

Antiretroviral therapy: are we using the most efficient therapy?

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Background

The arsenal of drugs available to antiretroviral therapy(ART) is extensive. It's important to optimize VIH therapy basing on recommendations established by experts.

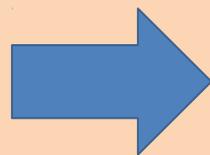
Purpose

To analyze prescription profile, treatment changes, causes and economic impact of the change in a first level hospital.

Material and Methods

Observational retrospective study from January 2013 until March 2014. GESIDA 2014 recommendations were considered as therapeutic strategies to improve efficiency and safety.

Variables studied included



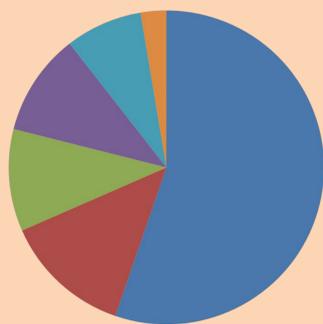
Demographics (age, gender), clinical data (age at diagnosis, HCV/HBV co-infection, stage, HLAB5701 allele, viral load (VL) and CD4 cells before/after the change, reason for change) and economic analysis (cost per month before/after the change). Data were obtained from medical records and electronic prescription programme.

Results

178 patients receiving ART

40(22.5%) patients, who switched of treatment were analyzed.

The average age was 44.7(22-57), 72.5% were male, 60% coinfectad with HCV. The most frequent stage was C3(40%). The average time since diagnosis was 14.6 years.



Reasons for change

- ADRs 38% Renal failure
- prevention of ADRs
- virologic failure
- resistance development
- reduction of the number of tablets
- immune failure

Before changing therapy 62.5% patients had undetectable VL(68% during at least six months) and the mean CD4 cell was 596.68cells/mm³. HLAB5701 determination was available only in 15%(100% negative).

These changes supposed an average cost increase of 21% per patient/month.

25% of our patients could be candidates for monotherapy and 17.5% for change the combination of NRTI(Tenofovir/Emtricitabine for Lamivudine/Abacavir).

Conclusions

ART treatment has a high impact on the hospital budget. It would be necessary to include efficiency strategies in changes of therapy and ART initiation.

The elaboration, with the infectious unit, of a protocol consistent with the existing recommendations is proposed, including an algorithm to support medical decision with safety and efficiency criteria..