Integrase Inhibitors Are Well Tolerated

Those on Tybost-boosted Vitekta are more than twice as likely as those taking Tivicay to switch meds because of adverse health events.

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People who take integrase inhibitors for HIV treatment have low rates of discontinuing these medications because of adverse health events.

Publishing their findings in the journal AIDS, researchers conducted a population-based retrospective cohort study of 1,344 people in Vancouver, British Columbia, who started 1,464 integrase inhibitor-based regimens between 2012 and 2014 and were followed for two years until the study's end in December 2016.

Seventy-nine percent of the cohort was male. Eighty-five percent had been treated with other antiretrovirals prior to starting an integrase inhibitor.

The study authors were primarily concerned with the rate of discontinuation of integrase inhibitors owing to adverse drug reactions, an overall phenomenon they referred to with the shorthand ADR. Those who experienced an ADR included 24 of 551 (4.4 percent) of those who took Isentress (raltegravir), 38 of 394 (9.6 percent) of those who took Tybost (cobicistat)-boosted Vitekta (elvitegravir), and 27 of 519 (5.2 percent) of those who took Tivicay (dolutegravir). The ADR rates per 100 years of follow-up of those three drugs were a respective 2.91, 5.94 and 2.96 cases.

After adjusting the data for various factors, the researchers found that the ADR rate for those taking Tybost-boosted Vitekta was 2.24-fold greater than the rate for those who took Tivicay.

Among those who switched between integrase inhibitors, there was no apparent relationship between having had an ADR from taking one integrase inhibitor and experiencing intolerance to a subsequent drug in the class.

To read the study abstract, click here.

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