

Experience with Dolutegravir in REAL LIFE in an HIV centre in Bogotá - Colombia

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Background

Integrase inhibitors (II) are robust drugs in HIV treatment. We want to show the real –life experience of patients receiving Dolutegravir as a third drug in the treatment of HIV patients in a HIV – Center In Colombia. We focused in outcomes and side effects.

Materials and Methods

We did a retrospective descriptive study of HIV patients with Dolutegravir treatment in a HIV-Center that attends approximately 8000 patients in Colombia. We examined outcomes and side effects of Dolutegravir therapy.

Results

We found data from 321 patients treated with Dolutegravir. The **exclusion criteria** were a) To have started Dolutegravir after July of 2018. This was because it was not possible to evaluate the viral load before 6 months, and b) To have incomplete data. A total of 182 were excluded because Dolutegravir treatment was started between July to December 2018. For the final analysis we included 139 patients with Dolutegravir treatment. The **proportion of backbone treatments** of patients who received Dolutegravir was the following: Tenofovir/Emtricitabine (51%), Abacavir/Lamivudine (35%), without nucleoside/nucleotide backbone (14%) and none with Lamivudine/Zidovudine. The **indications for Dolutegravir use** were: Simplification – non-exposed to INSTI (39%), Simplification - INSTI experienced (23%), Rescue – non-exposed to INSTI (21,5%), Naïve (10,8%) and Rescue - INSTI experienced (5.7%). After 6 months of treatment with Dolutegravir, 94,2% of patients had viral load <200 copies/mL. The rest had more than 200 copies/ml of viral load. This was associated with non-adherence. Few side effects were founded: only 1 patient presented depression, 5 patients presented aminotrasferases elevation (3 of these patients also had diagnostic of fatty liver disease and 1 patient had co-infection with hepatitis B virus). Creatinine elevation (average increase 0,27 mg/dl) presented in 33% of patients and 5% of the patients followed presented decrease of creatinine after initiation of Dolutegravir. No hypersensitivity or anxiety events were reported

Conclusions

The switch to Dolutegravir in any indication leads to excellent clinical outcomes and with a low rate of adverse effects in patients with HIV in Colombia.

