EVALUATION OF BOOSTED PROTEASE INHIBITOR MONOTHERAPY WITH DARUNAVIR/RITONAVIR IN HIV-INFECTED PATIENTS. STUDY IN A REAL LIFE SETTING.


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BACKGROUND

• Boosted protease inhibitor monotherapy may offer antiviral efficacy while reducing drug interactions, costs and toxicity in HIV-infected patients.

PURPOSE

The aim of this study was to assess the efficacy of darunavir/ritonavir (DRV/r) monotherapy in a real life setting.

MATERIALS AND METHODS

Retrospective analysis of all HIV-infected patients, who had initiated DRV/r monotherapy between January 2009 and January 2016. Were included patients with a previous virological control after the start, and those who were treated at least one year with DRV/r.

Data Analyzed

Age, sex, start reason, previous treatment
Presence of blips
Adherence: based on the record of dispensations of the 6 previous months

The reason of discontinuation was analyzed in patients who had discontinued, and for how long were they treated with DRV/r.

CD4 lymphocyte count at the beginning and end of monotherapy, or end of study were recorded

RESULTS

53 patients started with DRV/r

71.6% (38) men, mean age was 48
84.9% (45) had adherence >90%
60.4% (32) continued to January 2016 with a mean of 37.7 months
39.6% (21) discontinued with an average of 19.4 months
37.5% (12) had blips, in no case was reason for discontinuation

Reason for starting

Simplification
Renal Impairment
GI symptoms
Dyslipidemia
Neuropsychiatric symptoms

Reasons for discontinuation

9 Toxicities
(4 gastrointestinal, 2 renal, 1 neurologic, 1 interactions and 1 gestation)
6 Loss tracking/death
4 blips
2 Virological failure

Mean baseline CD4 DRV/r was 693,000/mm³, maintaining ultimate control favorably with 693,000/mm³. No protease inhibitor mutations were detected.

CONCLUSIONS

• Boosted protease inhibitor monotherapy with DRV/r was effective in a real life setting.
• About 40% of patients changed DRV/r, but neither virological failure nor blips were the fundamental reason for change.

Conflict of interest: None