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## WHY DO PATIENTS WITH HIV STOP ANTIRETROVIRALS USED AS PART OF AN INITIAL HIGHLY ACTIVE ANTIRETROVIRAL REGIMEN?

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**BACKGROUND:** Low adherence and toxicities among HIV-positive patients starting highly active antiretroviral therapy (HAART) can lead to discontinuation of therapy and treatment failure. Little is known about hepatitis C (HCV) status and discontinuation of HAART.

**METHODS:** Poisson regression was used to determine factors related to discontinuation of any part of an initial HAART regimen due to treatment failure (TF) or toxicities and patient/physician choice (TOX), and to investigate the relationship between HCV and discontinuation of a HAART regimen in 1052 patients starting HAART after 1999 from the EuroSIDA study.

**RESULTS:** At 1 year after starting HAART, 65% of patients remained on their original regimen, 28% had changed and 7% were off all treatment. The most frequent reason for discontinuation was toxicities (31%). The incidence of any discontinuation has decreased over time by 18% per year (95% CI 11–24%,  $P < 0.0001$ ). The main decline was among patients who discontinued due to TOX. Patients with HCV had a higher incidence of discontinuation due to TOX during the first 6 months of HAART (incidence rate ratio (IRR) 2.14, 95% CI 1.05–5.92,  $P = 0.035$ ) or after 6 months on therapy (IRR 2.09; 95% CI 1.02–4.28,  $P = 0.044$ ) compared with patients without HCV.

**CONCLUSIONS:** Patients with HCV were more likely to discontinue all or part of their HAART regimens due to toxicity or patient/physician choice. Managing adverse events

must remain a key intervention in maintaining HAART. There is a need for further studies to describe the relationship between HCV, specific antiretrovirals and different treatment strategies.

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