Dual Antiretroviral Therapy in a Treatment Experienced HIV Cohort

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Background

- Dual boosted protease (PI/r) based therapy, i.e. PI/r + 1 agent from another class, (DT) is not a recommended strategy1.
- Small studies have shown good virological efficacy and it is sometimes used in clinical practice where treatment options are limited due to resistance or toxicity.
- We aimed to describe the characteristics, indications and outcomes of those prescribed DT.

Methods

- Patients attending the Mortimer Market Centre, London prescribed DT between 1999 and 2012 were identified using electronic patients records.
- Patient demographics and clinical characteristics were collated.
- The number of virological failures, cumulative resistance, number of previous regimens, reasons for DT and rates of viral load suppression were collected.

Results

Patient Demographics

- 132 (77% male) patients identified
- Median (range) age 49 (17-73) years
- 36% had a history of an aids-defining illness.
- 78% ART-experienced; median prior regimens 3 (range 0-11)

We demonstrate that DT is an efficacious, well tolerated and useful alternative strategy in those for whom standard ART is not an option due to resistance or toxicity.

Careful monitoring is required particularly with those with prior resistance to avoid the risk of accumulating further mutations.

Discussion

- We demonstrate that DT is an efficacious, well tolerated and useful alternative strategy in those for whom standard ART is not an option due to resistance or toxicity.
- Careful monitoring is required particularly with those with prior resistance to avoid the risk of accumulating further mutations.