

CLINICAL EVOLUTION COMPARED BETWEEN SINGLE-TABLET REGIMENS AND LONG-ACTING ANTIRETROVIRALS AFTER 12 MONTHS OF TREATMENT

Félix Gómez de Rueda¹, Bárbara Cancela Díez², Alba Salguero Olid¹

¹Hospital Universitario Virgen Macarena, Sevilla.

²Hospital Universitario Virgen de las Nieves, Granada.

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Background and importance

Long-acting antiretrovirals (LAAR) are a recently introduced type of intramuscular ART that have made it possible to avoid the daily administration of tablets in those patients without prior resistance or virological failure and an undetectable viral load.

Aim and objectives

Describe whether the clinical and analytical evolution with LAAR (cabotegravir and rilpivirine) is non-inferior to that achieved with STR (DTG/3TC or BIC/FTC/TAF).

Materials and methods

To evaluate the effectiveness of CAB+RPV, the clinical and analytical response was analyzed through viral loads, CD4/CD8 ratio, and hepatic, lipid, and renal profiles. We followed up on those patients with a minimum duration of 12 months with LAAR.

Results

We followed up 67 patients (46 men) undergoing treatment with LAAR, with a mean age of 44.5 years (28-63), all of them with DTG/3TC (32) or BIC/FTC/TAF (35) and at least 1 year of treatment with LAAR. All were classified in stages A2 (14-28% CD4) and A3 (<14% CD4), except two of them classified as B3. As a condition for switch, everyone had to have an undetectable viral load (<50 cop/ml). Only in 6 of them was a blip detected and never with VL>200 cop/ml. After at least 1 year of treatment with LAAR, the mean CD4/CD8 ratio was 0.91 (0.5-1.36). The mean renal function was 0.94 mg/dL (0.56-1.76) except for some discordant values, probably due to long-standing old therapies with TDF. The average lipid profile was preserved in its different biomarkers Tc: 168 mg/dL and HDLc: 69 mg/dL, with the exception of LDLc: 123 mg/dL (<100 mg/dL) and TG: 220 mg/dL (<150 mg/dL). The mean values of GGT, ALT and AST were 128 IU, 45 IU and 69 IU. Only 1 patient showed a body mass index greater than 30 kg/m² (17.5-32) 21 patients reported adverse effects in the administration procedure, with intramuscular administration being a painful route.

Conclusion and relevance

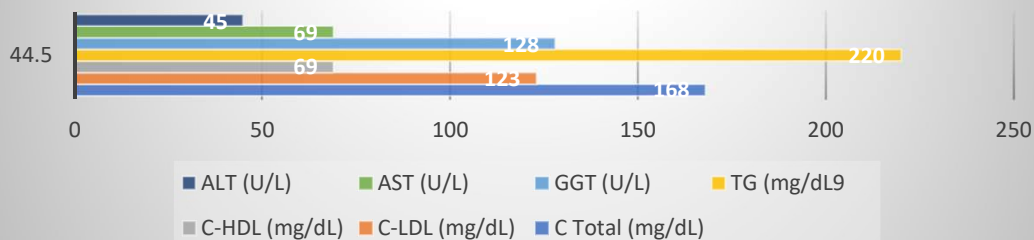
Given our experience after a minimum of 12 months of treatment with LAAR and whose previous treatments have been DTG/3TC and BIC/FTC/TAF, cabotegravir and rilpivirine constitute a suitable alternative for patients with positive HIV infection, maintaining virological suppression and a adequate immunological profile.

References and/or acknowledgements

GeSIDA: Grupo de estudio de SIDA. Disponible en: <https://gesida-seimc.org/> [consulted on 8-31-2024].

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Analytic values



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