



Scientists and Health Care Workers
Committed to HIV/AIDS

3rd International AIDS Society Conference on **HIV** Pathogenesis and Treatment

Rio de Janeiro - July 24 - 27, 2005

GENERIC DRUGS, HEALTH DELIVERY MODE AND EFFECTIVENESS OF HAART IN BRAZIL

IAS Conf HIV Pathog Treat 2005 Jul 24-27;3rd: Abstract No. MoOa0204

May S.¹, Barroso P.¹, Santoro Lopes G.¹, Nunes E.¹, Barcaui H.², Costa M.², Almeida M.¹,
Faulhaber J.¹, Schechter M.¹

¹Projeto Praça Onze, Univ. Federal do Rio de Janeiro, Rio de Janeiro, Brazil, ²Univ. Federal do Rio de Janeiro, Rio de Janeiro, Brazil

INTRODUCTION: Virologic response at 6 months of HAART is an important predictor of long-term efficacy. In Brazil, virtually all HIV-infected individuals receive drugs from the government, for free, including generic drugs, irrespective of where care is provided (public or private). All generic drugs used are locally manufactured. The objective of the study was to evaluate the effectiveness of HAART in Rio de Janeiro, and the predictors of virologic failure (VF) after 6 months on therapy.

METHODS: A retrospective cohort study among drug-naïve patients who initiated HAART between 1996-2004 and who had information on plasma viral load after 6 months on HAART. Chart reviews were conducted in three settings: public health outpatient unit (PHU), a clinical trials unit (CTU) and a private practice (PP).

RESULTS: 485 subjects were included, 308 (64%) men and 177 (36%) women; 354 (73%), 55 (11%) and 76 (16%), were seen at PHU, PP and CTU, respectively. Mean age at HAART initiation was 38 years (SD=11 years). Mean CD4 count and median plasma viral load at baseline were 185 cells/ μ L (SD=129) and 82,550 copies/ μ L, respectively. Initial regimens contained a NNRTI in 258 (53%), a PI in 211(44%), triple nucleosides in 10 (2%), and PI/ NNRTI in 6 (2%). VF was observed in 119 (25%) of the subjects. VF occurred among 104 (29%), 3 (6%) and 12 (15%) of the subjects treated at PHU, PP and CTU, respectively. VF was associated with lower baseline CD4 count (median 114 vs. 193, $p<0.01$), higher baseline viral load (mean 5.02 vs. 4.50, $p<0.01$), therapy started before 2000 (OR=2.71, 95% CI =1.75-4.2) and use of PI versus NNRTI (OR=1.48; 95% CI=1.2-1.8).

CONCLUSIONS: This study demonstrates the effectiveness of HAART in a developing country setting where generic drugs are widely used, irrespective of the mode of health care delivery.

050724

MoOa0204

Models of treatment and care in diverse settings

Copyright © 2005 - [International AIDS Society](#) (IAS). All information and content relating to the abstracts from the 3rd International AIDS Society Conference on HIV Pathogenesis and Treatment, such as text, graphics, logos, button icons, images, audio clips, and software is protected by copyright. Permission is hereby granted for the non-commercial use or reproduction of the information on this web site, provided that the use of such information is accompanied by an acknowledgement that IAS is the source of the information and the name of the author of the article.

AEGiS is made possible through unrestricted grants from [Boehringer Ingelheim](#), [Bridgestone/Firestone Charitable Trust](#), [Bristol-Myers Squibb Company](#), [Elton John AIDS Foundation](#), the [National Library of Medicine](#), and [donations](#) from users like you. **Always watch for outdated information. This article first appeared in 2005. This material is designed to support, not replace, the relationship that exists between you and your doctor.**

AEGiS presents published material, reprinted with permission and neither endorses nor opposes any material. All information contained on this website, including information relating to health conditions, products, and treatments, is for informational purposes only. It is often presented in summary or aggregate form. It is not meant to be a substitute for the advice provided by your own physician or other medical professionals. **Always discuss treatment options with a doctor who specializes in treating HIV.**

Copyright ©1980, 2005. AEGiS. All materials appearing on AEGiS are protected by copyright as a collective work or compilation under U.S. copyright and other laws and are the property of AEGiS, or the party credited as the provider of the content. Permission is hereby granted for the non-commercial use or reproduction of the information herein, provided that the use of such information is accompanied by an acknowledgement that IAS is the source of the information and the name of the author of the article.