

Poster presentation

Evaluation of adherence and toxicities to HAART in a cohort of HIV+ immigrant patients in south-eastern Spain during the period 1998–2007

FJ Vera-Méndez*¹, J Trujillo-Santos¹, A Cano-Sánchez², JA García-Henarejos¹, J García-García¹, OJ Martínez-Madrid¹, R Vilaplana-García¹, C Pérez-Pagán¹, N Cobos-Trigueros¹, M Alcalde-Encinas¹ and V Herrero-Segastume¹

Address: ¹Hospital Universitario Santa María del Rosell, Cartagena, Spain and ²Hospital General Universitario Reina Sofía, Murcia, Spain

* Corresponding author

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Background

Spain is the European country with the biggest impact of immigration in the last 5 years. The experience of antiretroviral therapy in the immigrant population has been little studied in our country.

Methods

Retrospective cohort study in which all HIV+ immigrant patients were included at a referral hospital in south-eastern Spain since January 1, 1998 to September 30, 2008. We analyzed in immigrant patients experiencing HAART therapy the following aspects: start of therapy, adherence, and major toxicity events associated with HAART therapy.

Summary of results

95 HIV+ immigrant patients were enrolled. Eighty (84%) received HAART therapy. No differences were observed ($p = ns$) in the proportion of immigrant patients who received HAART when it was compared to the native population ($n = 242$; 84%). The most commonly used antiretroviral agents at basal visit were: NRTI [3TC (64%); TDF (33%); FTC (31%)], NNRTI [EFV (41%); NVP (15%)] and PI [NFV (31%); LPV (11%)]. The main changes in the HAART therapy were caused by: simplification ($n = 16$), toxicity ($n = 12$) and therapeutic failure ($n = 10$). Adherence to HAART therapy at the end of the follow-up was good ($> 95\%$) in 65 cases (81%), irregular (80%–95%) in

five cases (6.3%) and poor ($< 80\%$) in six cases (7.5%). No significant differences were found in adherence to HAART ($> 95\%$, 80%–95% or $< 80\%$) with regard to the native population ($n = 232$; $p = ns$). Twenty-four episodes of toxicity to HAART were documented in 17 immigrant patients: 11 cases of toxicity of antiretrovirals class [three cases of lipoatrophy associated to NRTI, one case of toxicodermia associated to NNRTI, and nine cases associated to PI (hypercholesterolemia, $n = 2$; hyperglycemia, $n = 1$; hypertriglyceridemia, $n = 5$; and lipohypertrophy, $n = 1$)], and seven cases of specific toxicity: renal impairment associated to TDF and IDV ($n = 2$), hyperbilirubinemia due to ATV ($n = 2$), CNS toxicity due to EFV ($n = 1$) and anemia associated to AZT ($n = 1$).

Conclusion

In our cohort, most HIV+ immigrant patients were under HAART therapy. The antiretroviral drugs most frequently used in combination in immigrants were the NRTI and NNRTI. Adherence was good in most of the immigrant patients, without differences in relation to the native population. Toxicity was the second most common cause that prompted the change in therapy after HAART therapy simplification. The PI were the antiretroviral agents that occurred more frequently in terms of toxicity of class or family.