Background

The expected lifespan of HIV+ patients has increased dramatically as a result of improved antiretroviral therapy (ART), with the consequent increase in comorbidities and polypharmacy.

Purpose

To analyze the profile of comorbidities and polypharmacy in HIV+ patients of a Health Area and determine their influence on the risk of presenting drug-related problems (DRPs) and potential clinically significant drug interactions (CSDIs).

Material and methods

Retrospective observational study conducted in a Reference Hospital Area that attend 457 HIV+ patients with ART.

Variables included in the analysis:

<table>
<thead>
<tr>
<th>Demographic</th>
<th>Clinical</th>
<th>Pharmacotherapeutic</th>
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<tbody>
<tr>
<td>Age</td>
<td>Viral load (VL)</td>
<td>ART scheme</td>
</tr>
<tr>
<td>Sex</td>
<td>Comorbidities</td>
<td>Dispensing data</td>
</tr>
<tr>
<td></td>
<td>Computerised records</td>
<td>Concomitant treatment</td>
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</tbody>
</table>

- ≥2 chronic non-AIDS pathologies = PLURIPATHOLOGIC
- ≥5 non-ART drugs = POLYMEDICATED
- PREDICTOR® → Risk of DRPs
- Lexicomp® database → CSDIs

Results

120 patients (76.7% males)

51.15 ± 9.61 years (59.17% >50 years old)

94.17% indetectable VL

26.7% polymedicated → 7(6-9) drugs per patient

54.2% pluripathologic → 3(2-4) comorbidities per patient

- 55 CSDIs were identified in 41 patients (34.2% of patients)
- 78.18% of CSDIs involved ARV drugs

Conclusions

The results of the study demonstrate the aging of the HIV population and the consequences that this entails: an increased risk of presenting DRPs as well as the risk of CSDIs. Due to this, a meticulous and multidisciplinary approach is necessary in these population in order to identify most susceptible patients.