PERSISTENCE OF AN ANTIRETROVIRAL THERAPY IN HUMAN IMMUNODEFICIENCY VIRUS PATIENTS IN A TERTIARY LEVEL HOSPITAL

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BACKGROUND

The guidelines of antiretroviral therapy (ART) for the Human Immunodeficiency Virus (HIV) recommend starting with all the patients, regardless of the levels of CD4 lymphocytes and the symptomatology.

OBJECTIVES

Persistence: time a patient stays with a treatment since the beginning until the interruption, regardless of the reason.
Aim of this research: comparison between the patients’ persistence who different ART.

METHODOLOGY

Descriptive, transversal and retrospective research that includes all the patients who have started an ART for HIV, 2013-10th October 2018, and who have suffered a change in the therapy.

Variables:
• Starting date and initial treatment
• Changing date and reason of the change.
Analysis: SPSS Statistics.

RESULTS

Patients started with STRs: In 2013-2015, 20 (16,8%) and in 2016-2018, 31 (46,3%)

<table>
<thead>
<tr>
<th>PATIENTS</th>
<th>ITIAN</th>
<th>THIRD DRUG</th>
<th>MEDIAN SURVIVAL*</th>
<th>MEDIAN SURVIVAL THIRD DRUG*</th>
</tr>
</thead>
<tbody>
<tr>
<td>STRs</td>
<td>51 (27,4%)</td>
<td>40% (78,4%) TDF o TAF/FTC</td>
<td>32 (62,7%) INI</td>
<td>229 days (IC95% 146,0-311,9)</td>
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<tr>
<td></td>
<td>11 (21,6%)</td>
<td>ABC/3TC</td>
<td>19 (37,3%) ITINN</td>
<td>103 days with INI (IC95% 65,0-140,9)</td>
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<td>135 (72,6%)</td>
<td>115 (85,2%) TDF/FTC</td>
<td>72 (53,7%) IP</td>
<td>241 days with IP (IC95% 162,1-319,9)</td>
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<td></td>
<td>16 (11,8%)</td>
<td>ABC/3TC</td>
<td>34 (25,4%) ITINN</td>
<td>164 days (IC95% 87,8-240,2)</td>
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<td>28 (20,9%) INI</td>
<td>265 days with ITINN (IC95% 162,1-367,9)</td>
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</table>

*Only there are statistically significant differences between INI-IP and INI-ITINN median survival (p<0,05)

Reasons for treatment change

- 48 (25,8%) simplification
- 19 (10,2%) virologic failure
- 7 (3,8%) interaction with home treatment
- 7 (3,8%) other causes

STRs: Single Tablet Regimens; MTRs: Multiple Tablet Regimens
ITIAN: Inverse Transcriptase Inhibitor Analogous Nucleosides
INI: Integrase inhibitor
IP: Protease inhibitor

105 (56,5%) toxicity. Third drug: 39 (37,1%) IP - 37 (35,2%) ITINN - 29 (27,6%) INI

CONCLUSIONS

- ART combinations with STRs have a longer survival in the treatment and in patients with ITINN as a third drug, a greater survival is observed.
- The main cause of ART in naïve patients is toxicity.
- There is a gradual use of STRs throughout the years studied.