Methods

- Patients switching to a single protease inhibitor (PI) or another ARV (excluding PI) from 2004 to 2011 were included if they were identified from our HIV database.
- Treatment history and indication for switch were identified.
- Virological outcomes were assessed for those with the potential for 96 weeks or more follow up using snapshot analysis (+/-10 weeks).
- Single switch of PI or other drug was allowed if maintained PIAT. Patients prescribed PIAT as their first ART regimen were excluded from this analysis.
- Outcomes at 144 weeks were analysed for those with sufficient follow up.

Results (2)

- In the main PIAT is being utilised for a selected group of patients who are virologically suppressed with good CD4 counts and have extensive prior ART exposure, but not necessarily extensive resistance (table 1).
- There are a wide range of indications for switching to PIAT, however 29% (39/133) of the defined indications related to ART toxicity.
- Dual-PI based cART was the most common prior regimen (table 2), and likely reflects local prior prescribing practices.
- Although efravirin/darunavir/rit was the most prevalent PIAT regimen over the past 7 years (57%), the use of maraviroc has increased significantly since 2009.
- Maraviroc usage is likely driven by use of genotypic tropism determination, increasing experience with once daily dosing, and lower pill burden compared to other PIAT regimens.
- When switching to PIAT due to viral failure on PI-based monotherapy, 7/10 of VL<400c/ml.
- Virological outcomes are difficult to interpret in selected populations in clinical practice due to missing data.

Results (3)

- Indications for PIAT within our cohort were predominantly rationalisation of more complex regimens, or as a TDF-sparing strategy after renal impairment.
- Longer term outcomes in this selected population appear positive, however prospective clinical trials are required using specific PIAT regimens in a switch study are required.