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Track B - Health Systems and Delivery of ART I

MOPE0060 - Reasons for change of first potent antiretroviral therapy in HIV-1-infected patients in 5 sites throughout the Caribbean and Latin America

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Background: HAART rollout in Latin America and the Caribbean has increased from approximately 210,000 in 2003 to 355,000 patients in 2006, covering 72% (55% to 96%) of eligible patients, with considerable variation among countries. No multi-cohort study has examined rates of and reasons for change of initial HAART in this region.

Methods: Antiretroviral-naïve patients ≥ 18 years who started HAART between 1996 and 2007 from sites in Argentina, Brazil, Chile, Haiti, and Peru were included. Time from HAART initiation to change (stopping or switching any ARVs) was estimated using Kaplan-Meier techniques, censoring data at the earliest of HAART-change, loss to follow-up or death. Cox proportional hazards modeled the associations between demographics, initial regimen, baseline CD4 count, and clinical stage.

Results: Of 4503 HIV-infected patients, 37% were female, median age at HAART initiation was 37 years (interquartile range [IQR], 31-44), and median CD4 cell count was 109 cells/uL (IQR, 38-204). Median follow-up was 12 months. 1631 patients (36%) switched ARV. Estimated probabilities of changing within one and two years of initiation were 31.3% and 43.6%, respectively. NNRTI-based regimens and no clinical AIDS at HAART initiation were associated with lower risk of changing (HR: 0.48, 95%CI: 0.29-0.80 and HR: 0.74, 95%CI: 0.61-0.88, respectively). One site did not record reasons for change; among remaining sites, reason was missing for 19%. Adverse events (AE) prompted change in 58% of cases. Specific toxicities varied among sites. Persons with AIDS were more likely to change due to toxicity.

Conclusions: There was a high rate of HAART change due to AE, an effect most pronounced in patients with advanced clinical disease. Differences between participant countries require further investigation.

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