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DOES GENDER OR ETHNICITY INFLUENCE TREATMENT OUTCOMES IN ANTIRETROVIRAL-NAÏVE PATIENTS COMMENCING NNRTI-BASED HAART?

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AIMS: To determine whether gender and ethnicity are associated with time to virological success or treatment failure in ART-naïve patients commencing HAART.

METHODS: ART-naïve individuals commencing efavirenz (EFV) or nevirapine (NVP) with dual NA backbone were identified between 1/1/1998 and 1/7/2004 from a prospectively collected database. Virological success was defined as VL<500 copies/ml. Treatment failure was switch/discontinuation of NNRTI or documented virological failure ($2 \times \text{VL} > 500$ copies/ml).

RESULTS: Nine hundred and ninety-four patients were identified; 85.8% male and 69.1% Caucasians. 72.7% commenced EFV and 27.3% NVP-containing HAART. There was no difference between the two treatment groups for age and ethnicity, although significantly more females commenced NVP while the converse was true for males ($P < 0.001$). In univariate analysis, neither gender nor ethnicity (black Africans versus Caucasians) were associated with time to virological success ($P = 0.299$ and $P = 0.322$ respectively) or time to treatment failure ($P = 0.703$ and $P = 0.499$ respectively).

CONCLUSION: We have shown that in a large NNRTI-experienced cohort there is no significant difference for gender or ethnicity with respect to time to virological success or treatment failure.

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