

Antiretroviral therapy in patients attending Sydney Sexual Health Centre – is there room for improvement?

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Background

The aim of HIV antiretroviral therapy (ART) is to control viral replication to preserve immune function, avoid complications and reduce transmission. As ARTs have evolved, guidelines have been updated to recommend switching virologically suppressed, treatment-experienced patients to newer options with less toxicity, adverse effects, pill burden, dosing frequency and drug interactions.

Aim

This project aims to identify patients living with HIV attending Sydney Sexual Health Centre (SSHHC) that are receiving antiretroviral therapy (ART)* recommendations and determine the rationale for patients who remain on older regimens.

* as per current US Department of Health and Human Services (DHHS) (last reviewed October 2017)

Methods

Data were extracted from the clinic database for clients attending SSHHC between January 2017 and March 2018, who were HIV positive and prescribed ART. A manual file review of those not on first line therapy was completed to assess the rationale for their ART regimen.

Results

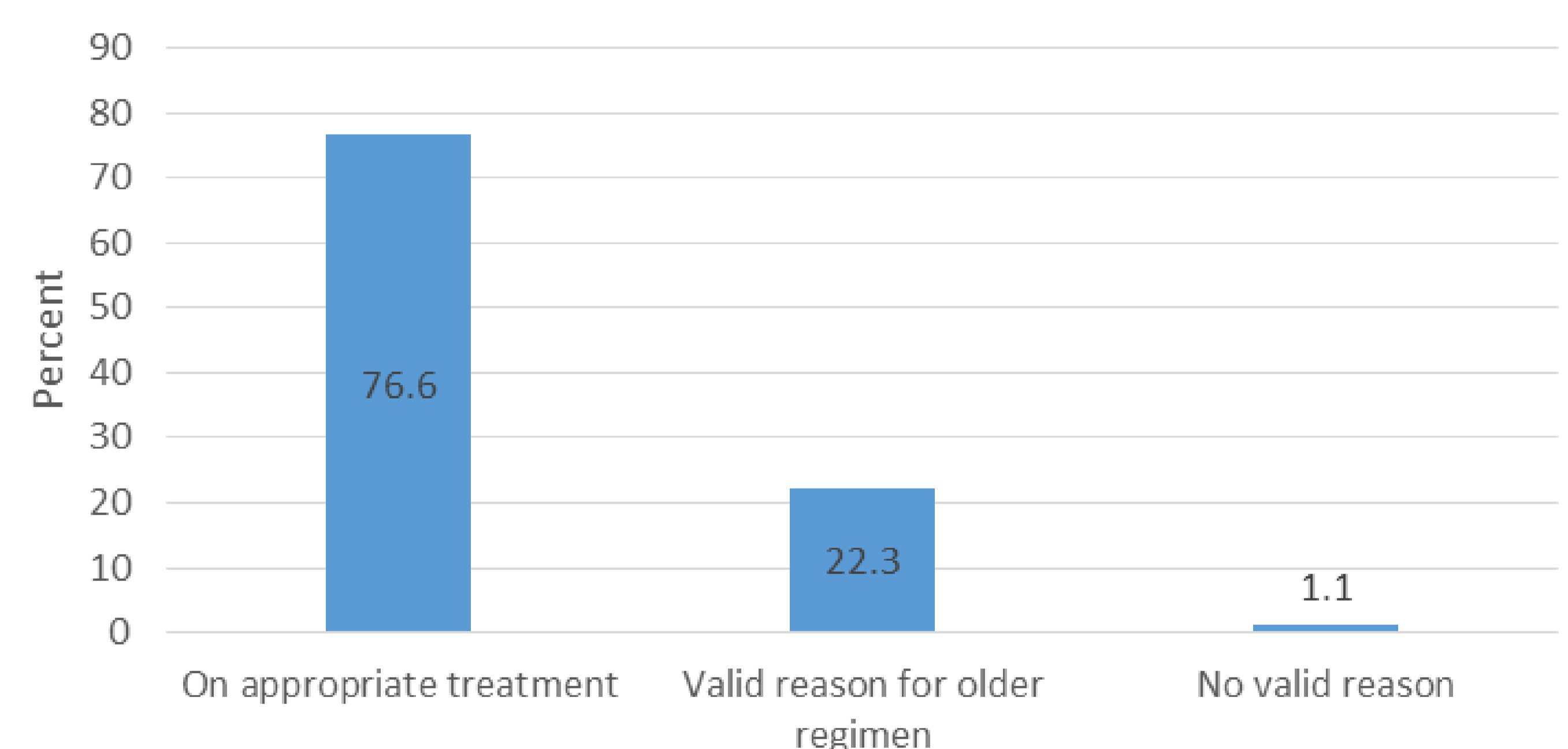
A total of 530 patients attended during the study period:

- 376 (70.9%) were prescribed single tablet regimens and
- 30 (5.7%) two tablet regimens.

Of the remainder:

- 58 (10.9%) imported ARTs from overseas, shared care with a general practice, were transferred to another service or were lost to follow up;
- 20 patients (3.8%) remained on older regimens for a valid clinical reason including resistance;
- 20 (3.8%) had a documented discussion about switching to a newer regimen but declined;
- 20 (3.8%) there was another reason for remaining on older regimens e.g. awaiting newer ART regimens, they were waiting to use up current supply;
- 6 (1.1%) cases were not clear from the documentation why they remained on older regimens.

Breakdown of ART regimens by reason
n=530



Conclusion

Three-quarters of patients attending SSHHC for their HIV care were on first line therapy. The majority of those on an older regimen had a valid reason however a small proportion required follow-up for an ART review.

Clinical audits of ART prescribing practices are useful to monitor compliance with evolving treatment guidelines.