

PHARMACEUTICAL DEPARTMENT  
GARCIA DE ORTA HOSPITAL

# ONE YEAR TREATMENT EVALUATION IN A COHORT OF NAIVE PATIENTS: COMPLIANCE WITH NATIONAL AND INTERNATIONAL GUIDELINES



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## Background

DHHS (USA Department of Health and Human Services) Adult Antiretroviral Treatment Guidelines and Portuguese Governmental Guidelines were updated in 2012/2013. These recommend a non nucleoside reverse transcriptase inhibitors (NNRTI) as initial combined antiretroviral therapy and a ritonavir-boosted protease inhibitors (PI/r) as an alternative regimen which have an higher genetic barrier. Regimens based on thymidine analogues [Zidovudine AZT) are considered not recommended regimens based on tolerability and adverse reactions, however economic issues were taken into account in our hospital by choosing a protocol with AZT/lamivudine(3TC)/LPV/r(lopinavir/ritonavir).

## Results

The mean age was 42 years old and 48 patients (66.7%) belonged to the male gender. At enrolment, 9 patients (12.5%) didn't have drug resistance test recorded in their clinical charts and 5 (7%) had mutated resistant virus strains. The mean CD4 count was 231 cells/ $\mu$ L and mean viral load was 323115 copies/mL. Among the 72 patients, 21 (29%), 14(19%) and 37(51%) started a recommended, alternative and not recommended treatment respectively. None of the patients that received recommended regimen had changed the therapeutics or had virological failure. The most common prescribed regimen was LPV/r+3TC+AZT 59.7% (43 patients) and was not associated with higher mortality or poor compliance, with less 3000 Euros/patient/year, a potent virological efficacy (100%) with only 19% of adverse effects due to AZT(8 patients). Mean therapeutic compliance was 93%.

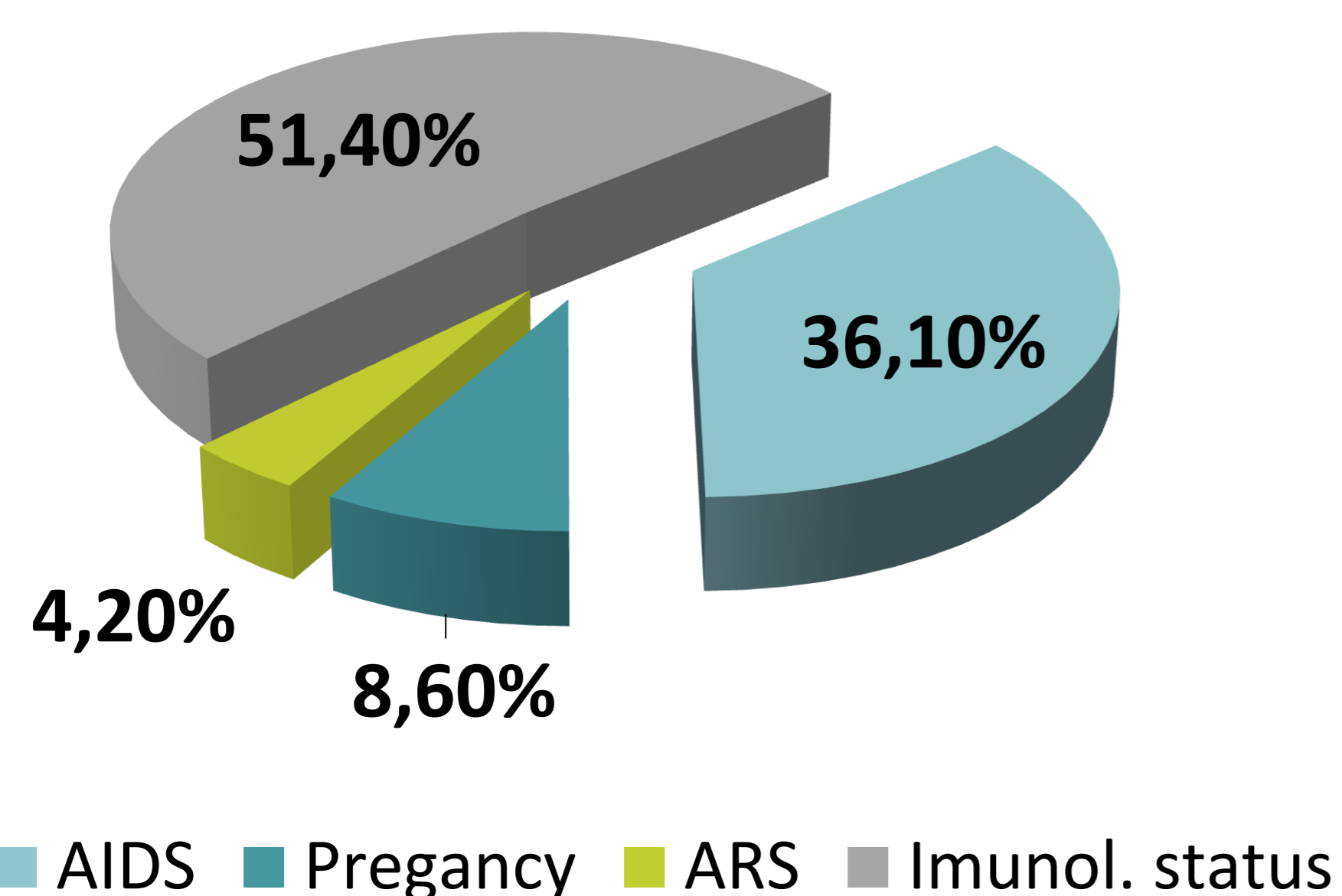


Figure 1. Initiation of antiretroviral therapy

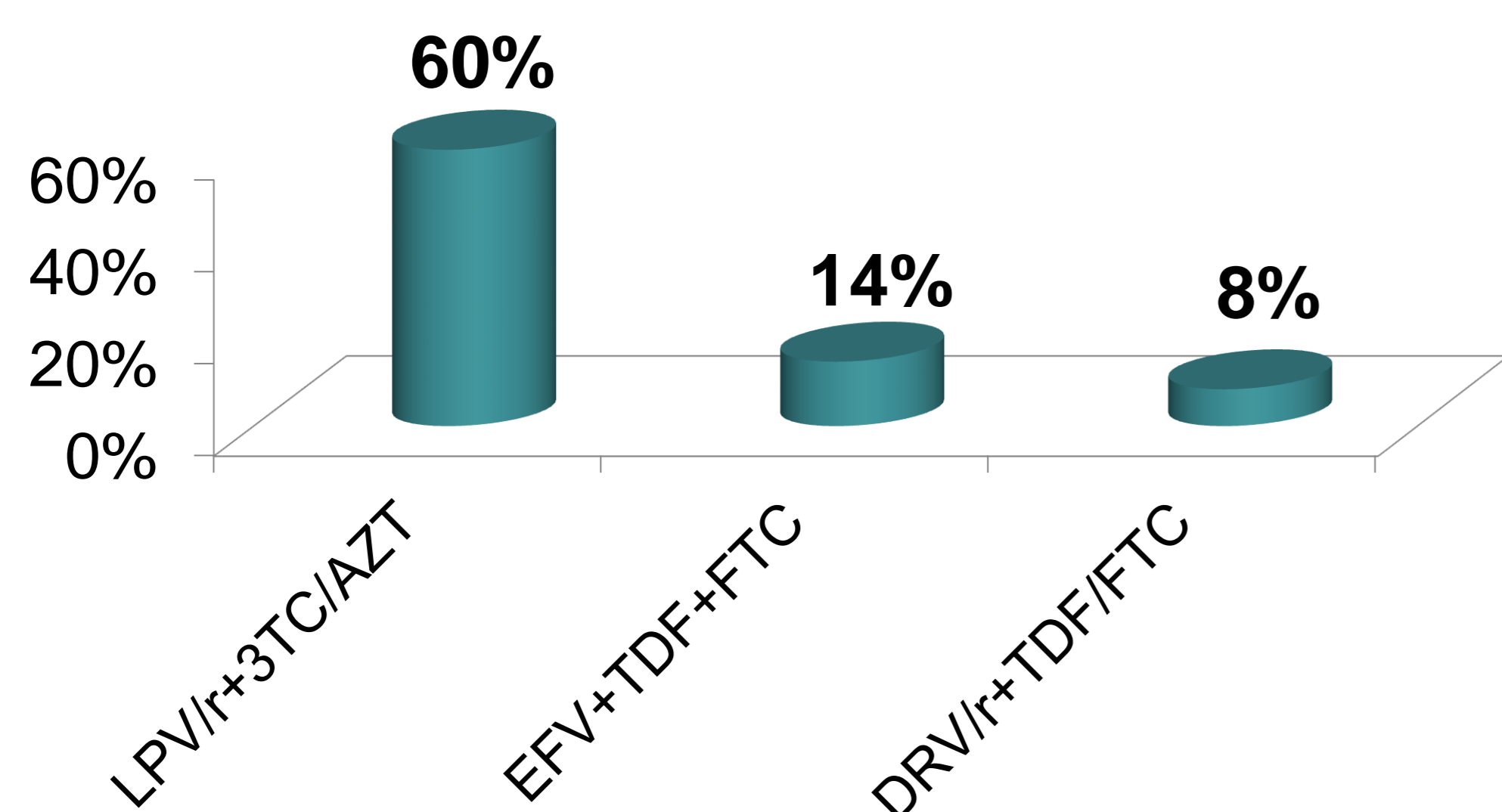


Figure 3. Selected initial schemes

## Conclusions

Not adherence to guidelines doesn't have a negative impact on virological and clinical outcomes. Given the severe budget restraints we had decided to maintain the existing protocol in our hospital.

## Aim

Evaluate the percentage of patients treated according to the guidelines, assess the impact on mortality, virological and immunological response with both regimens (recommended and non recommended) and direct associated costs. It was also checked patients compliance by analyzing pharmacy electronic files.

## Methods

It was conducted an observational retrospective study (medical records) including 72 HIV-positive naïve subjects aged over 18 years who started antiretroviral therapy from January to December 2011. We checked patient electronic clinical files during one year. First prescribed treatment, further treatment changes, virological and immunological status before and after 6 months treatment were assessed. Treatments were classified as recommended, alternative or not recommended according to guidelines. Virological response was defined as undetectable viral load after 6 months of treatment.

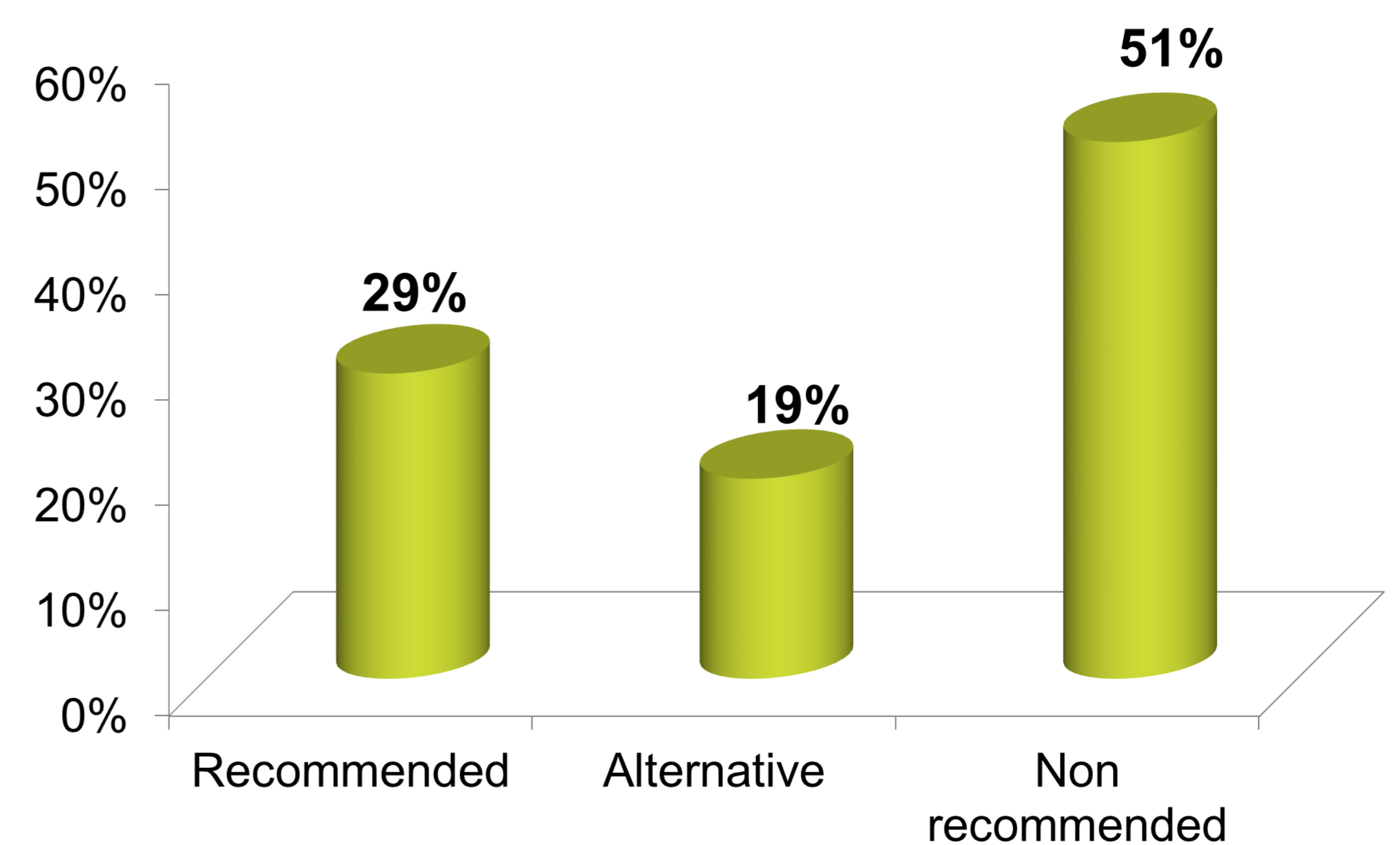


Figure 2. Standards regimens according DGS n° 027/2012 , 27/12/2012

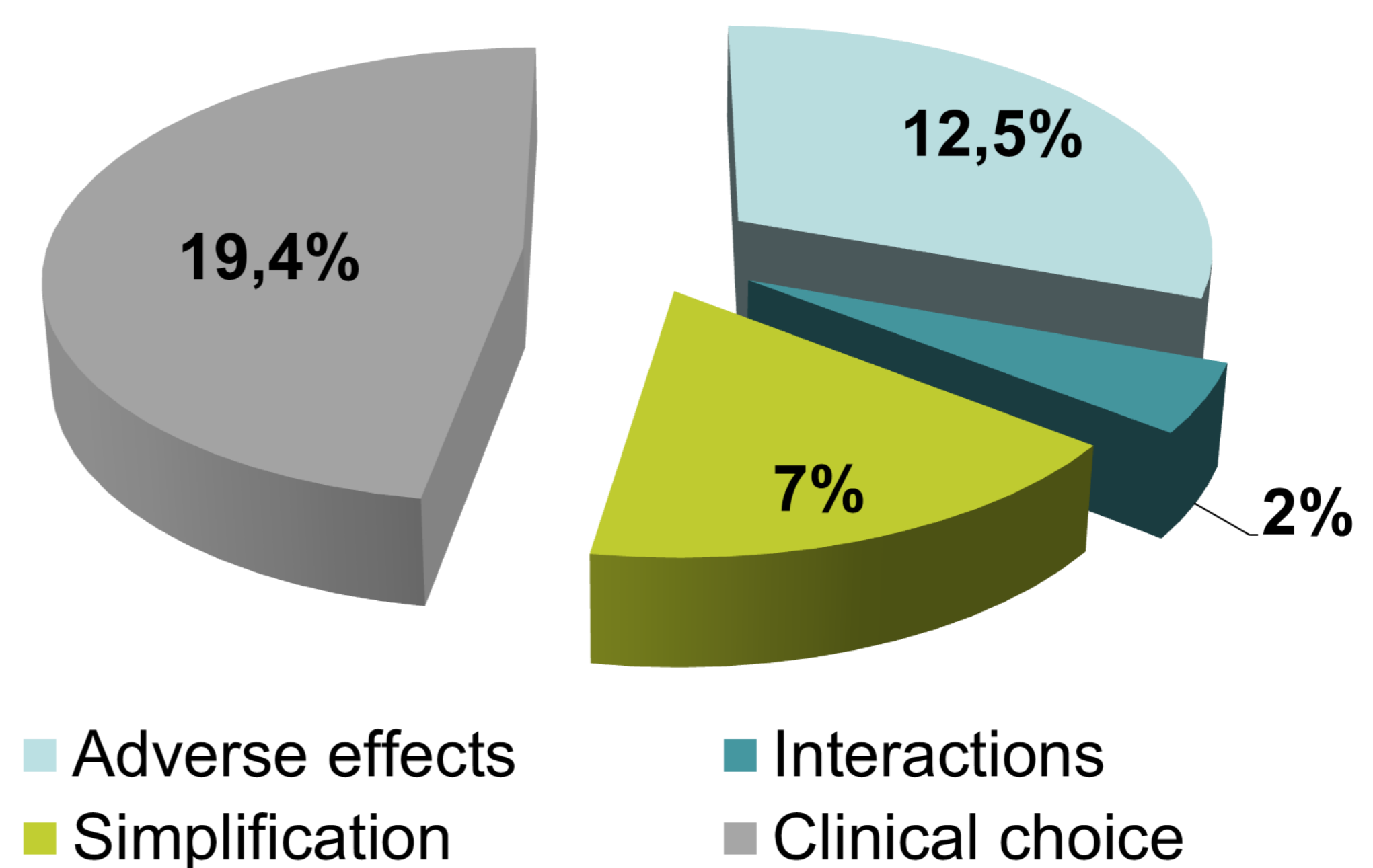


Figure 4. Changes in therapeutic regimen

## Bibliography

<http://aidsinfo.nih.gov/guidelines> 24/05/2013

Norma da DGS. n° 027/2012 de 27/12/2012