



DUAL THERAPY WITH DOLUTEGRAVIR AND LAMIVUDINE: EFFICACY AND SAFETY

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AIM AND OBJETIVES:

To evaluate the efficacy, economic impact and the reduction of adverse effects in HIV patients undergoing treatment in bitherapy with dolutegravir and lamivudine

BACKGROUND AND IMPORTANCE:

A non-comparative study, a randomized pilot clinical trial and a cohort suggest that the change is virologically safe. There are still no results from two large randomized clinical trials in development. In naive patients this pattern has shown no inferiority compared to triple treatment with DTG + TDF/FTC

MATERIALS AND METHODS:

Retrospective observational study in a 2nd level hospital. Patients who started antiretroviral treatment or switched to bitherapy based on lamivudine and dolutegravir between June 2018 and September 2019 were included.

Study variables: age, sex, date and reason for the change, duration of treatment, viral load (CV) in copies / ml, CD4 and CD8 cells (cells / mL) before and after the change and on the date of the last available analysis, previous therapy, Glomerular filtration rate (ml / min), Cholesterol (mg / dl), LDL (mg / dl) and triglycerides (mg / dl). To evaluate the effectiveness of bi-therapy, a viral response to the achievement of CVP <50 copies was defined between 3-6 weeks after the change of treatment and its maintenance in subsequent controls every 4-6 months until September 2019.

RESULTS:

A total of 9 patients (66.66% male) with a mean age of 49 years (30-58), 3 naive patients (33.33%) were analyzed. The reasons for the change were: 33% sleep disturbances, 16% bone pain, 16% gastric discomfort, 16% dyslipidemia and 16% simplification of ART. The effectiveness was obtained in 100% of the patients who achieved CV <50 copies at 4-6 weeks keeping the virological response an average of 26 weeks. The CD4 and CD8 count increased significantly from 690 to 805 and 910 to 943 respectively. The 2 patients with sleep disorders reported improvement. The patient who reported gastric discomfort in relation to darunavir/cobicistat, have remitted after the change. The lipid profile observed differences in the LDL from 170 to 120. A significant decrease in the GFR was observed from 102 to 87. The annual cost decrease of 1690 euros per patient /year.

CONCLUSIONS:

Low number of patients and no long-term results are due to the recent recommendations of the guidelines in the use of this therapy. The simplification to the biterapy has been a safe and effective option that allows an optimization of the resources against the triple therapy.

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