People Who Have Taken Many HIV Meds Have Worse Health Outcomes

HIV-positive individuals who have cycled through numerous antiretrovirals have poorer immune system function and more health problems.

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People living with HIV who are on treatment for the virus and have cycled through numerous antiretrovirals (ARVs), compared with their counterparts who have not taken many such medications, have lower CD4 counts, poorer control of HIV and more diagnoses of other health conditions, the National AIDS Treatment Advocacy Project (NATAP) reports.

Presenting their findings at the International AIDS Conference (AIDS 2020), which was held virtually earlier this month, investigators overseeing the OPERA cohort analyzed differences between a group of people with HIV who were heavily treatment experienced—meaning they had taken many ARVs over time—compared with those on HIV treatment who were not.

The study group included adults who had been on ARVs since the end of 2016 at the latest and who were actively in medical care for HIV. Being heavily treatment experienced was defined as having stopped taking core ARVs falling into two or more drug classes. Alternatively, it was defined as being prescribed a regimen that contained dolutegravir (Tivicay, which is included in the combination tablets Dovato, Juluca and Triumeq) taken twice daily, darunavir (Prezista, which is included in the Symtuza and Prezcobix combination tablets) taken twice daily, Intelence (etravirine), an integrase inhibitor plus a protease inhibitor, Selzentry (maraviroc) or Fuzeon (enfuvirtide).

Those considered not to be heavily treatment experienced were all taking an HIV regimen including one core ARV plus two nucleoside/nucleotide reverse transcriptase inhibitors.

The study included 2,277 heavily treatment-experienced individuals and 21,906 non-heavily treatment-experienced people. The median age of the former group was 50, compared with 44 in the latter group. A respective 19% and 17% were women. The median amount of time since being diagnosed with HIV was a respective 15.3 and 7.1 years. The median viral load upon entering the study was a respective 100 and 20, and the median baseline CD4 count was 412 and 587. A respective 54% and 29% had ever been diagnosed with an AIDS-defining health condition, 80% and 69% had any other health condition besides HIV and a 65% and 51% were taking any non-HIV

medication.

Among those individuals whose viral load was detectable upon entering the study, 69% of people in the heavily treatment experienced group versus 76% of those in the non-heavily treatment-experienced group ever achieved a viral load below 50 during the first 12 months of follow-up. The respective rates were 80% and 85% after 24 months and 91% in both groups after 48 months.

Among those who were able to go from having a detectable to an undetectable viral load, 93% of the heavily treatment-experienced group and 95% of the non-heavily treatment experienced group maintained a viral load under 200 after 12 months. The respective rates were 86% and 88% after 24 months and 75% and 79% after 48 months.

As for participants who entered the study with a CD4 count above 200, 90% of the heavily treatment-experienced group and 95% of the non-heavily treatment-experienced group had a CD4 count that remained above that threshold after 48 months.

Among the 1,527 heavily treatment-experienced people who had a follow-up viral load test during their participation in the study, 238 (15.6%) had a viral load above 200 after 12 months, compared with 1,248 (8.2%) of 15,199 non-heavily treatment-experienced people.

Among the heavily treatment-experienced and non-heavily treatment-experienced individuals, a respective 5% and 2% were diagnosed with a new AIDS-defining health condition during the study, 45% and 35% were diagnosed with a new non–HIV-related health condition and 2% and 1% died.

The study authors concluded that new HIV treatment options are needed for heavily treatment-experienced individuals, who represent a vulnerable population.

To read the NATAP report, click here.

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