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## BACKGROUND AND IMPORTANCE

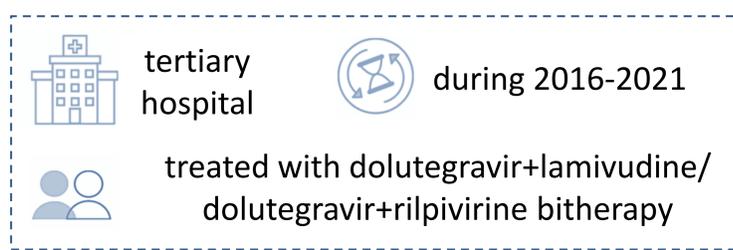
The introduction of **bitherapy** has been a great advance in antiretroviral treatment. This has made possible to obtain the same results in terms of efficacy with a smaller number of active ingredients (API), simplification of dosage, reduction of adverse effects (AE) and decrease in interactions.

## AIM AND OBJECTIVES

- Describe the patient's profile, description of current bitherapy and previous treatment.
- The second objective was to study the efficacy, safety and interactions of bitherapy, as well as the reason for switch.

## MATERIAL AND METHODS

Retrospective descriptive study



- ❖ **Variables were collected** (electronic medical record):
  - Demographics (sex, age), comorbidities
  - Viral load (CV) and CD4 prior to change
  - CV and CD4 12 months post-switch
  - Previous antiretroviral treatment
  - Reason for change

## RESULTS

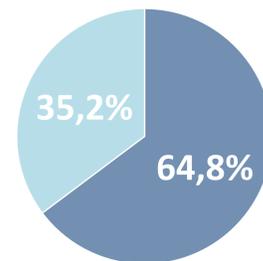
104 patients

- 70,2 % ♂
- 51 years (24-84 years)



**105 bitherapies**

**Dolutegravir/rilpivirine**



**Dolutegravir/lamivudine**

Prior to the switch, **97,1%** of patients had **undetectable CV** (<50 copies/mL) and **CD4 levels of 750 cells/μL** (300-2720).

main pretreatment: **78,4%**  
**dolutegravir/rilpivirine/tenofovir-alafenamide**

main pretreatment: **79,4%**  
**dolutegravir/lamivudine/abacavir**

After 1 year post-switch, **95,2%** were **CV negative** with **CD4 levels 800 cells/μL** (354-1580)

- ❖ One episode of nervousness was collected as an **AE**.
- ❖ **No interactions** were detected.

- ❖ In **85,7%** it involved a **reduction in the number of APIs** (pre:3 vs. post:2)
- ❖ In **14,3%** a **simplification** of the **regimen** to a single tablet/day.

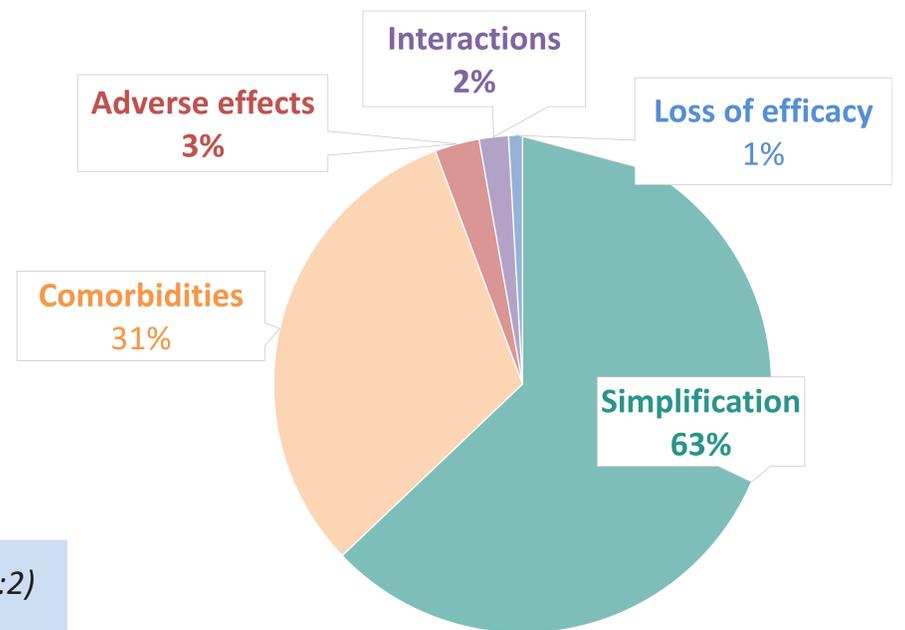


Figure 1. Main reason for therapeutic switch

## CONCLUSION AND RELEVANCE

- ✓ Treatment with **dolutegravir-based bitherapies** has proven to be an **effective, safe therapy** with no relevant interactions.
- ✓ The **principal reason** for switching to bitherapy is **simplification**, achieving a **reduction** in both: the **number of tablets** and the **number of APIs** versus previous therapies.
- ✓ The **role of the pharmacist** was fundamental for **pharmaceutical care** and **clinical follow-up**, detection of interactions, as well as **monitoring of adverse effects**.