COMPARATIVE STUDY OF PATIENT PROFILES AND INITIAL ANTIRETROVIRAL TREATMENT IN 2014 VERSUS 2018

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Background and Importance
Antiretroviral therapy (ART) has evolved over the years, leading to a change in initial therapy strategies.

Aim and Objectives
To describe and compare the profile of patients who started ART in 2014 and 2018. To assess chosen treatment schemes and cost/patient.

Material and Methods
Retrospective, observational, descriptive study. 2nd level hospital HIV patients started ART in 2014 and in 2018.

- demographic
- transmission route
- cost/patient/year

Data:
- Electronic medical history
- Prescription program

Results

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients</td>
<td>15</td>
<td>15 (drop out at week-2: 1 patient)</td>
</tr>
<tr>
<td>Men</td>
<td>93%</td>
<td>73%</td>
</tr>
<tr>
<td>Age (years)</td>
<td>44,9 (28-68)</td>
<td>41,5 (14-72)</td>
</tr>
<tr>
<td>Transmission route</td>
<td></td>
<td></td>
</tr>
<tr>
<td>heterosexual</td>
<td>46%</td>
<td>33%</td>
</tr>
<tr>
<td>homosexual</td>
<td>27%</td>
<td>47%</td>
</tr>
<tr>
<td>parenteral</td>
<td>27%</td>
<td>20%</td>
</tr>
<tr>
<td>Days from diagnosis to the beginning of ART</td>
<td>1025 (12-4116)</td>
<td>93 (6-489)</td>
</tr>
</tbody>
</table>

- VL (copies/mL) 2014: 410535 (3200-2530000) 2018: 252510 (1410-2340000)
- CD4 (U/mm³) 2014: 247,8 (4-701) 2018: 452 (52-1165)

Week-0
- VL (copies/mL) 2014: 1992 (0-12500) 2018: 1318 (0-13800)
- Undetectable VL patients 2014: 1 2018: 5
- CD4 (U/mm³) 2014: 302 (74-713) 2018: 553 (197-1455)

Conclusion
- The demographic profile of patients has hardly changed.
- Sexual transmission continues to be the main route of infection despite official prevention strategies.
- The new recommendations for early initiation of ART in all HIV patients leads to better results than deferred treatment (higher values of CD4 at baseline and at 4 weeks, and more patients with indetectable VL).
- Our study reflects a decrease in the use of TDF/FTC as starting ART and TAF/FTC is introduced, a fact attributable to its better bone and renal safety profile. In turn, the use of INSTI associated with initial ART has increased due to its power and good tolerance.
- The cost/patient decreases slightly despite commercialization of generics due to the appearance of INSTI and TAF.

Combination ART therapy

<table>
<thead>
<tr>
<th></th>
<th>TDF/FTC</th>
<th>ABC/3TC</th>
<th>Non-nucleoside reverse-transcriptase inhibitor</th>
<th>Protease inhibitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>87%</td>
<td>13%</td>
<td>Efavirenz 13,3%</td>
<td>Darunavir-Ritonavir 46,7%</td>
</tr>
<tr>
<td>2018</td>
<td>26%</td>
<td>20%</td>
<td>Rilpivirine 20%</td>
<td>INTEGRASE INHIBITOR</td>
</tr>
</tbody>
</table>

Integrase inhibitor
- Raltegravir 20%

Protease inhibitor
- Darunavir-Cobicistat 20%

Treatment cost (patient/year)
- 2014: 8632 €
- 2018: 7405 €

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