

ANALYSIS OF ANTIRETROVIRAL THERAPY SWITCH IN 2022 IN PEOPLE LIVING WITH HUMAN IMMUNODEFICIENCY VIRUS: REASONS AND IMMUNOVIROLOGICAL EFFICACY

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WHAT WAS DONE?



1 To characterize the reasons for switching antiretroviral therapy (ART) in people living with HIV (PLWHIV) in a tertiary-level hospital during 2022

2

Analysis of the efficacy and safety of the new ART

WHY WAS IT DONE?



PAST

- PLWHIV had a fatal outcome due to the complications that resulted from the disease
- There were a reduced therapeutic arsenal for HIV treatment

MANY REASONS FOR CHANGING MEDICATION

- HIV is a chronic disease
- Wide range of drugs, with new mechanisms of action
- Appearance of antimicrobial resistance



PRESENT

HOW WAS IT DONE?



An observational, retrospective, non-interventional, descriptive study

Several variables were collected from the electronic prescription program



Epidemiological: gender, age, nationality



Clinical: nº of different combinatios of ART, last ART, reason of change, adverse effects



Immunovirological: plasmatic viral load (PVL), %CD4, CD4/CD8 ratio

Descriptive statistical analysis was performed

Frequency distributions

WHAT HAS BEEN ACHIEVED?

84 PLWHIV had changed ART in 2022

- 88,1% was men
- 13,1% have changed ART from a first combination
- HLA B5701 (+) in 3,6%

BEFORE AFTER

BITHERAPY 26,2% 41,7%

TRIPLE THERAPY 70,2% 55,6%

In terms of efficacy:

	BEFORE SWITCH	AFTER SWITCH
<50 c/ml PVL	83,3%	91,7%
CD4/CD8 ratio	1,1	2,1

Although the ART was simplified, the efficacy was maintained with no reduction in safety

ART SWITCH REASONS

REASON	N (%)
<u>Simplification</u>	21 (25)
<u>Adverse effects</u>	19 (22,6)
<u>Virologic failure</u>	13 (15,48)
<u>Other reasons</u>	13 (15,48)
<u>Pharmacological interactions</u>	8 (9,52)
<u>Avoid CR associated with abacavir</u>	7 (8,33)
<u>Enter to a Clinical Trial</u>	3 (3,57)

DISTRIBUTION OF USE OF ANTIRETROVIRAL DRUGS

BEFORE SWITCH	N (%)	AFTER SWITCH	N (%)
<u>NNRTIs</u>	23 (27,38)	<u>NNRTIs</u>	13 (15,48)
<u>Pis</u>	13 (15,48)	<u>Pis</u>	19 (22,62)
<u>INIs</u>	58 (69,05)	<u>INIs</u>	59 (70,24)
2 nd generation INI (% respect to total INI)	53/58 (91,38)	2 nd generation INI (% respect to total INI)	59/59 (100)

**Non-nucleoside reverse transcriptase inhibitors (NNRTIs), Protease inhibitors (Pis), Integrase inhibitors (INIs)

WHAT IS NEXT?



The most common reason for changing ART is to **simplify it** for patient's comfort, with **bitheraPy being preferable** to triple therapy

It is difficult to achieve greater efficacy and safety than oral drugs available nowadays.

However, toxicity remain an important reason of change, although adverse effects are not severe

The new lines of research are focused on other formulations like **long-acting**, instead of improving security o efficacy, in order to improve adherence and reduce stigma



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