAN IMMUNODEFICIENCY VIRUS INFECTION ON INTEGRASE INHIBITOR-BASED ANTIRETROVIRAL THERAPY

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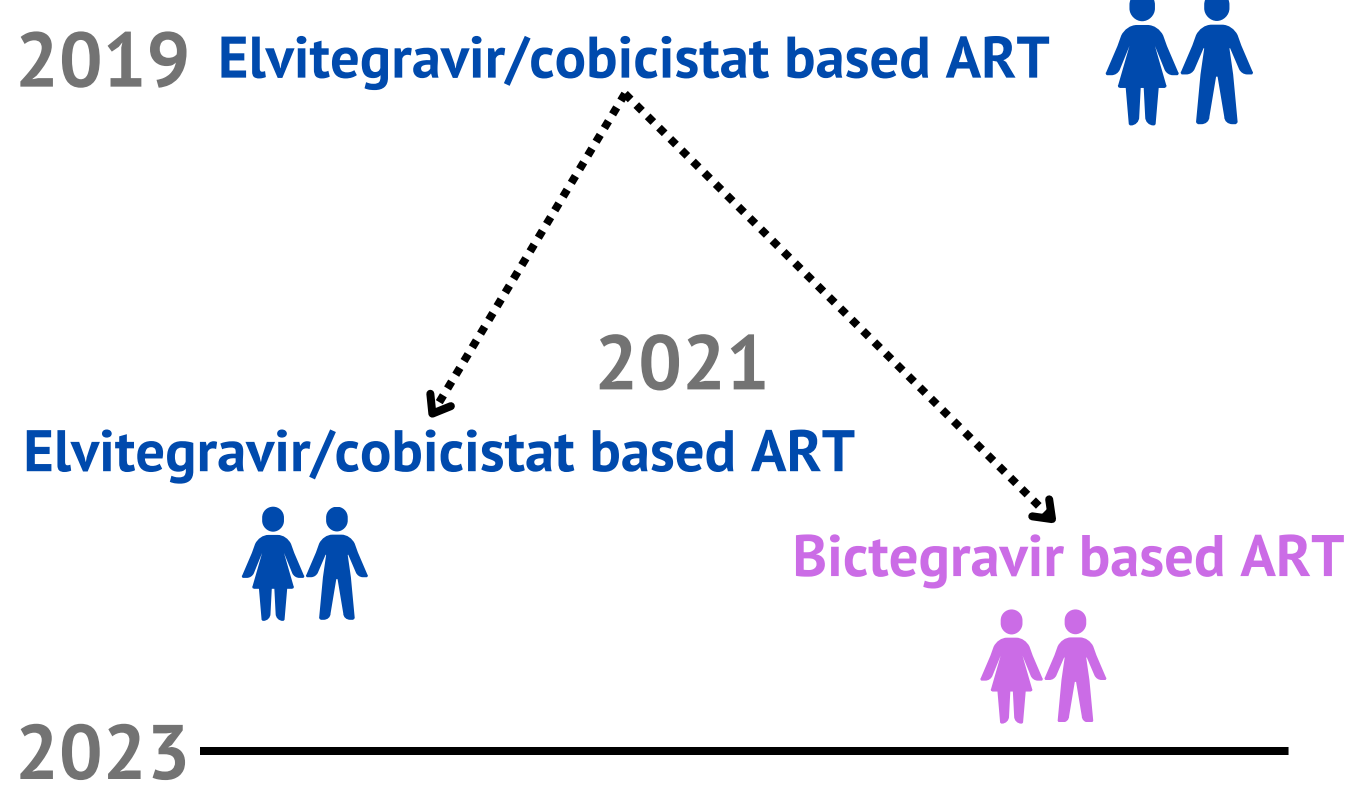
What was done

Analysis whether the switch of integrase inhibitor in patients with **chronic human immunodeficiency virus (HIV) infection on antiretroviral treatment (ART)** affects the consumption of **psychotropic drugs**.

Why was done

Neuropsychiatric adverse effects, such as **depression, anxiety and sleep disorders**, are associated with **integrase strand transfer inhibitors (INSTIs)**. According to a study, the rate of NPAE with bicitegravir is higher than first generation INSTIs

How it was done



Observational and retrospective study

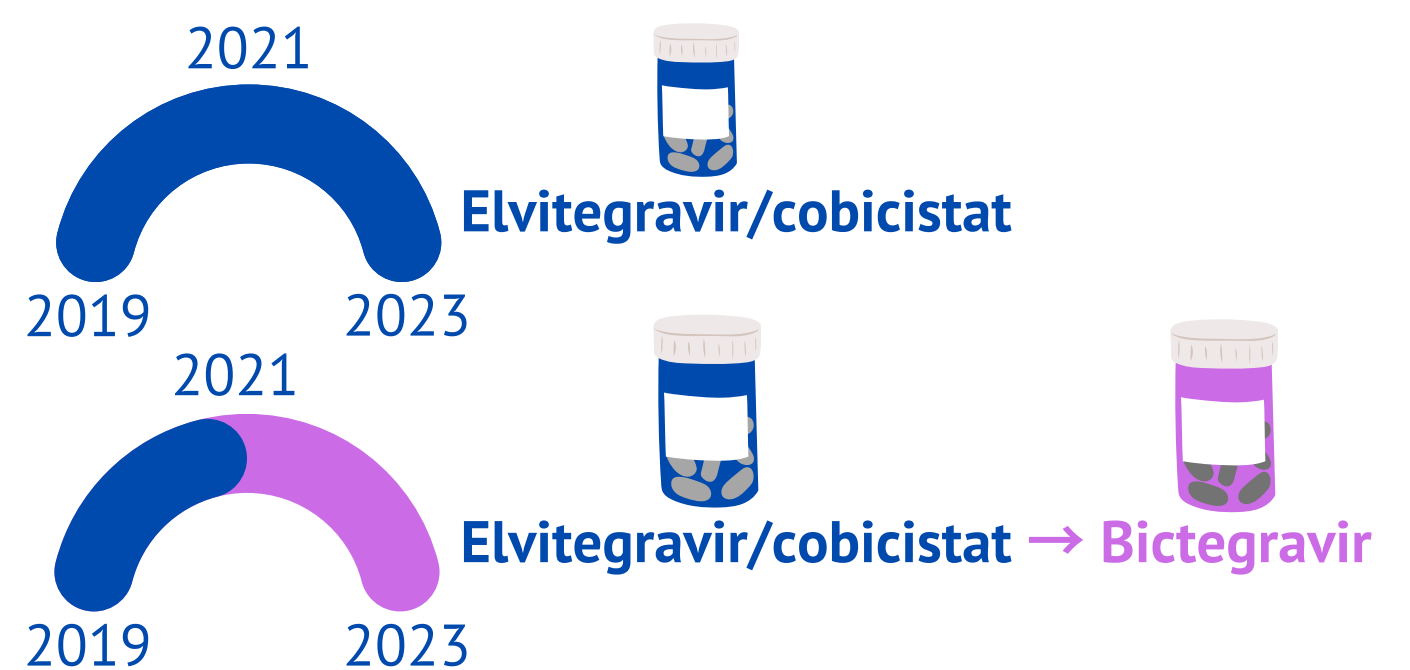
The home treatment was reviewed and those who had been treated with psychotropic drugs during the study years were selected.

The data were obtained through the Pharmaceutical Benefit Management program (GAIA®)

What was achieved

While the percentage of patients treated with psychotropic drugs remained stable in group 1, the percentage of patients taking any psychotropic drug increased by 9% in the group that switched to bicitegravir. Group 2 had a **6.5 times greater risk** of taking some type of psychotropic drug than group 1, but this increase in risk was not statistically significant ($p=0.19$).

In the group of patients who were not taking psychotropic drugs, **15% started taking** them after switching to bicitegravir compared to 9% in the control group (RR 1.6 $p=0.5$).



What is next

Almost 40% of patients being treated with integrase inhibitors are being treated with some psychotropic drug. The change from elvitegravir/cobicistat to bicitegravir seems to be accompanied by a **slight increase** in the taking of psychotropic drugs, although it was **not statistically significant**.

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