A retrospective study was performed in non-naive HIV-1-infected patients who started DRV/r from January 2008 to September 2011. The following parameters were evaluated: plasma HIV-RNA (viral load-VL, copies/ml) and CD4+ T-cell counts, Child-Pugh-stage and plasma ALT/AST. They were taken at baseline and week 24.

**BACKGROUND**

The effectiveness of darunavir boosted with ritonavir (DRV/r) has not been deeply investigated in routine clinical practice.

**PURPOSE**

To evaluate the effectiveness and safety of treatment with DRV/r combined with an optimised antiretroviral regimen at week 24.

**MATERIAL AND METHOD**

- A retrospective study was performed in non-naive HIV-1-infected patients who started DRV/r from January-2008 to September-2011.
- The following parameters were evaluated: plasma HIV-RNA (viral load-VL, copies/ml) and CD4+ T-cell counts, Child-Pugh-stage and plasma ALT/AST. They were taken at baseline and week 24.

**Primary endpoints:**

1. **Effectiveness:** %patients with VL<50copies/ml at week 24.
2. **Safety:** discontinued therapy due to intolerance or toxicity.

**Secondary endpoints:**

1. **Effectiveness:** CD4 cell increase after week 24.
2. **Safety:** hepatotoxicity [ALT/AST concentrations (UI/L)>5N (55/41) in HCV/HBV non-coinfected and >3.5 from baseline in coinfected at week 24].

In routine clinical practice, rescue DRV/r-containing regimens are well tolerated and achieve rates of virological suppression similar to those observed in pivotal clinical trials.

**CONCLUSION**

- DRV based HAART was well tolerated in HIV non-coinfected and coinfected patients with mild and moderate hepatic impairment.

**RESULTS**

Thirty patients were enrolled in the study, of whom 28 achieved at least the week 24 of treatment.

**SAFETY**

6.6% (n=30) patients interrupted DRV therapy because of adverse events.

No episodes of hepatotoxicity.

**CONCLUSION**

In routine clinical practice, rescue DRV/r-containing regimens are well tolerated and achieve rates of virological suppression similar to those observed in pivotal clinical trials.

**CONCLUSION**

- DRV based HAART was well tolerated in HIV non-coinfected and coinfected patients with mild and moderate hepatic impairment.

**CONCLUSION**

- DRV based HAART was well tolerated in HIV non-coinfected and coinfected patients with mild and moderate hepatic impairment.