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TENOFOVIR AND DIDANOSINE IN COMBINATION WITH A BOOSTED PROTEASE? 48-WEEK CLINICAL EXPERIENCE OF BOOSTED ATAZANAVIR WITH TENOFOVIR AND DIDANOSINE

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BACKGROUND: Boosted atazanavir (ATV), tenofovir (TDF) and didanosine (ddI) is a once-daily antiretroviral combination used in our centre with little clinical data to support its use. The combination has complex drug interactions as well as concerns over the immunological consequences of combining TDF and ddI. We identified 71 patients who began on this combination at a large central London HIV centre and followed them prospectively. We looked at virological and immunological outcomes as well as laboratory markers and reported adverse events.

RESULTS: The mean age of the cohort was 39 years (range 27–63). 52 patients were male, 24 were black African, four black Caribbean, one Asian and 42 white. Ten patients were of low weight (<60 kg). The median time on antiretroviral therapy (ART) prior to this combination was 48 months (range 0–156), 33 (46%) were triple-class experienced. The median CD4 count at time of starting this combination was 260 (0–650 cells/ μ l). 18 patients had undetectable viral loads (<50 copies/ml) at the time of switching to this combination. At week 48, 20 patients had discontinued, eight due to jaundice. The median CD4 count rise OT was 115 (range 0–610), although 11 patients experienced CD4 decline (range 10–200 cells/ μ l). 41 patients had undetectable viral load (80% OT, 58% ITT analysis). 10 were viraemic.

CONCLUSION: The combination of ddI-TDF-ATV/r was reasonably well tolerated and resulted in good virological and immunological outcomes in the majority of this treatment-experienced cohort. These data support the use of this combination in clinical practice. Safety data will be presented in the poster.

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