Why do patients switch therapy?

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Background

• Despite improvements in ARV therapy, many patients still change regimens
• Previous study in our HIV cohort (2006) predicted annual switch rate of 20%

Purpose of this study

• Determine rate and reasons why patients switch
• Identify which ARVs are commonly implicated in toxicity switches
Methods

• All patients who switched ARVs during an 18 month period (1st December 2009 and 31st May 2011)

• Reasons why patients switched were investigated

• Toxicity/adverse events recorded and which ARV was potential cause

Results

• 6211 pts on ARVs over 18 month period

• 923 regimens switched in 722 pts (12%) → 17% of switchers on treatment ≤ 6 months

• Annual switch rate of 8% cf 20% in 2006
Reasons for switching ARVs

Current

- Toxicty: 49%
- Simplication: 16%
- Virological Failure: 8%
- Other: 8%
- Drug Interaction: 4%

In 2006....

- Toxicty: 61%
- Simplication: 13%
- Virological Failure: 14%
- Other: 16%
- Drug Interaction: 4%

Toxicity switches

- 452 switches due to toxicity/perceived toxicity

- EFV (27%)
- 3TC (16%)
- CDK (16%)
- Lopinavir (10%)
- Traz (10%)
- TDF (7%)
- Other (8%)

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Conclusions

- Rate of switching therapy is declining with newer agents
- Toxicity remains a principal reason for ARV switches
- Drug, patient and clinician factors are all important
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