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60-WEEK CLINICAL EXPERIENCE OF BOOSTED LOPINAVIR (LPV) WITH TENOFOVIR (TNF) AND DIDANOSINE (DDI), IN TREATMENT-EXPERIENCED PATIENTS

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BACKGROUND: The current BHIVA guidelines do not recommend using TNF/ddI as an NRTI backbone in naïve patients because of concerns over toxicity, immunological and virological control. However, there is little data on its use in treatment-experienced patients.

METHODS: We identified 46 patients who had commenced on this combination at a large HIV centre. We looked at virological and immunological outcomes and laboratory markers and reported adverse events.

RESULTS: The mean age of the cohort was 40 years. The median time on treatment prior to this combination was 57 months (range 0–168). 18 were triple-class experienced. The median nadir CD4 count was 130 cells/ μ l (range 10–450) and at time of starting this combination was 250 (range 40–1003). No patients had an undetectable viral load (VL) at the time of switching to this combination. We report 60-week data for this cohort and 27 patients reached this endpoint. 11 patients discontinued this combination; one renal tubular acidosis, five GI intolerance, five others, no virological failures. The median CD4 count at week 60 was 490 cells/ μ l (range 150–1006), representing an increase of 240 cells/ μ l. 21 patients had an undetectable VL (77% OT, 46% ITT); 5 had low level viraemia (<400 copies/ml) 2 had viraemia (451 and 5717 copies/ml).

CONCLUSION: Of the patients still taking lopinavir/r/TNF/ddI 76% still have an undetectable VL. It was well tolerated with only one reported serious adverse event. These data support the use of this combination in clinical practice.

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