EFFECTIVENESS AND SAFETY OF ANTIRETROVIRAL TREATMENT SIMPLIFICATION TO DOLUTEGRAVIR+LAMIVUDINE OR DOLUTEGRAVIR+RILPIVIRINE IN OLDER ADULTS WITH HUMAN IMMUNODEFICIENCY VIRUS


BACKGROUND AND IMPORTANCE

• Bitherapies are a simplification strategy for antiretroviral treatment (ART) used in patients with human immunodeficiency virus (HIV) infection with undetectable viral load (VL< 50 copies/mL).

AIM AND OBJECTIVES

• To evaluate the effectiveness and safety of simplification to dolutegravir+lamivudine (DTG+3TC) or dolutegravir+rilpivirine (DTG+RPV) bitherapy in HIV older adults with a previous 3-drug regimen ART.

MATERIALS AND METHODS

Retrospective descriptive study was conducted (January 2019-August 2022)

✔ Effectiveness:
   ✔ VL (copies/mL) and CD4 levels (cells/mL) were collected at three different periods:
   • Prior to change to bitherapy
   • 6 and 12 months after switching

✔ Safety:
   ✔ Adverse effects (AE)
   ✔ Treatment discontinuations

RESULTS

• Thirty-six patients (58.3% men) with mean age 61.6 (range 52-80) years were evaluated.

• Polypharmacy: 47.2% of cases
  Mean of 8.9 (6-14) drugs/patient

✔ 50% with DTG+RPV
✔ 50% with DTG+3TC

Reasons for change:
69.4%: simplify number of drugs
30.6% avoid AE associated with previous ART

• Mean treatment duration in bitherapy: 23 (12-58) months.

✔ AEs recorded:
Sleep disturbances (8.3%)
Weight gain (5.6%)

• No treatment discontinuation occurred.

Previous ART:

✔ 2 nucleoside reverse transcriptase inhibitors (NRTI)+1 integrase inhibitor (INI): 58.3% patients
✔ 2 NRTI+1 non-nucleoside reverse transcriptase inhibitor (NNRTI): 25%
✔ 2 NRTI+protease inhibitor (PI): 13.9%
✔ 1 NRTI+1 NNRTI+1 PI: 2.8%

Contact: beacalria@gmail.com

CONCLUSION AND RELEVANCE

• ART simplification maintained effectiveness 12 months after switching, with undetectable VL and stable CD4 levels.
• A low incidence of AEs was reported after simplification. However, longer-term maintenance of virological suppression should be assessed.