

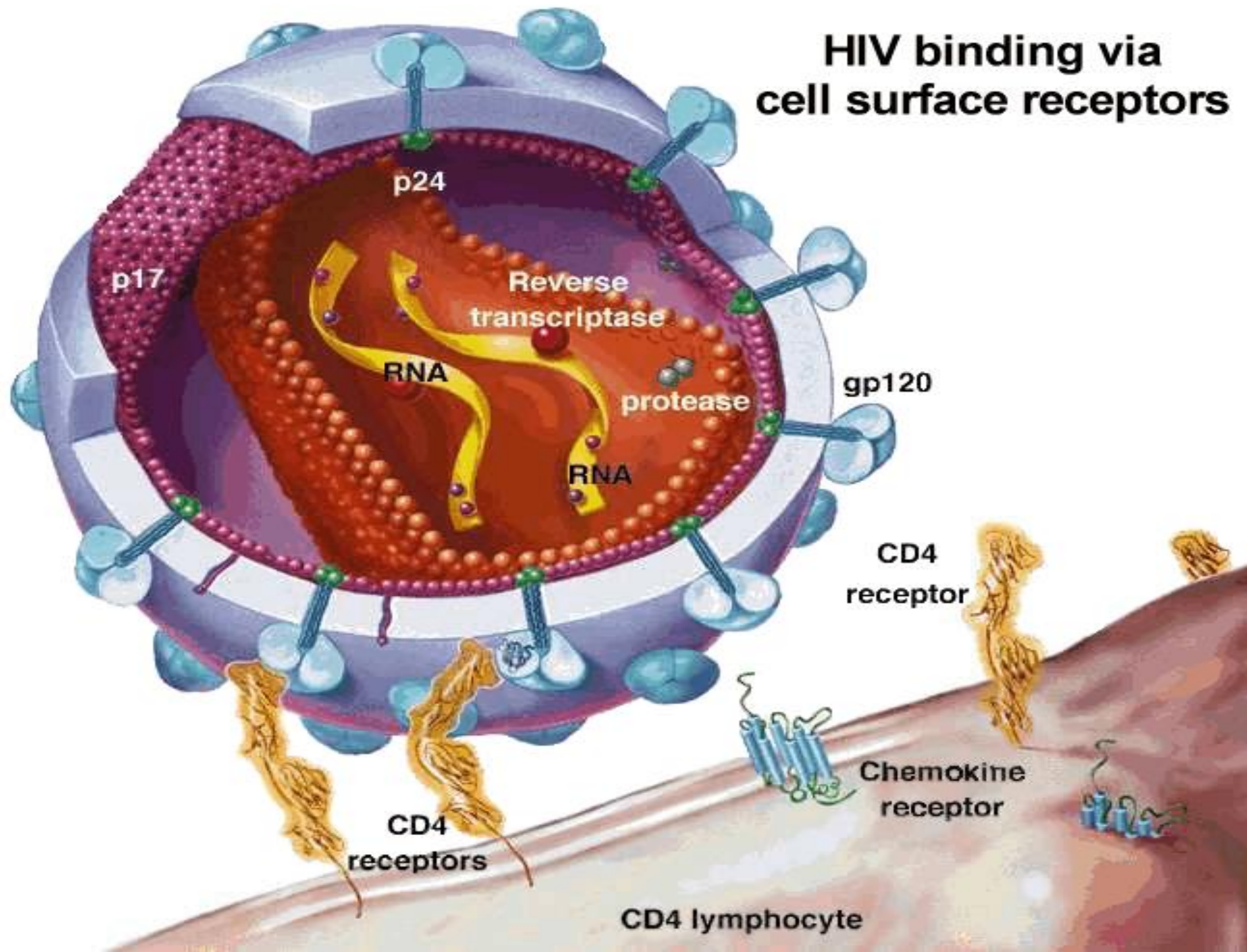
Corso AIDS 2016

PDTA – HIV Regione Veneto:

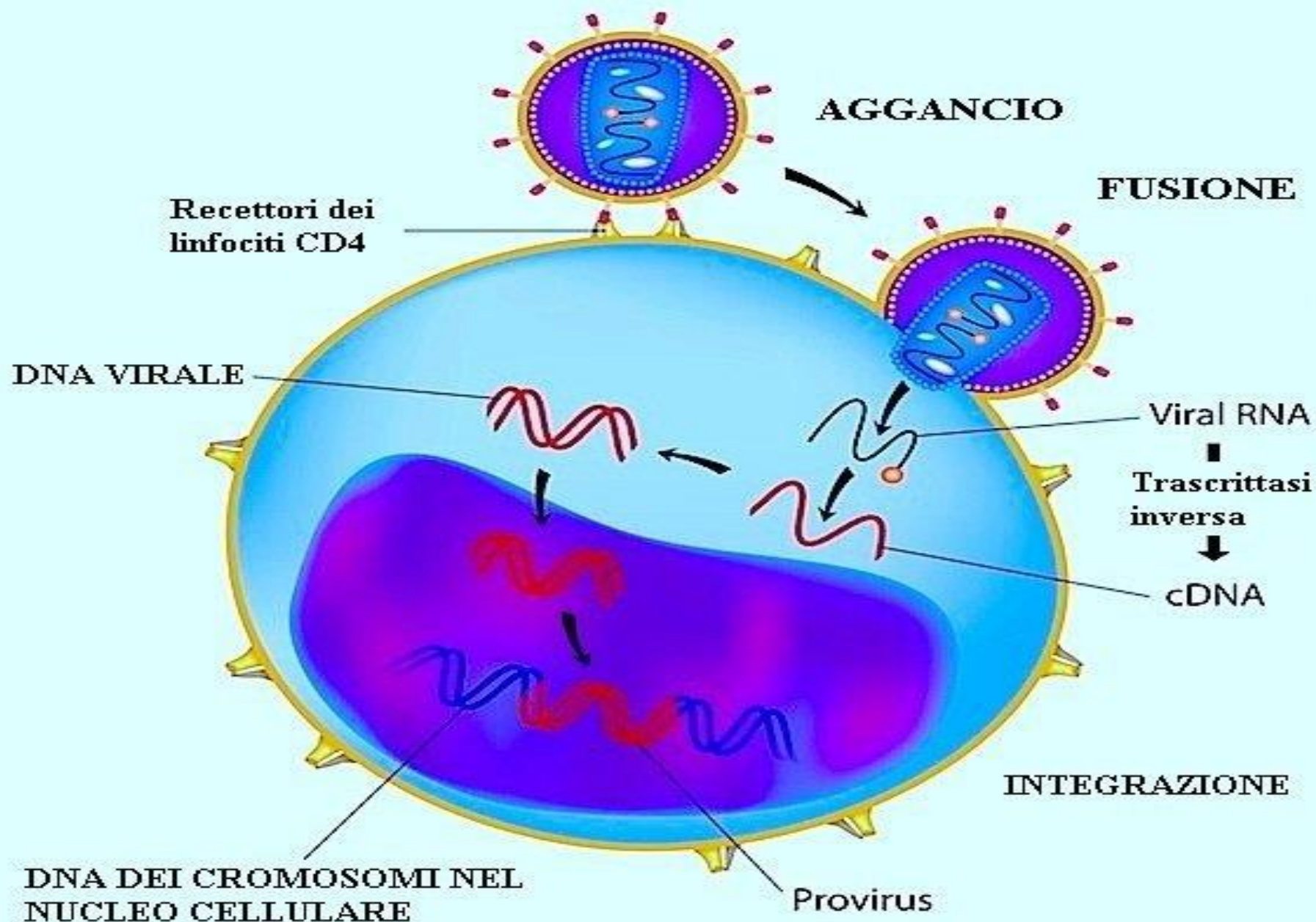
Trattamento di prima linea e aderenza alle cure

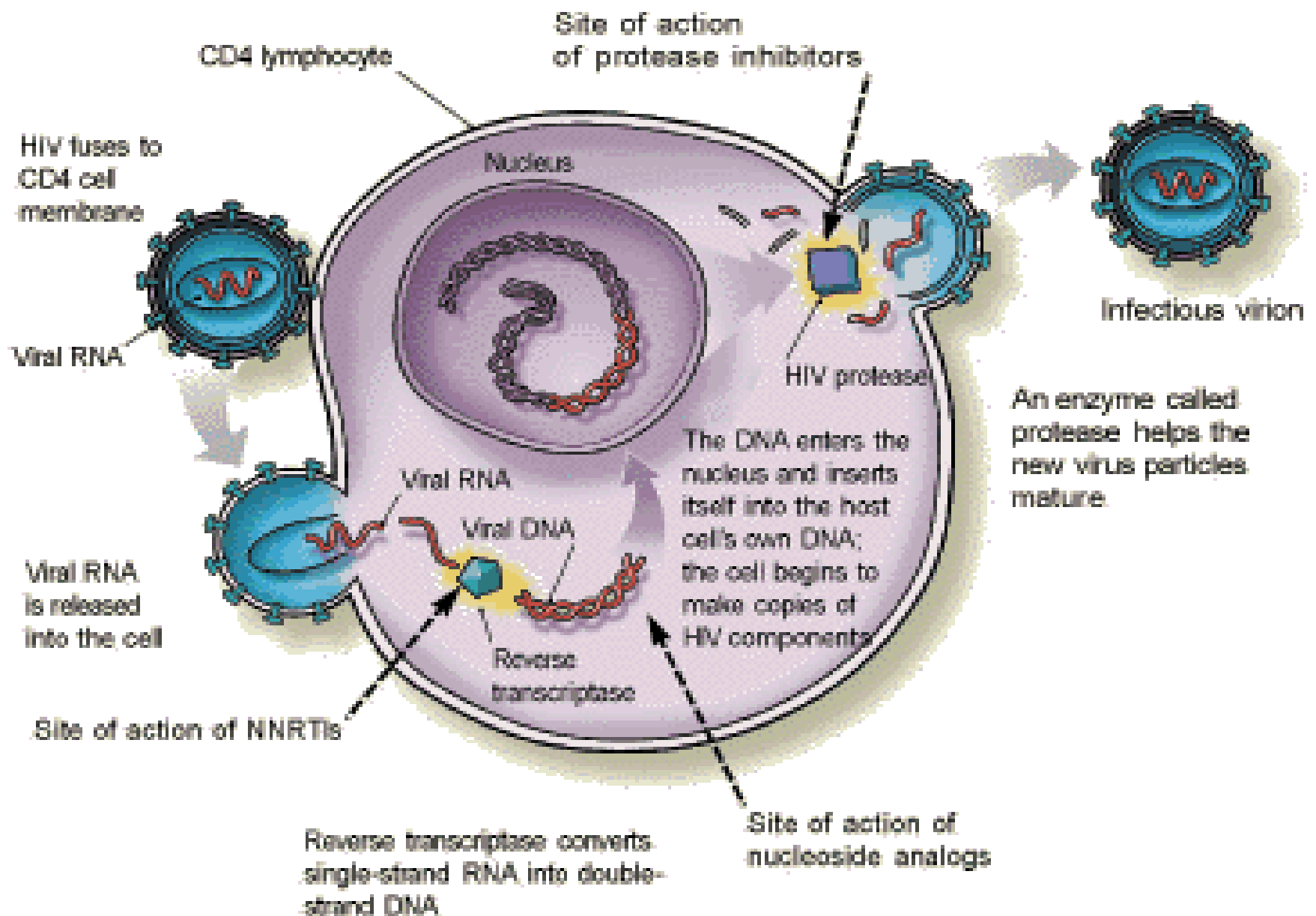


HIV binding via cell surface receptors



INGRESSO DELL'HIV NELLA CELLULA





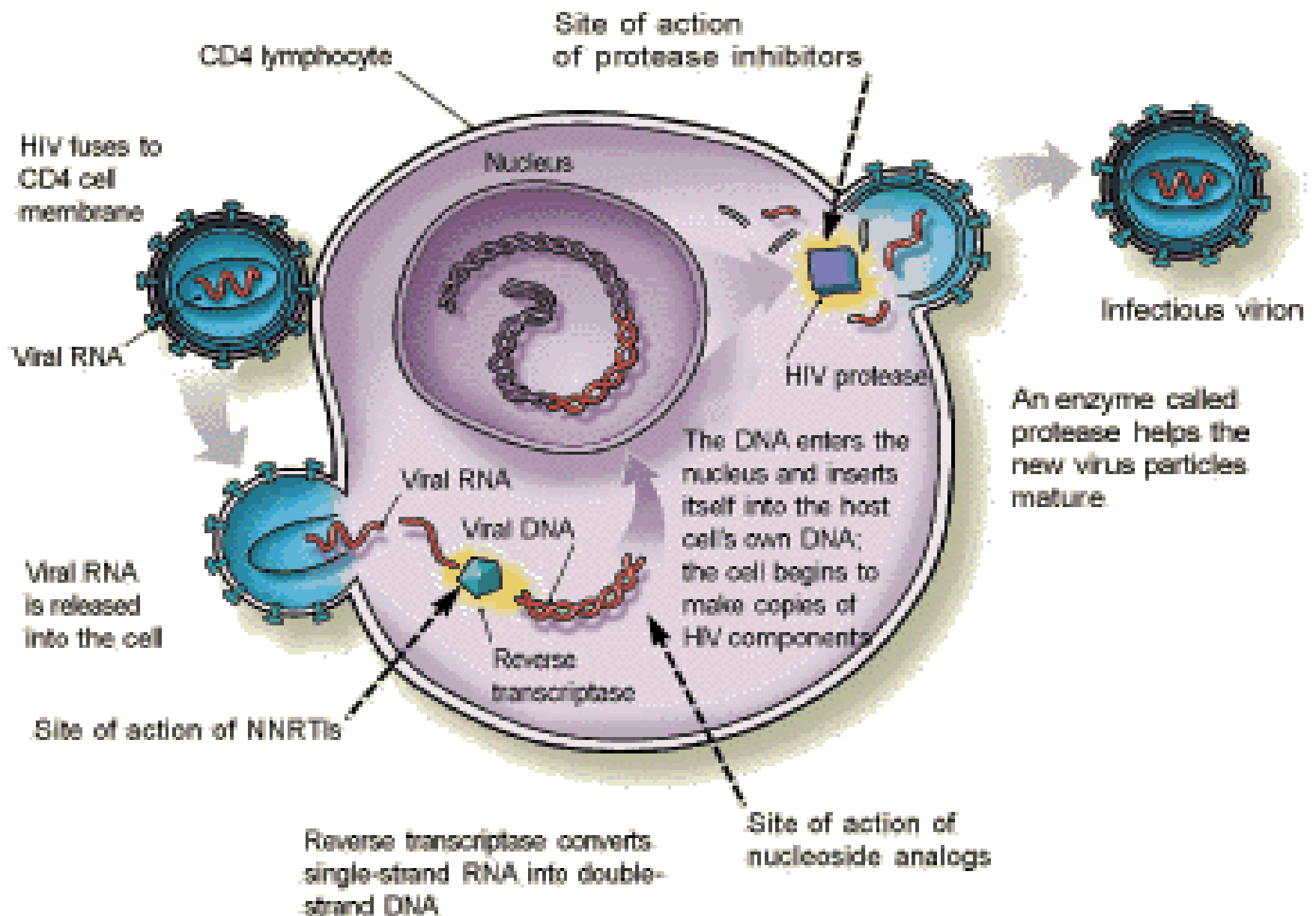


Regione del Veneto
Area Sanità e Sociale

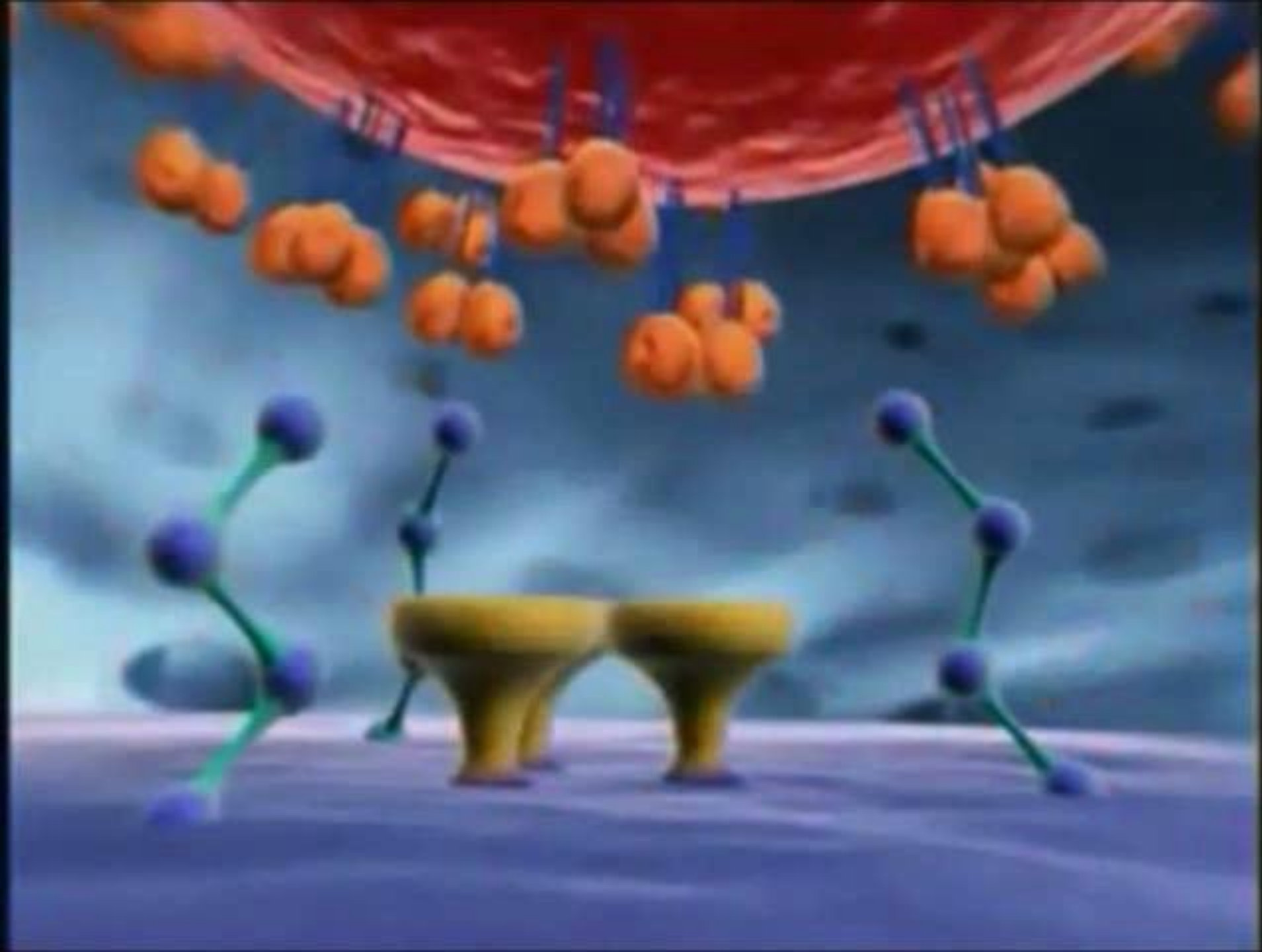
**Percorso Diagnostico Terapeutico Assistenziale
(PDTA) del paziente adulto affetto da infezione da
HIV/AIDS nella Regione Veneto – aggiornamento
a febbraio 2016**

A cura del Gruppo di Lavoro multidisciplinare sull'HIV

Data di redazione del documento: febbraio 2016



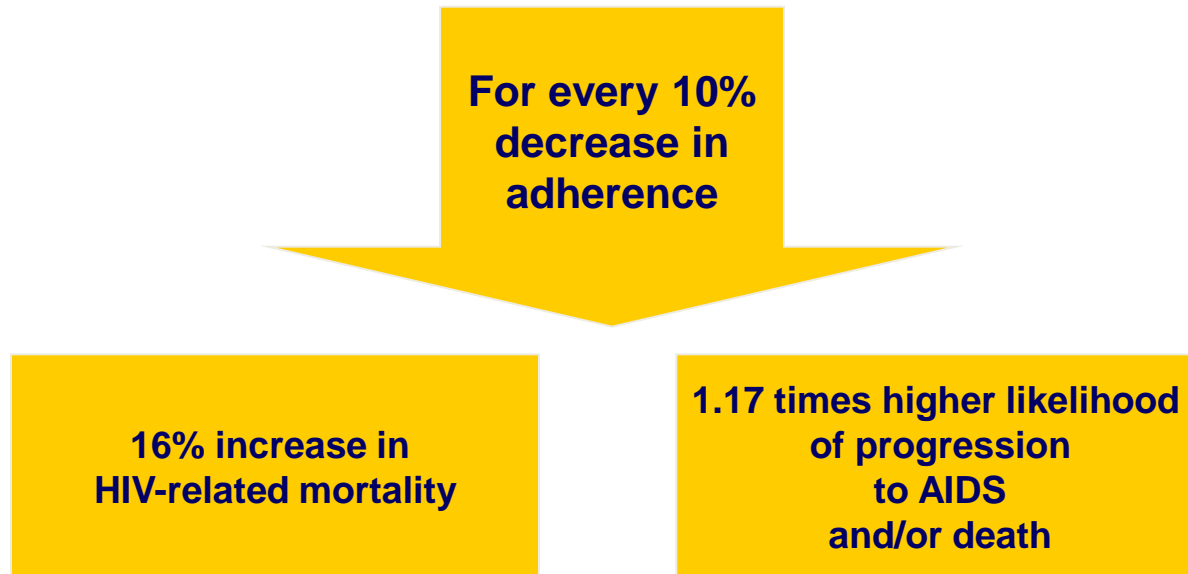




Reasons to consider treatment simplification

- Improve adherence, convenience, and quality of life
 - Reduce number of doses
 - Reduce number of pills
 - Reduce number of drugs
 - Reduce costs
- Many physicians fear simplification out of perceived risk of tolerability issues and loss of virologic suppression
- However, if simplification is not effective, reverting back to the previous regimen is an option if carefully managed

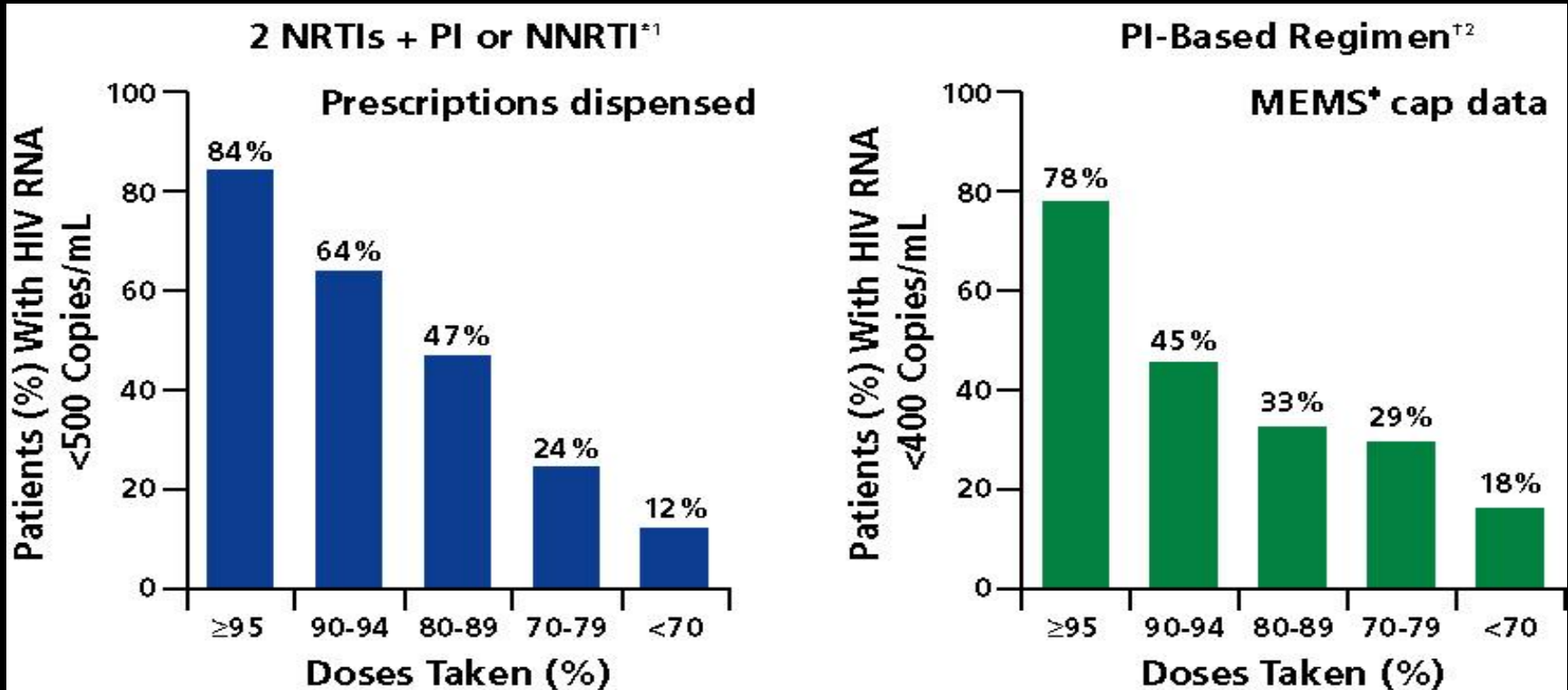
Adherence Impacts HIV-Related Mortality and AIDS Progression^{*1}



*Prospective, observational study of 950 ART-naïve patients treated with triple-combination therapy; adherence was estimated by prescriptions dispensed.

1. Hogg et al. 7th CROI 2000. Abstract 73.

Relationship between adherence and HIV suppression



*Series of 886 treatment-naïve HIV patients; CD4 cell count $<500 \times 10^6$ cells/L or plasma viral load >5000 copies/mL.

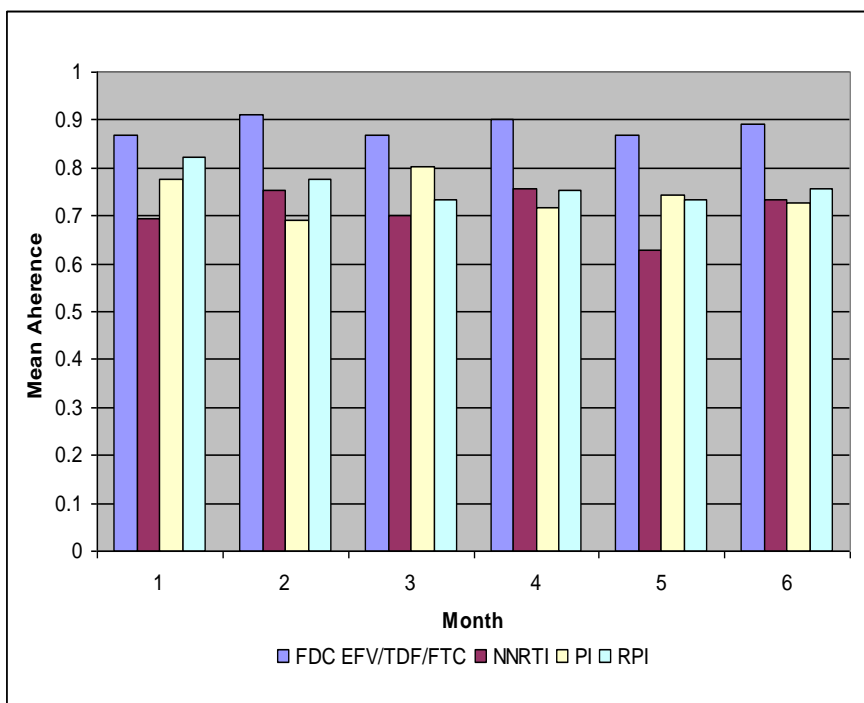
†Prospective, observational study of 81 HIV patients.

*MEMS, Medication Events Monitoring System.

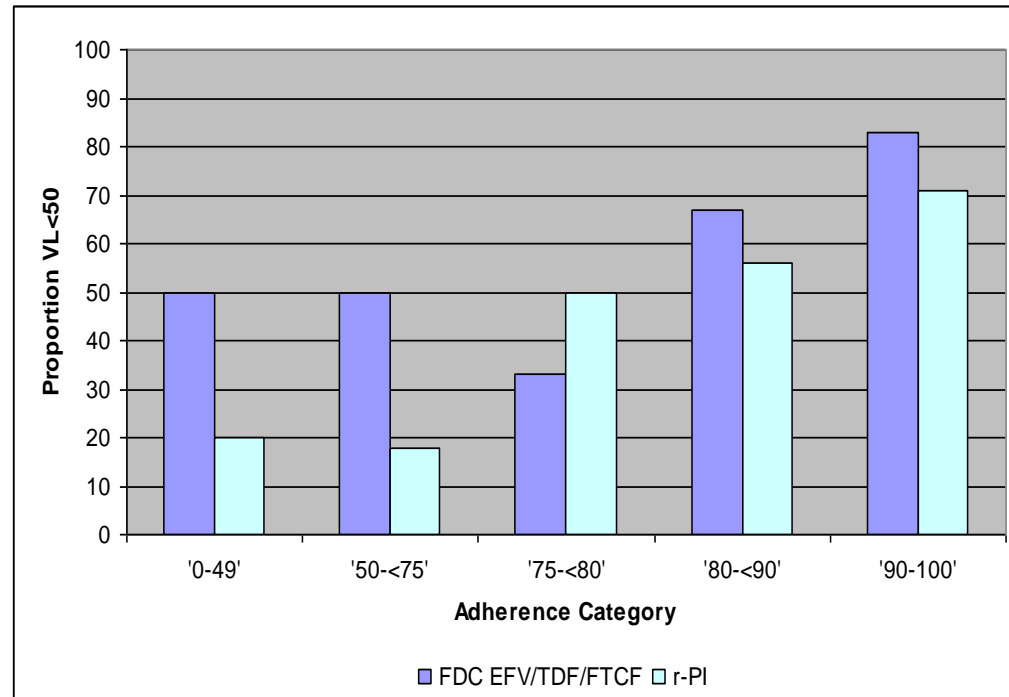
1. Low-Beer S et al. *JAIDS*. 2000;23:360-361. Letter.

2. Paterson DL et al. *Ann Intern Med*. 2000;133:21-30.

A single tablet regimen is associated with higher adherence and viral suppression than multiple tablet regimens in homeless and marginally housed individuals.

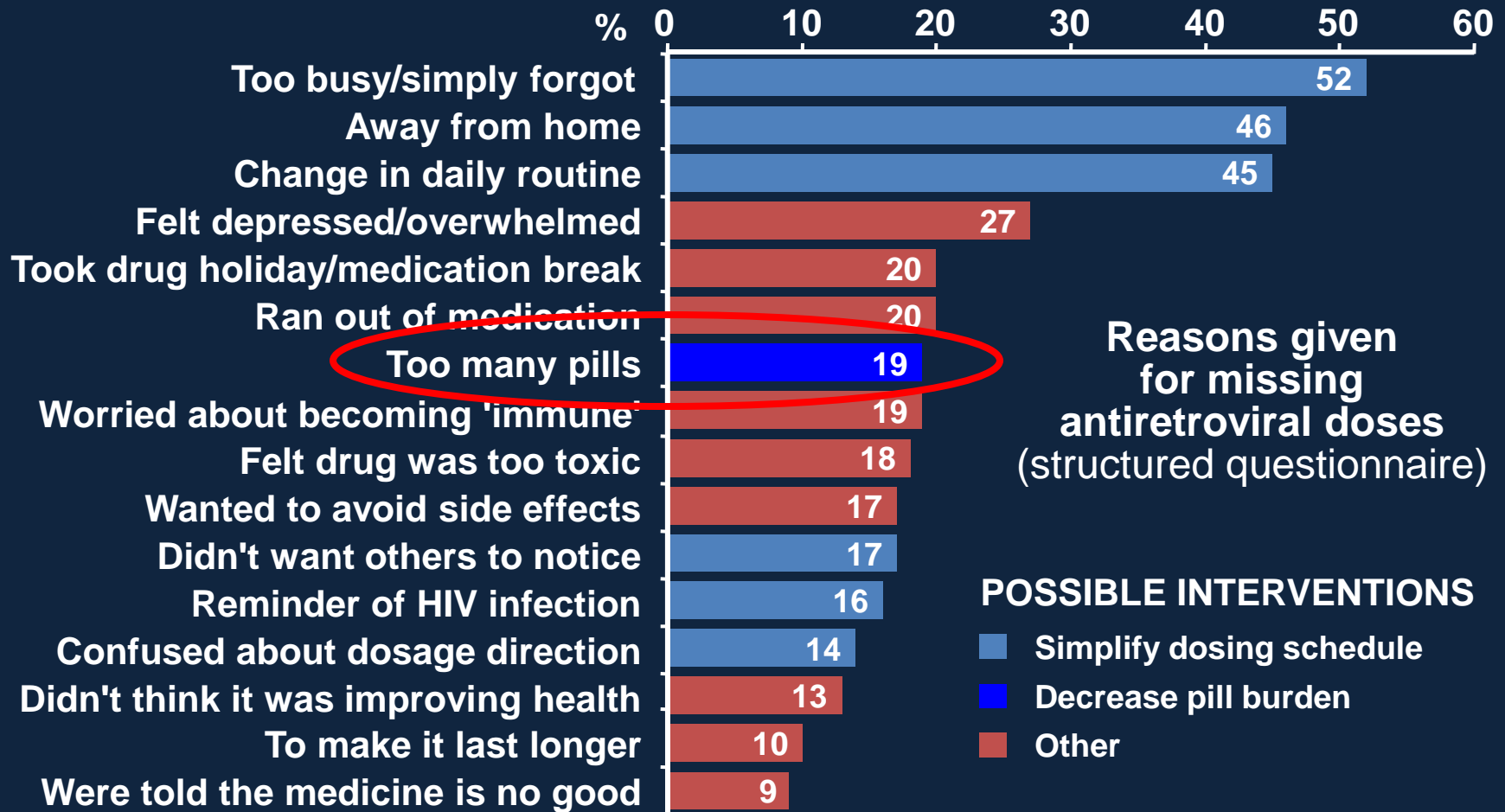


**Unannounced pill
count adherence**

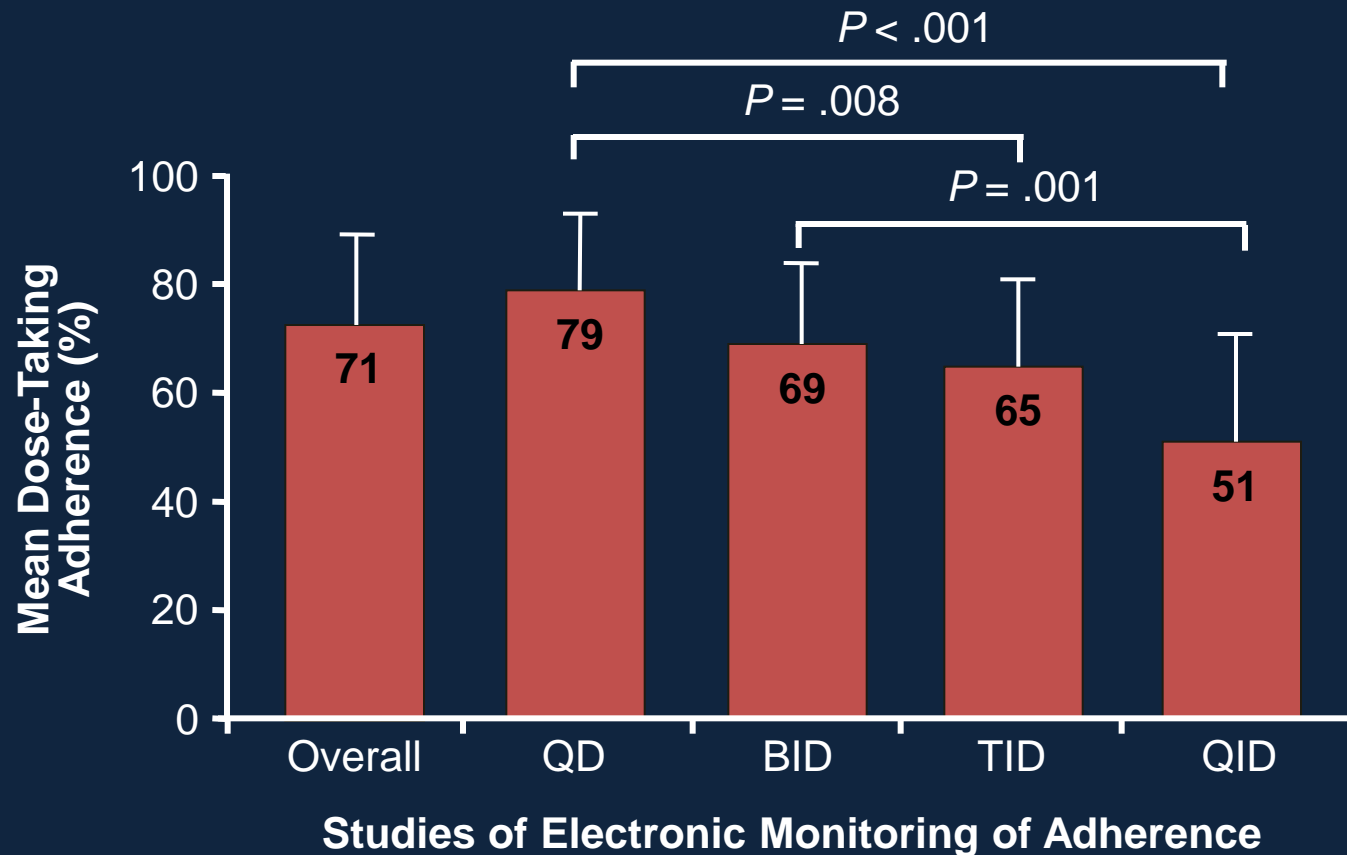


Proportion VL<50 c/ml

Why Do Patients Miss Doses?



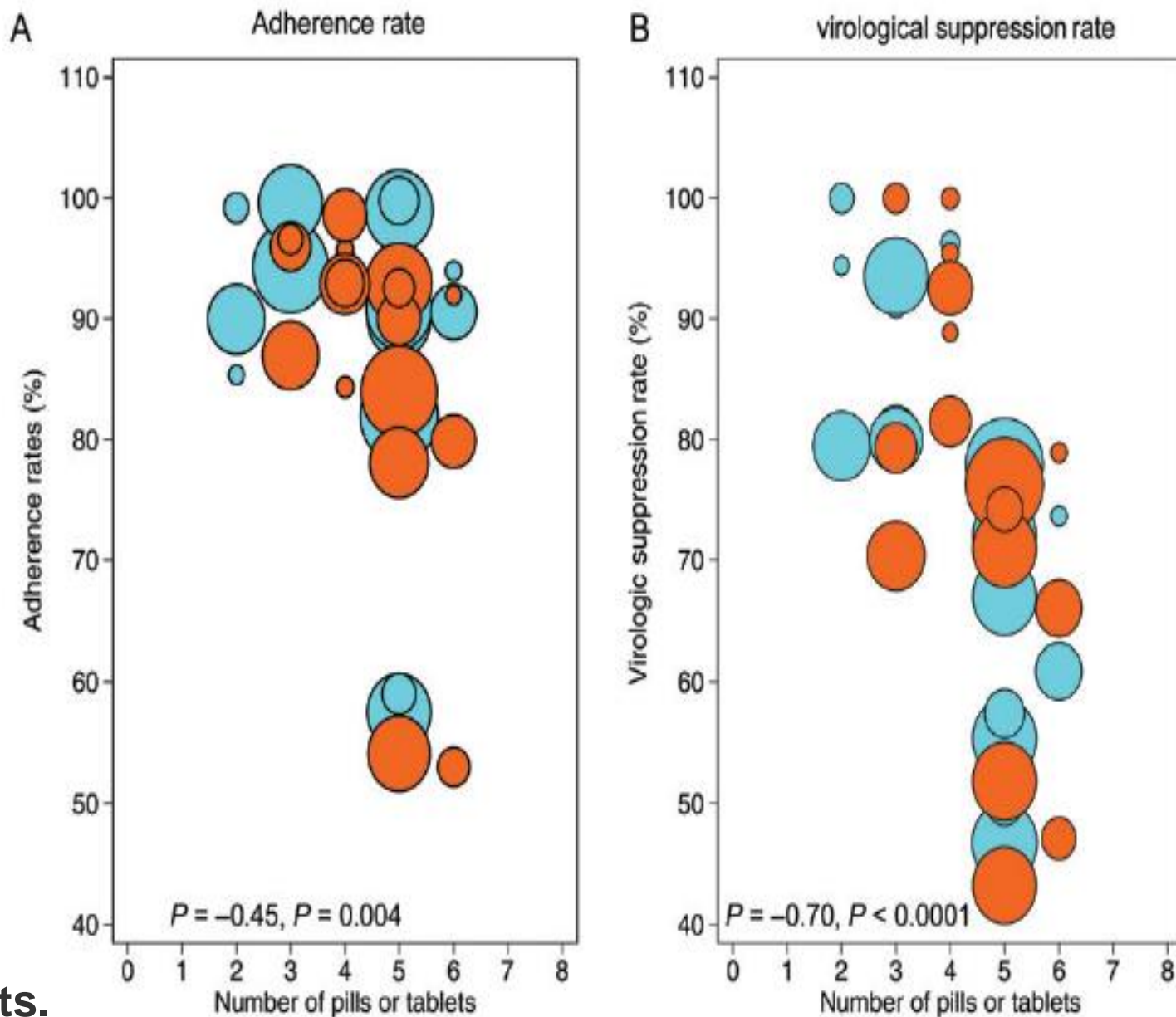
Adherence Inversely Related to Number of Doses per Day



Lower Pill Burden and Once-Daily Antiretroviral Treatment Regimens for HIV Infection: A Meta-Analysis of Randomized Controlled Trials

Jean B. Nachega,^{1,2,3,4,a} Jean-Jacques Parienti,^{5,6,a} Olalekan A. Uthman,^{7,8,9} Robert Gross,¹⁰ David W. Dowdy,² Paul E. Sax,¹¹ Joel E. Gallant,¹² Michael J. Mugavero,¹³ Edward J. Mills,¹⁴ and Thomas P. Giordano¹⁵

Clinical Infectious Diseases Advance Access published March 5, 2014



6312 pts.

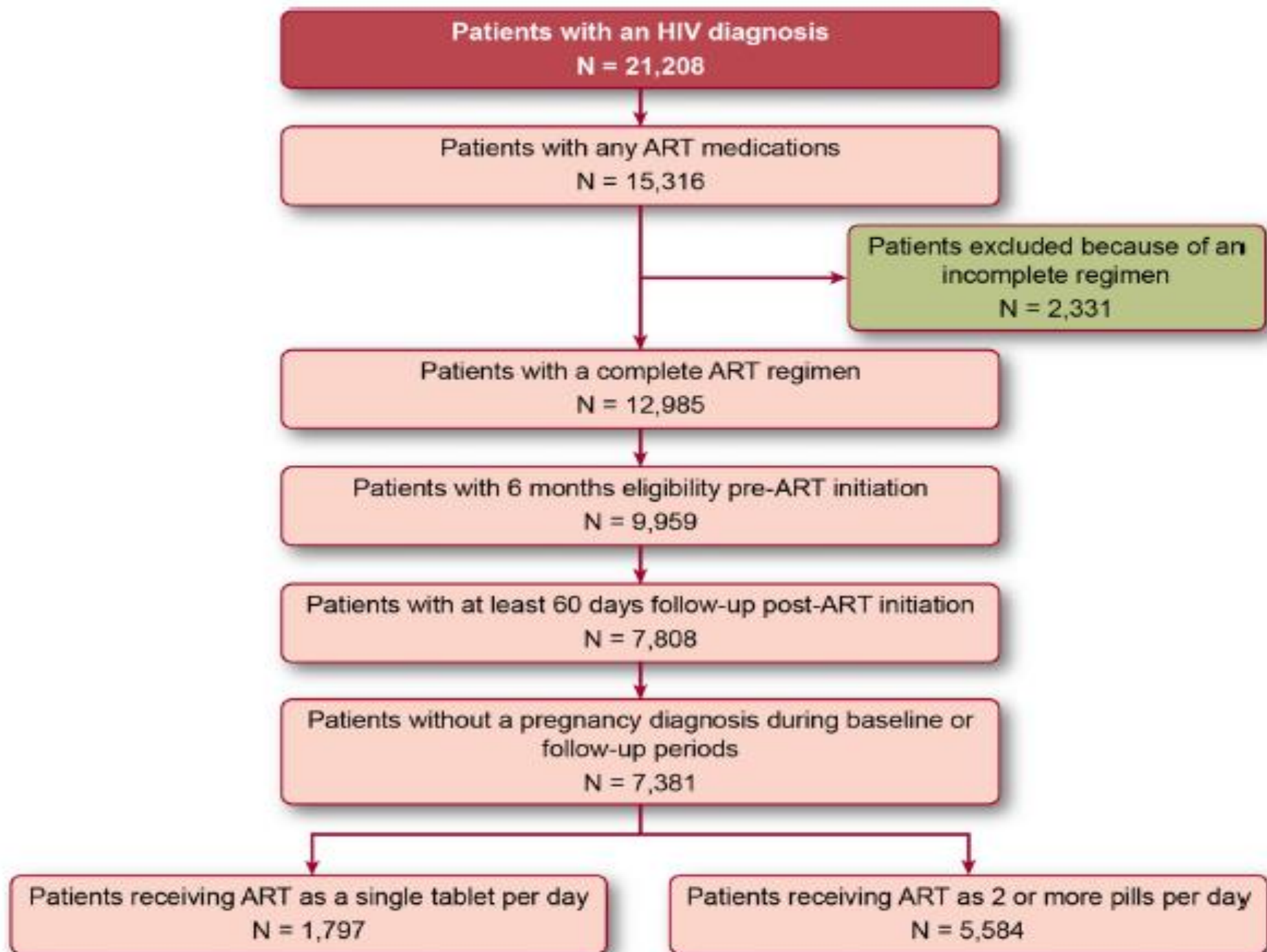
Figure 2. Antiretroviral therapy adherence rate, virological response, and pill burden. Area of circle is proportional to the sample size. Blue, once-daily regimens; orange, twice-daily regimens.

Cohen CJ, Meyers JL, Davis KL. *BMJ Open* 2013;3:e003028. doi:10.1136/bmjopen-2013-003028



Association between daily antiretroviral pill burden and treatment adherence, hospitalisation risk, and other healthcare utilisation and costs in a US medicaid population with HIV

Calvin J Cohen,¹ Juliana L Meyers,² Keith L Davis²



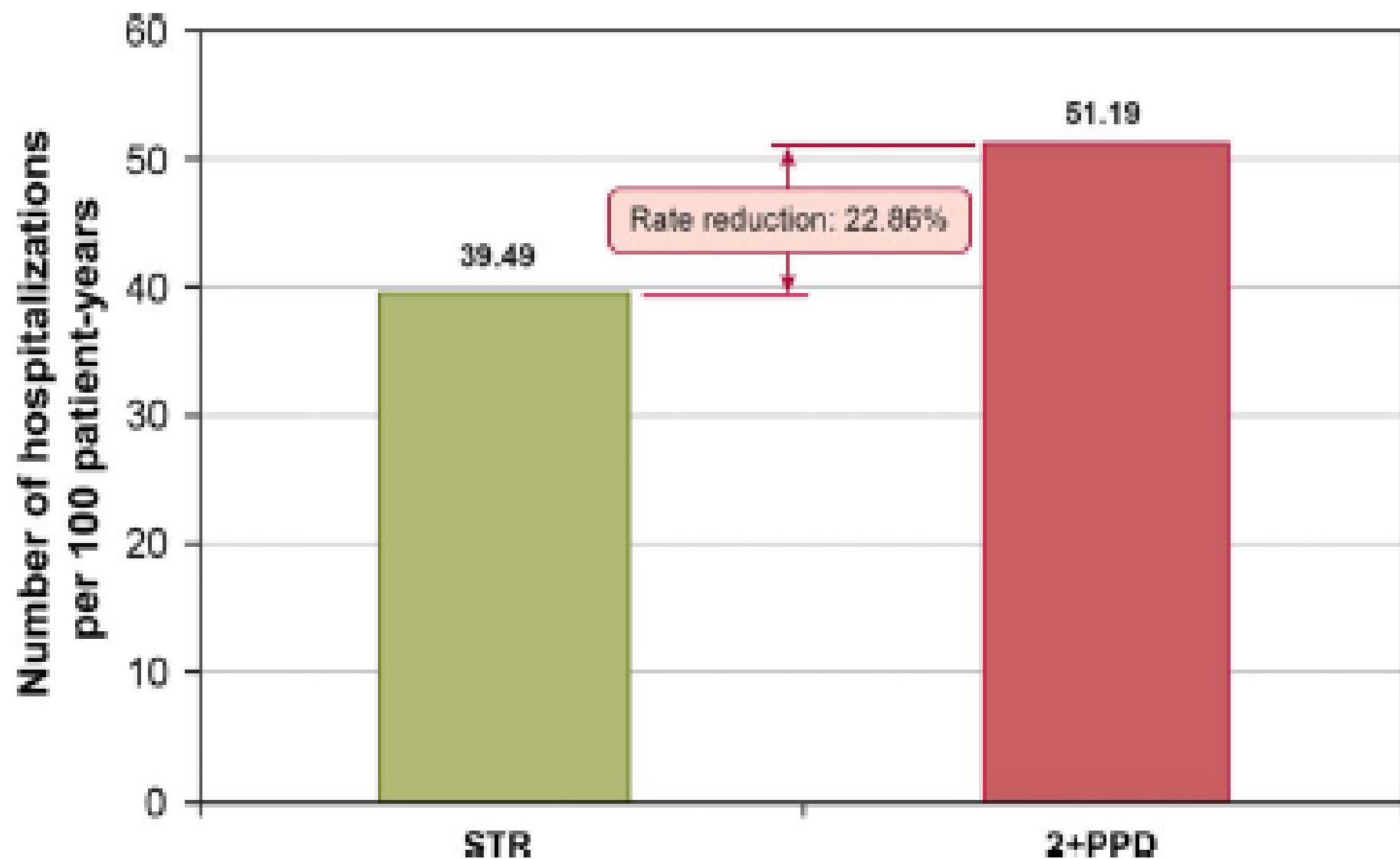


Figure 2 Adjusted rate of hospitalisations per 100 patient-years, by cohort.

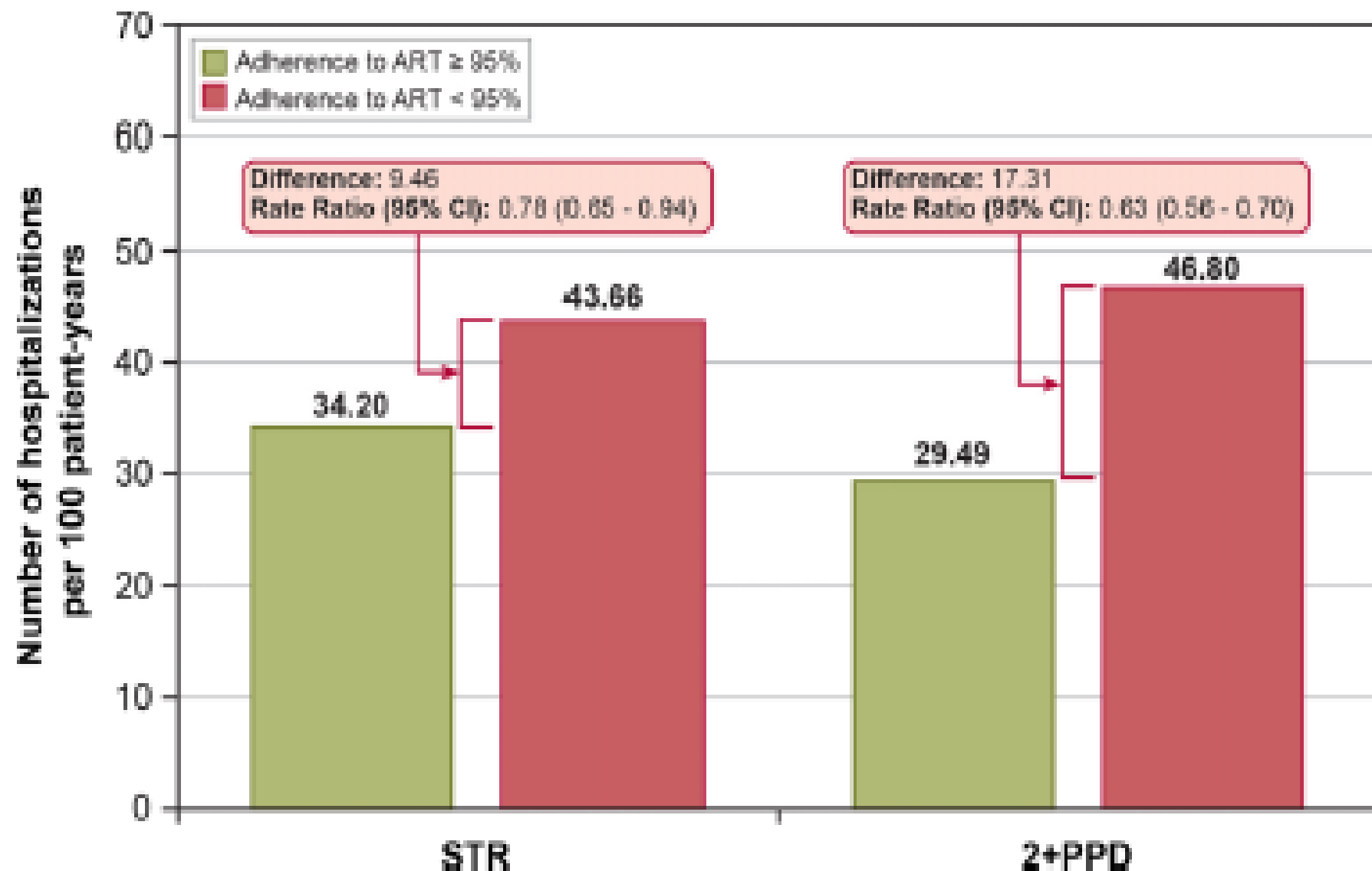


Figure 3 Hospitalisations per 100 patient-years, by cohort and adherence.

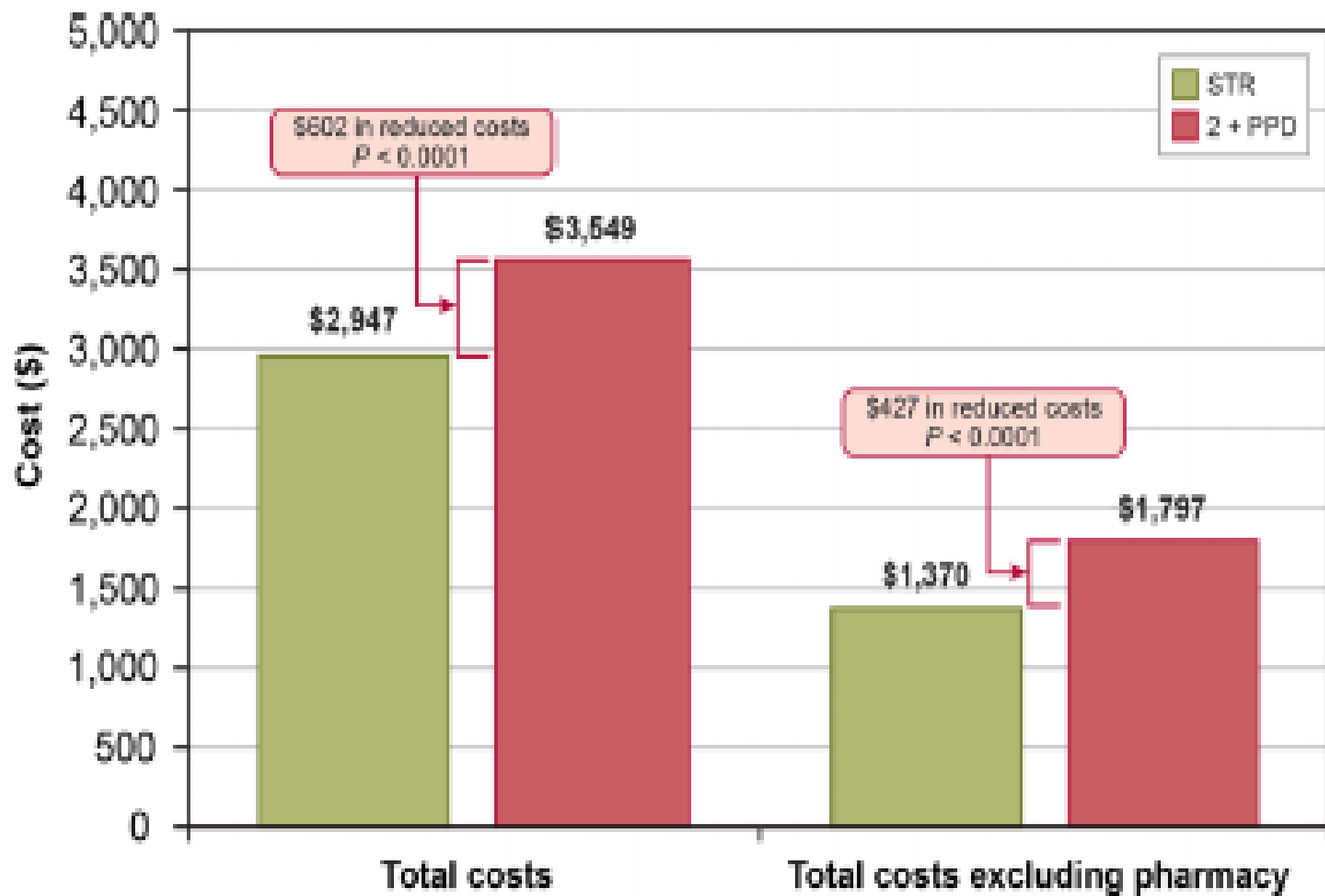


Figure 4 Adjusted monthly healthcare costs, by cohort.

Adherence to Antiretroviral Treatment and Correlation with Risk of Hospitalization among Commercially Insured HIV Patients in the United States

Paul E. Sax¹, Juliana L. Meyers^{2*}, Michael Mugavero³, Keith L. Davis²

1 Brigham and Women's Hospital, Boston, Massachusetts, United States of America, **2** RTI Health Solutions, Research Triangle Park, North Carolina, United States of America, **3** University of Alabama, Birmingham, Alabama, United States of America



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Patients with a HIV diagnosis
N = 29,168

**Eligible patients with any
ART medications**
N = 8,902

**Patients excluded due to
incomplete ART regimen**
N = 1,829 (20.5%)

- 14.7% of patients with no third agent (PI or NNRTI)
- 5.8% of patients with only one or no NRTI

**Final study sample
Patients with complete
ART regimen**
N = 7,073

**Patients receiving ART
regimen as single-pill-per-
day**
N = 2,365

**Patients receiving ART
regimen as 2 pills per day**
N = 411

**Patients receiving ART
regimen as 3 pills per day**
N = 4,297

ART = antiretroviral therapy; HIV = human immunodeficiency virus; NRTI = nucleoside/nucleotide reverse transcriptase inhibitor; NNRTI = nucleoside/nucleotide reverse transcriptase inhibitor; PI = protease inhibitor.

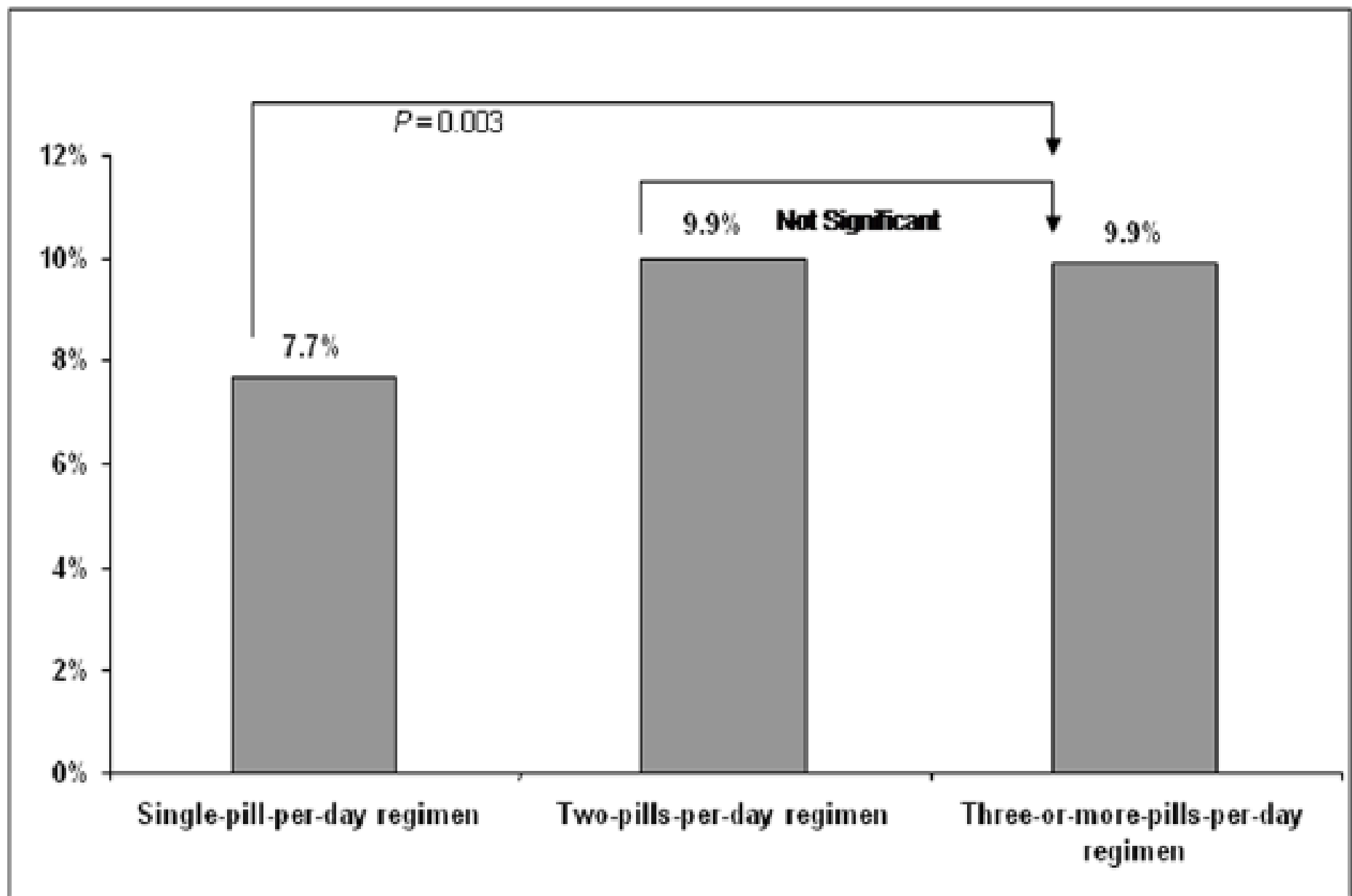
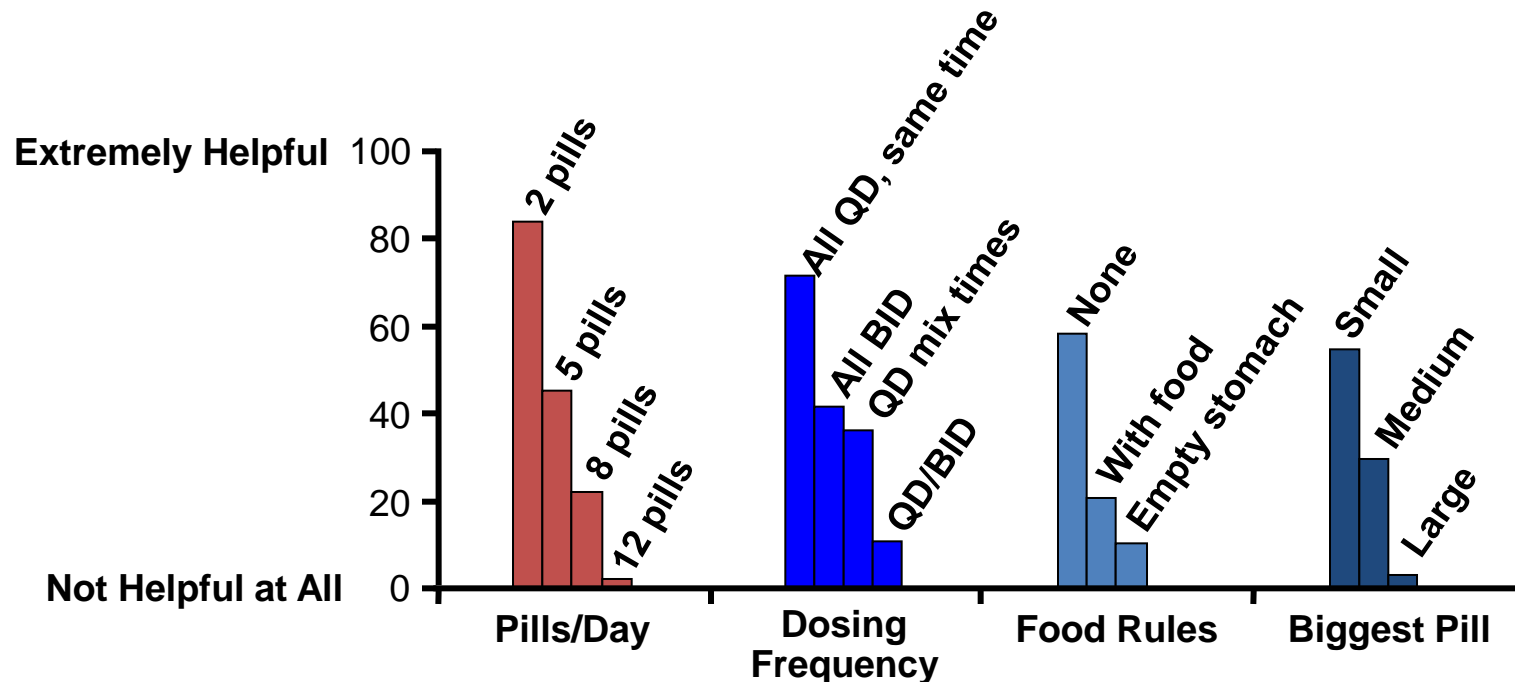


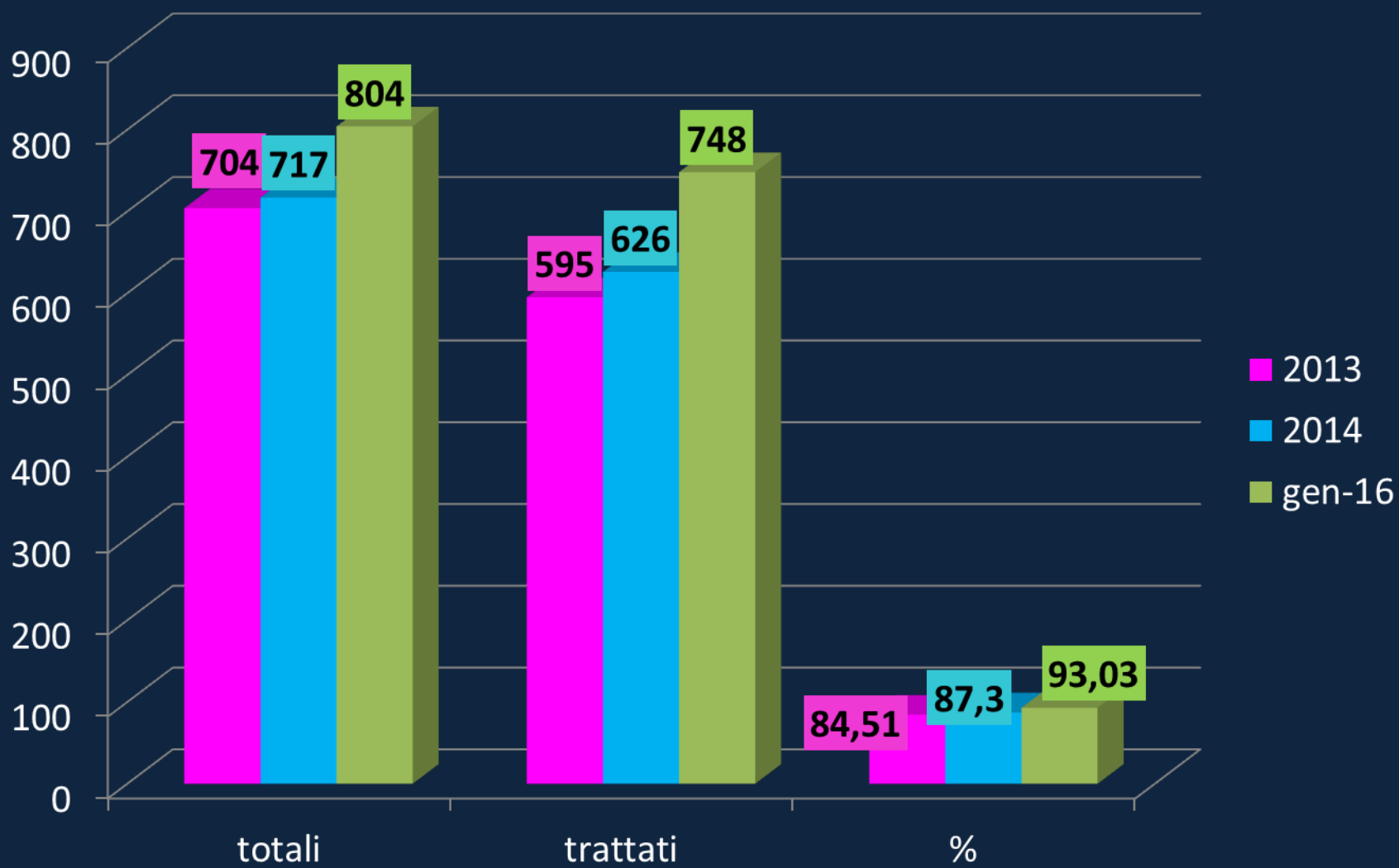
Figure 3. Adjusted Rate of Hospitalization, by Cohort.

doi:10.1371/journal.pone.0031591.g003

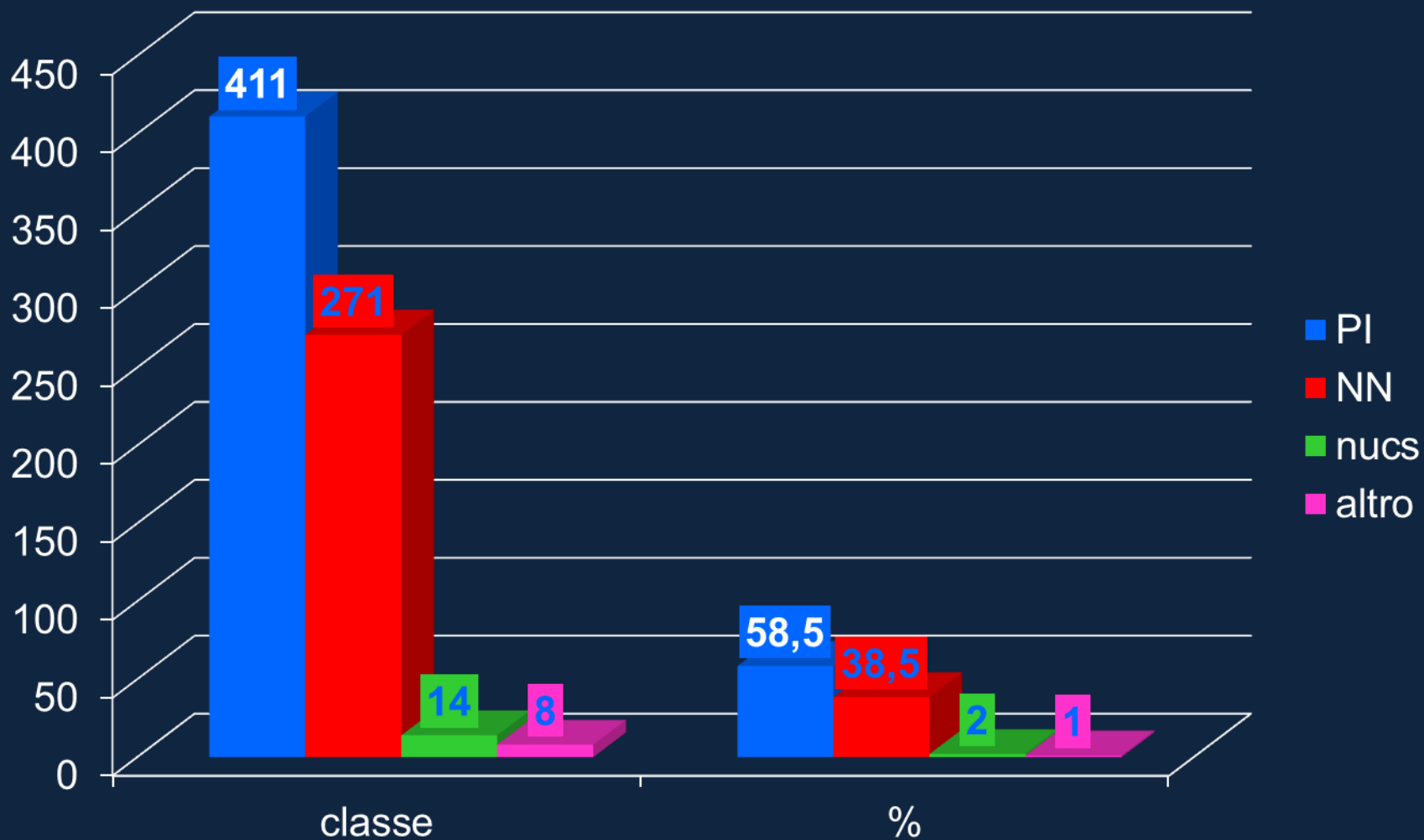
Mean Relative Impact of Regimen Features on Adherence



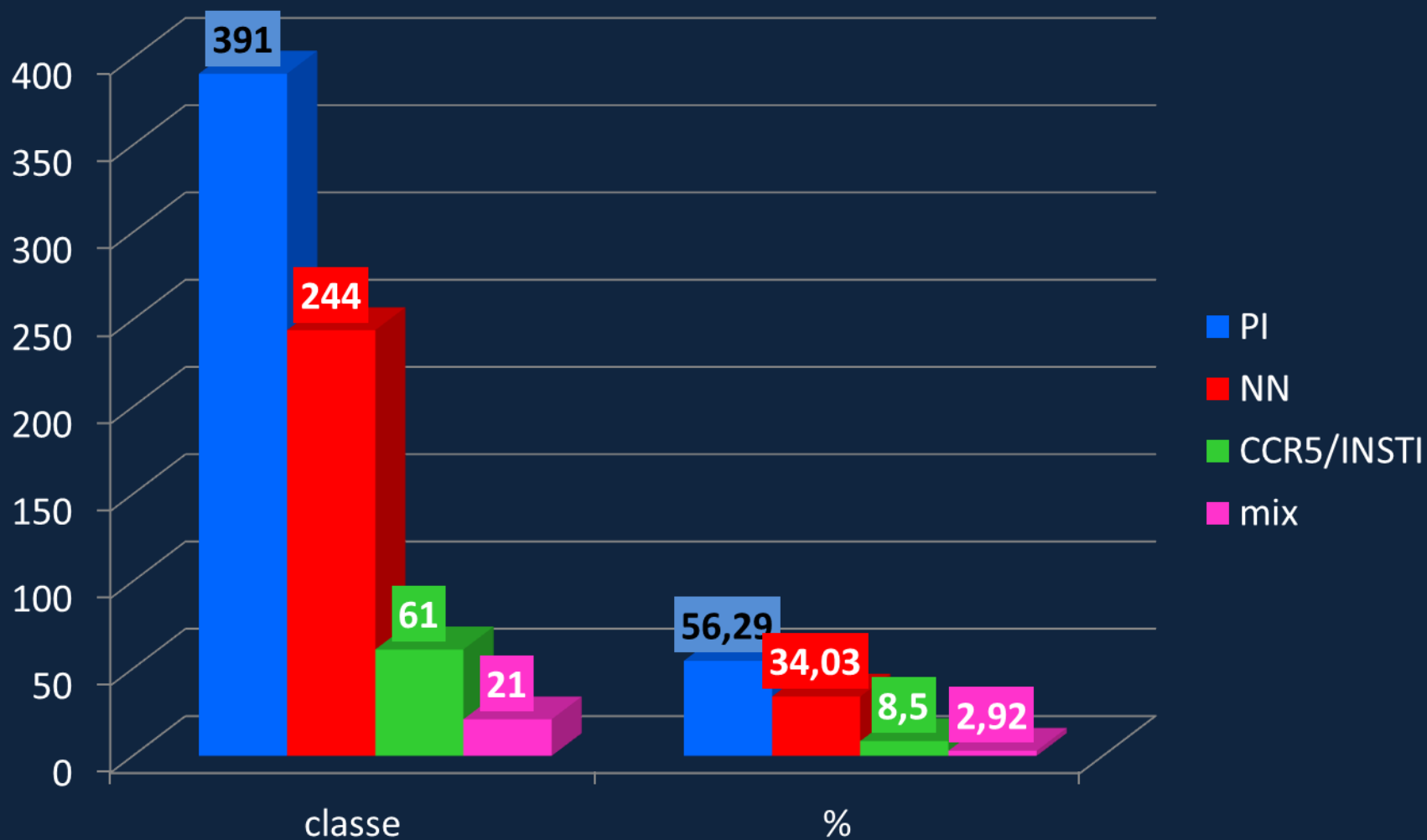
- HIV-positive patients on ART including ≥ 3 antiretrovirals (N = 299)
- 6 US cities
- Self-report questionnaire with aid of facilitator



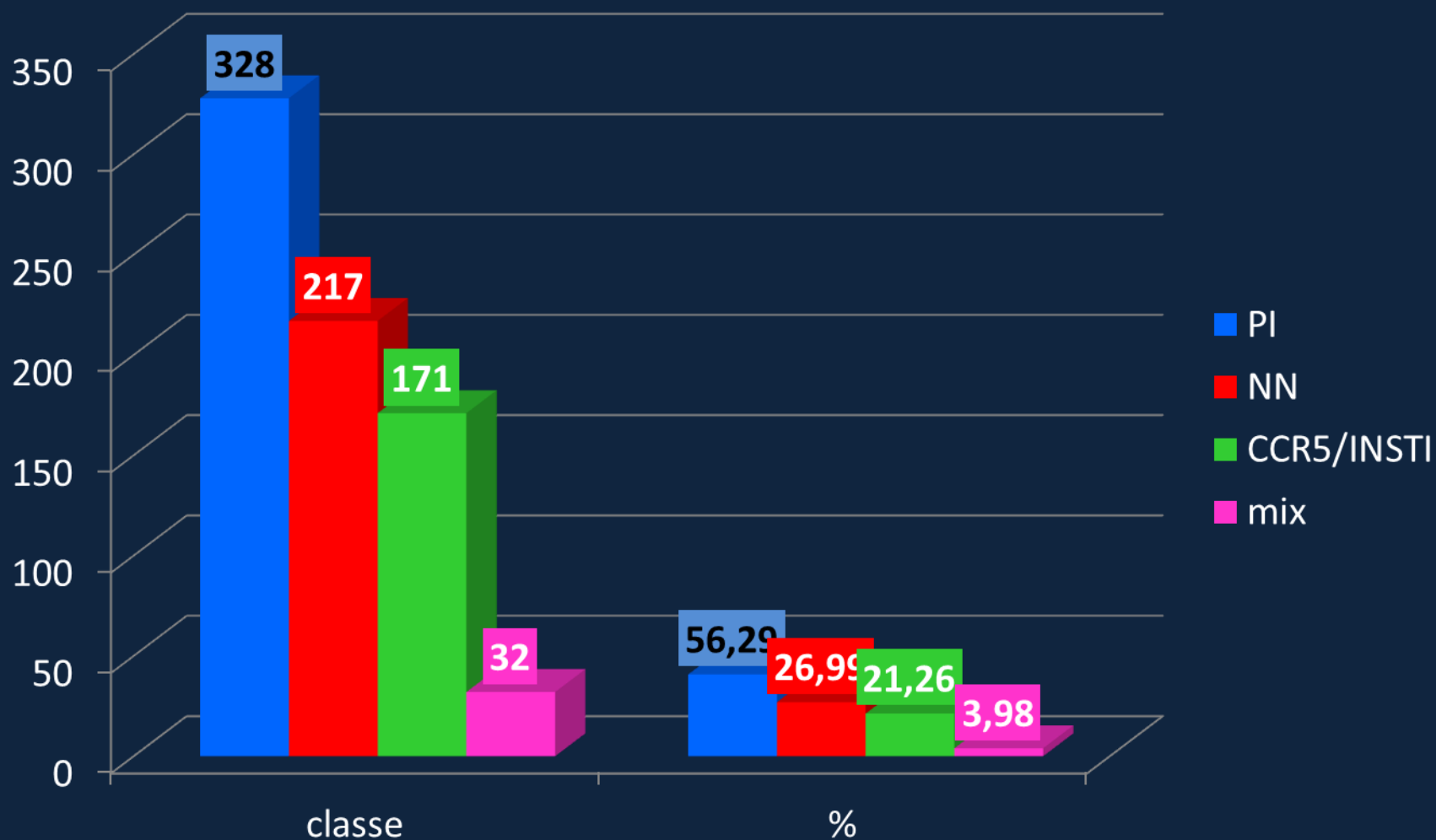
Utilizzo ARV 2013

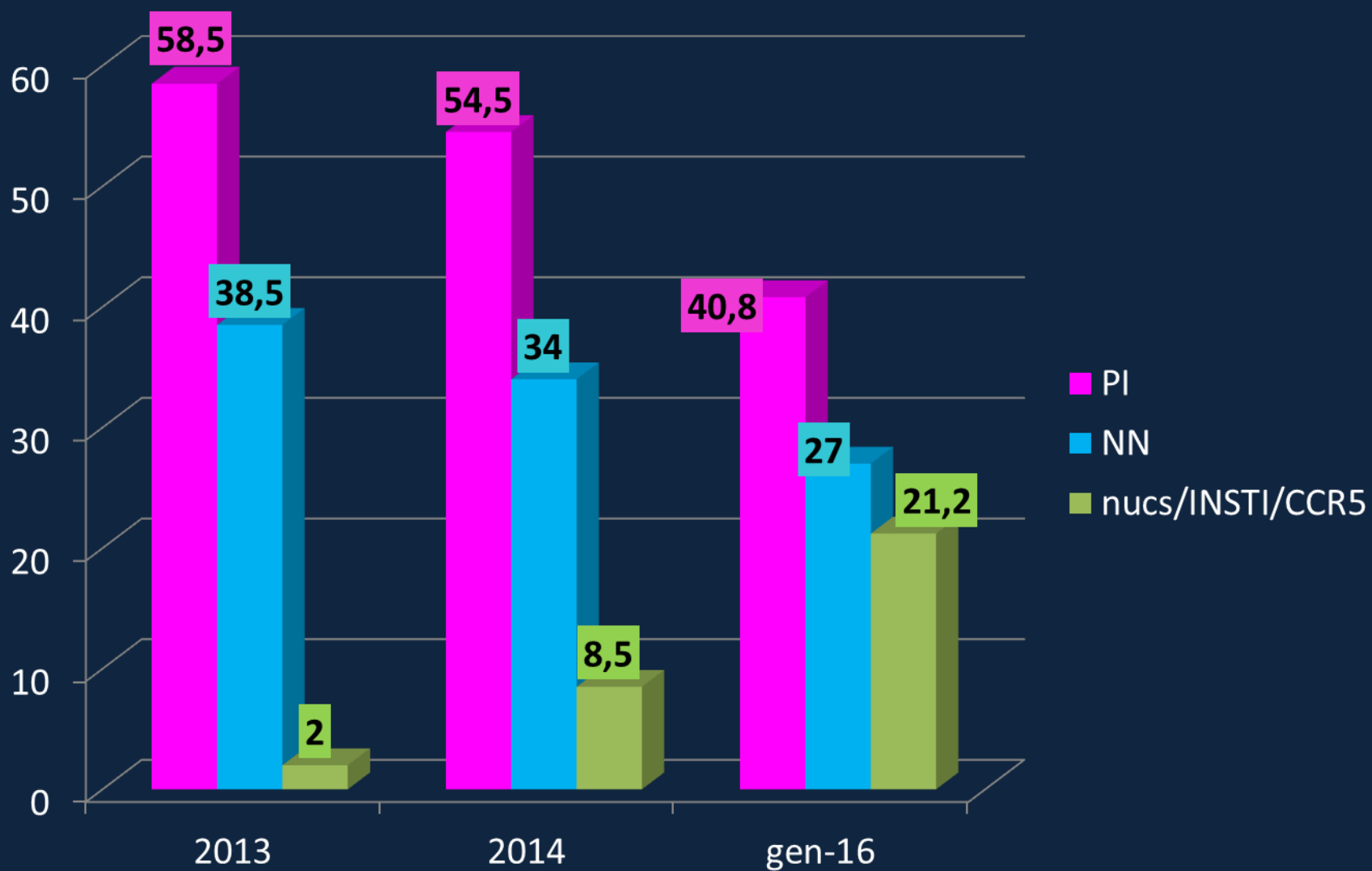


Utilizzo ARV 2014



Utilizzo ARV gen 2016

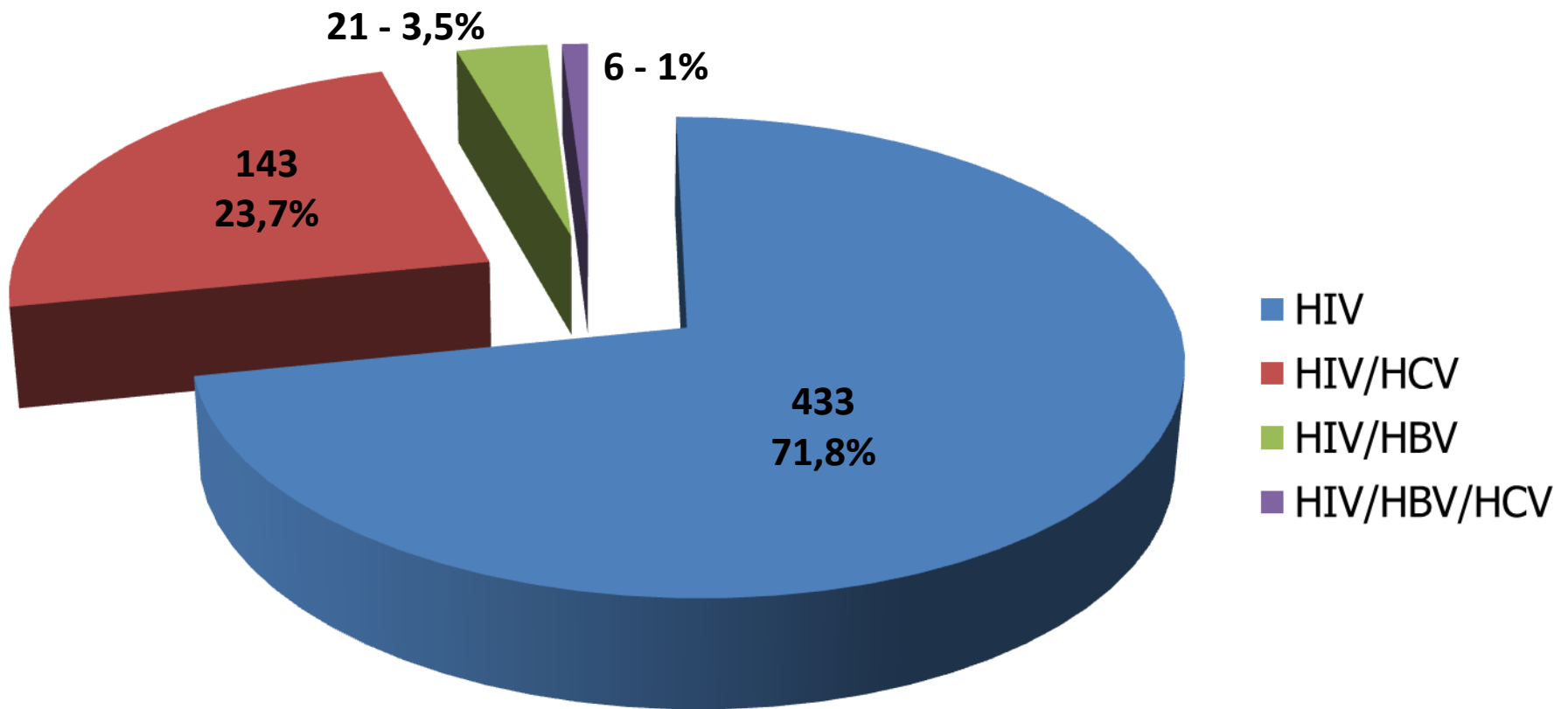




Cos'è cambiato negli ultimi 3 anni?

- La terapia dell'HCV ha indotto nel nostro centro una maggior tendenza all'utilizzo di INSTI
- Questo maggior uso si è verificato anche in situazioni non correlate alla terapia per HCV
- E' in corso un progressivo arruolamento alla tARV dei pz. precedentemente in stand-by

Pazienti co-infetti



Pazienti co-infetti HCV/HIV

