Background

- In 2017, DHHS changed treatment guidelines to recommend only agents from the INSTI class as initial therapy for most patients with HIV, based on efficacy and tolerability data.
- Although the guidelines apply to initial therapy, the recommendation may have led clinicians to reconsider the regimens of antiretroviral therapy (ART)-experienced patients on non-INSTI regimens.
- Multiple factors are considered in whether to switch ART: clinician/patient preference, comorbidities, tolerability, previous adherence and resistance history.

Methods

- Study design and eligibility criteria
- Cross-sectional analysis
- Data source: the DC Cohort, an observational longitudinal cohort of patients with HIV at 14 sites in Washington, DC.
- At least 18 years old as of June 30, 2018.
- Participants in the sample were actively enrolled in the DC Cohort and had ≥1 encounter between 4/1/17 and 3/31/18.

Objectives

- To examine patient factors associated with currently taking an INSTI-based regimen.

Results

Table 1. Demographic characteristics, by history of INSTI use, DC Cohort, 2017-2018

Table 2. Factors associated with current and previous INSTI use vs. never use, DC Cohort, 2017-2018

Conclusions

- The majority of active DC Cohort participants are using INSTI-based therapy.
- Our results suggest resistance history as an important driver of INSTI prescription.
- Transgender and older individuals were less likely to be on INSTIs, indicating that they are more likely to be on PI-based or NNRTI-based therapy or not on therapy.
- Further research should explore the impact of not being on INSTIs for long-term HIV outcomes in these patient groups.

Summary of Results

- Most (65.0%) of the 4,584 participants were current INSTI users; however, a sizeable proportion (28.3%) were never users and 6.7% were former users.
- Presence of a major NRTI or NNRTI mutation was associated with being a current (vs never) and previous (vs never) INSTI user.
- Transgender participants were less likely to be current INSTI users.
- Younger participants were more likely current INSTI users, as were Hispanic participants.

Strengths and Limitations

- Strengths: Large sample size, study covers an entire metropolitan area.
- Limitations: No detailed information about reasons for stopping/switching therapy available.

Acknowledgements: The work was supported by the National Institute of Allergy and Infectious Diseases at the National Institutes of Health under Grant U01 AI069924. Data in this paper was collected by the DC Cohort investigators and research staff located at: D.C. General Cooperative (Jeffrey Block, Todd Taylor, Cheryl Angelino, Stanley Parker, Ligia Syncov, Jeff Naughton, David Fortin); D.C. Department of Health (Bernard Boykin, Maria Brown, Briana edition, Farrah Cook, Joana Schifano, Deborah Van Syckle, Vanessa Tucker, Greg Tobias, Jody Ricks, Brittany Taylor); Whitman-Walker Health (Stephen Abbott). We would also like to acknowledge the Research Assistants at all of the participating sites, the DC Cohort Community Advisory Board and the DC Cohort participants.

Contact:
Anne Monroe, MD, MSPH at amonroe@gwu.edu