

NON-ANTIRETROVIRAL TREATMENT AMONG PATIENTS ON ANTIRETROVIRAL THERAPY. WHY BOTHER?

Authors:

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Background:

Co-morbidities and infectious disease among people living with HIV/AIDS (PLHWA) means many patients use a range of other medicines with their antiretroviral treatment (ART); this may affect the adherence and effectiveness of ART due to drug-drug interactions and adverse events. Therefore, we aimed to evaluate the use of non-ART medicines among PLHWA.

Methods:

We obtained data of 440 patients initiating ART between Jan/14 and Dec/15 at a referral service in southeast, Brazil. Sociodemographic, clinical and prescription data were obtained through clinical charts for 12 months. We evaluated all oral and parenteral prescription medicines prescribed to patients and active agents were classified by the ATC-DDD system. We also evaluated the proportion of patients receiving 5 or more non-ART agents in the follow-up period and its associated factors by multivariate logistic regression.

Results:

The majority (86.8%) of patients were prescribed at least one non-ART medicine with a median of 4/patient. Among 164 active agents, most prescribed were anti-infectives for systemic use (46.2%), mainly sulfamethoxazole-trimethoprim (13.0%), azithromycin (6.5%), fluconazole (4.9%) and benzylpenicillin (3.2%). Followed by medicines acting on the nervous system (16.8%), such as metamizole (2.8%), clonazepam (2.6%) and amitriptyline (2.2%). A high proportion of patients 184 (41.8%) used 5+ other medicines, and its use was associated with older age, being female, using ART on multiple tablet regimens, having AIDS-defining symptoms at initiation of treatment, reporting adverse drug reactions to medicines and non-adherence to ART ($p < 0.05$).

Conclusions:

Non-ART use was common and although almost half prescribed medicines were anti-infectives, the use of medicines for co-morbidities is expected to increase due to longer life expectancy of people living with HIV/AIDs. The use of five or more medicines was associated with increased adverse drug reactions and non-adherence to ART, and more studies are required to evaluate its impacts on clinical outcomes.

Disclosure of Interest Statement:

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