Abstracts of the HIV Drug Therapy Glasgow Congress 2014
Miranda A et al. *Journal of the International AIDS Society* 2014, **17(Suppl 3)**:19829
http://www.jiasociety.org/index.php/jias/article/view/19829 | http://dx.doi.org/10.7448/IAS.17.4.19829

Clinical and laboratorial impact of antiretroviral therapy in a cohort of Portuguese patients chronically infected with HIV-2

Miranda, Ana; Peres, Susana; Moneti, Virginia; Azevedo, Telma; Aldir, Isabel and Mansinho, Kamal

Serviço de Infecciologia e Medicina Tropical, Hospital Egas Moniz, Centro Hospitalar de Lisboa Ocidental, Lisbon, Portugal.

Introduction: HIV-2 infection is endemic in West Africa and some European countries, namely Portugal. HIV-2 antiretroviral (ARV) treatment presents some restrains related to intrinsic resistance to non-nucleoside reverse transcriptase inhibitors (NNRTI) and fusion inhibitors, and poorer response to protease inhibitors (PI).
Material and Methods: Retrospective observational study of a cohort of 135 infected HIV-2 patients, diagnosed between 1989 and 2008.
Objectives: Evaluation of epidemiologic, clinical, immunologic and virologic progression, comparing to groups of patients (naïve vs ARV experienced); characterization of therapeutic, immunologic and virologic response. SPSS version 20.0 was used for statistical analysis.
Results: The study included 135 patients: 41% (n = 55) naïve and 59% (n = 80) with ARV experience. The comparison between groups (naïve vs ARV) revealed: male prevalence 76% vs 50%; mean age 54.5 years vs 54.8 ($p = 0.90$); main geographic origin Guiné Bissau (47% vs 44%) and Portugal (22% vs 33%); and transmission mainly acquired by heterosexual contact (87% vs 80%). Mean time since diagnosis was 14 vs 13 years ($p = 0.31$); 2% vs 50% presented AIDS criteria at diagnosis ($p < 0.001$) and 93% vs 38% registered TCD4 > 350 cell/mm^3 at diagnosis ($p < 0.001$). Immunological evolution showed no significant decline in naïve population ($\Delta = -67$ cell/mm^3 – $p = 0.18$) and a significant recovery in ARV experienced ($\Delta = +207$ cell/mm^3 – $p < 0.001$). Global mortality rate found was 18% (6% vs 13% – $p = 0.122$). Eighty patients initiated ARV: 84% presented a time interval of ARV exposure between 0–5 years (42%) and 5–10 years (42%). Fifty percent experienced ≤ 2 ARV regimens and the remaining > 2 regimes. Considering the first ARV therapy: 56% initiated PI, 30% NTRI and 5% integrase inhibitor (II)-based regimens. Currently, 54 patients maintain regular follow-up and ARV therapy: 60% NTRI + PI; 37% NRTI + PI + II and 3% NRTI + II. TDF/FTC is the backbone in 56%. Most frequent PIs are LPV/r (54%), DRV/r (19%) and ATV/r (12%). Mean time of exposure to NRTI = 3 years, PI = 7 years and II = 2 years. Immunologic recovery was sustained for each of the ARV class considered (NRTI $\Delta = +144$ cell/mm^3; PI = $\Delta + 92$ cell/mm^3; II = $\Delta = +116$ cell/mm^3).
Conclusions: This is a cohort accompanied for a long period and the majority of patients present extensive ARV experience. The ARV-experienced patients registered a favourable response to treatment, with sustained immune recovery ($\Delta = +207$ cell/mm^3) and virologic control in 74%. Immunologic behaviour evidenced a sustained gain for each of the ARV class considered.

Published 2 November 2014