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ARE PATIENTS GIVEN ADEQUATE DIETARY INFORMATION WHEN STARTING ON A LOPINAVIR/RITONAVIR-CONTAINING HAART REGIMEN?

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OBJECTIVES: Kaletra (lopinavir/ritonavir), an Abbott manufactured protease inhibitor, is commonly used as part of second-line HIV therapy.

Pharmacokinetic tests conducted by Abbott revealed a moderate fat meal containing 500–682 kcals was associated with a mean increase of 48 and 23% in lopinavir AUC and C_{max} respectively, relative to fasting. Abbott state that the bioavailability of Kaletra increases with food consumption and should be taken with food. The HIV directorate at Chelsea and Westminster Hospital adopted these guidelines but nothing specific was being issued on what to eat with doses. Anecdotal evidence revealed inconsistencies in the way patients were taking the drug. We were concerned that patients may not be responding to treatment effectively so investigated what information was given to patients at the time of Kaletra prescription and how the drug was taken.

METHODS: A list of patients taking a Kaletra-containing regimen was obtained ($n=483$). We aimed to consult 25% ($n=126$) in 1 month by telephone or during clinic visits. Every fifth patient on the list was chosen for interview to reduce bias. A questionnaire was designed and patients were asked the following:

Were you given guidelines on how to take Kaletra at time of prescription?

If yes, who by?

Do you eat with your Kaletra doses?

What do you eat with Kaletra?

A dietary recall was undertaken to obtain quantitative data of food consumption.

RESULTS: 63 patients were interviewed (12.5%). 38 (60%) said they were told to eat with Kaletra, 20 (32%) said they were not given information and five (8%) could not remember. The main route of information supplied was by the doctor and pharmacist. Regardless of information issued, out of 101 doses analysed, 44 (43%) were taken with adequate food and 28 (27%) were taken on an empty stomach.

CONCLUSIONS: For those patients who said they were given guidance on how to take Kaletra, a greater percentage took it with the correct amount of food. However, patient error must be considered when carrying out retrospective questionnaires and dietary recall.

Further studies are required into the relationship between dietary advice and drug levels, and consideration given to developing more specific dietary guidelines.

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