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ePoster Viewing

Virology: AIDS and HIV infection

Reasons for discontinuation of antiretroviral drug among HIV-infected Thai individuals who are under the national AIDS programme

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Objectives: Highly active antiretroviral therapy (HAART) decreases the morbidity and mortality in HIV-infected patients significantly. However, the rate of stopping or changing antiretroviral regimen has been increasing reported due to drug adverse events, treatment failure, and patient adherence. We aimed to identify reasons of, factors associated with, and examine the outcomes of discontinuation and/or change of initial HAART in HIV-infected Thai patients who are under the National AIDS Program.

Methods: A retrospective cohort study was conducted. We enrolled adult antiretroviral-naive Thai patients who were initiated HAART under the National AIDS Program between 1 January 2008 and 1 January 2013 at Ramathibodi Hospital, Bangkok, Thailand. Discontinuation of initial HAART regimen was defined as changing or stopping any drugs in the regimen for at least 30 days. Characteristics of the patients who experienced discontinuation of the initial HAART regimen and who did not were compared. Factor associated discontinuation were determined by logistic regression analysis.

Results: A total of 200 HIV-infected patients were included in the analysis. Median (interquartile range; IQR) age at HIV infection diagnosis was 40 (20-74) years old, 68.5% were males, and 60.5% had heterosexual risk. Median (IQR) baseline CD4 count and HIV RNA were 152 (43-287) cells/mm³ and 54,378 (14,200-174,085) copies/mL, respectively. The three most common initial HAART regimens were zidovudine (AZT) + lamivudine (3TC) + nevirapine (NVP) (43.5%), stavudine (d4T) + 3TC + NVP (34.0%), and tenofovir disoproxil fumarate (TDF) + 3TC + efavirenz (EFV) (10.5%). Overall median (IQR) follow up duration was 152 (108-216) weeks. There were 151 (75.5%) patients discontinued his/her initial HAART regimen. The reasons were drug adverse effects (45.7%), changing the national guidelines (30.5%), virological failure (8.6%), and other causes (15.2%), such as poor adherence, patient's decision, hospitalization, and had new opportunistic infection. Associated factors for drug discontinuation were received d4T [odds ratio (OR) 26.0; 95% confidence interval (CI) 4.75-53.54, p<0.001] and received NVP (OR 2.92; 95% CI 1.42-6.02, p=0.04).

Conclusions: A significant proportion of HIV-infected Thai patients who are under the National AIDS Program experienced initial HAART discontinuation. Not clinical characteristics of the patients but having d4T or NVP in the regimen are associated with discontinuation of therapy. Initiation d4T and/or NVP should be avoided in HIV-infected Thai patients to minimized risk of treatment discontinuation which may relate to poor treatment outcomes.