

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



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Background

- Highly active antiretroviral therapy (HAART) has become to standard treatment for HIV-infected patients
- Rate of stopping or changing antiretroviral regimen has been increasing reported
- Several reasons: drug adverse events, treatment failure, and adherence

Objectives

- To explore the proportion and the reason of initial HAART discontinuation among HIV-infected Thai patients who are receiving HIV care under the National AIDS Program

Patients and Methods

- Retrospective cohort study
- Inclusion criteria: aged ≥ 15 years, antiretroviral naïve, initiated HAART under the National AIDS Program between January 2008 and January 2013, were followed up at least 1 year after initiation first-line HAART
- Only exclusion criterion: pregnancy
- Logistic regression was used to determine factors associated with initial HAART discontinuation

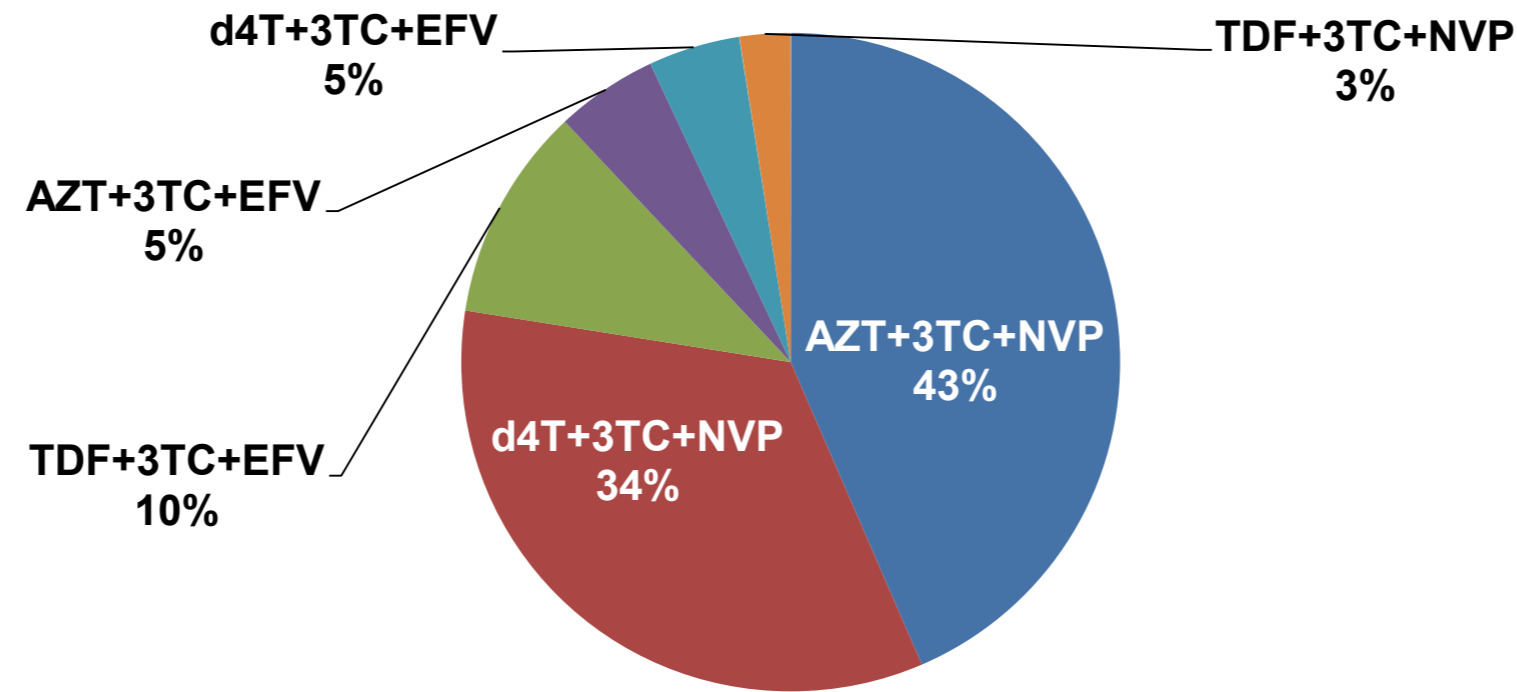


Figure 1 The initial HAART regimen in 200 HIV-infected patients

Table 1 The reasons of discontinuation of initial HAART regimen in 151 HIV-infected patients

Reasons	N (%)
Short-term adverse effects from antiretroviral drug, n (%)	34 (22.5)
Rash/hypersensitivity	31 (20.5)
Others	3 (2.0)
Long-term adverse effects from antiretroviral drug, n (%)	35 (23.2)
Neuropathy	7 (4.7)
Hyperlipidemia	2 (1.3)
Abnormal complete blood count	8 (5.3)
Abnormal liver function tests	2 (1.3)
Lipodystrophy	16 (10.6)
Switching according to Thai national guidelines, n (%)	46 (30.5)
Virological failure, n (%)	13 (8.6)
Unknown, n (%)	9 (6.0)
Poor adherence, n (%)	7 (4.7)
Patient's decision, n (%)	3 (2.0)
Others, n (%)	4 (2.5)

Results

- 200 patients were included
- 68.5% male
- Median (IQR) age: 40 (20-74) years
- 60.5% had heterosexual risk
- Median (IQR) baseline CD4 count: 152 (43-287) cells/mm³
- Overall median (IQR) follow up duration: 152 (108-216) weeks
- 151 (75.5%) patients discontinued their initial HAART regimen

Table 2 Factors associated with initial HAART discontinuation by multivariate logistic regression

Variables	OR	95% CI	p-value
Received d4T	15.11	4.48-51.04	<0.001
Received NVP	2.56	1.16-5.66	0.020

Conclusion

- A significant proportion of HIV-infected Thai patients who are under the National AIDS Program experienced initial HAART discontinuation
- Initiation d4T and/or NVP should be avoided in HIV-infected Thai patients to minimized risk of treatment discontinuation

Abbreviation: 3TC: lamivudine, AZT: zidovudine, CI: confidence interval, d4T: stavudine, EFV: efavirenz, IQR: interquartile range, OR: odds ratio, NVP: nevirapine, TDF: tenofovir disoproxil fumarate