568. A Comparison of Single versus Multiple-Tablet Regimens in HIV-Infected People Initiating Antiretroviral Therapy

Celline C. Almeida-Brasil[1,2], Juliana O. Costa[1], Elizabeth Nascimento[1], Romara E.A. Perdigao[1], Micheline R. Silveira[1], Palmira F. Bonolo[1], Francisco A. Acurcio[1] and Maria das Graças B. Ceccato[1]

[1]*Universidade Federal de Minas Gerais, Belo Horizonte, Brazil;* [2]*McGill University, Montreal, QC, Canada*

Background: The once-daily single-tablet regimen (STR) containing efavirenz, tenofovir and lamivudine is the first choice for HIV-infected people initiating antiretroviral therapy (ART) in Brazil and few studies have examined its influence on treatment and health-related characteristics compared to multiple-tablet regimen (MTR).

Objectives: To evaluate the differences of antiretroviral therapy as a STR and MTR regarding treatment and health-related characteristics.

Methods: Baseline evaluation of a cohort of 184 HIV-infected adults (79% male, mean age 35.9) with six or less months of ART under care in a reference hospital in Belo Horizonte, Brazil. Recruitment occurred between Sep/2015 and Aug/2016, and data were obtained through face-to-face interviews. Quality of life (QoL), symptoms of anxiety and depression, health state and adherence were assessed through self-report using validated instruments. A 40-item instrument to be validated during the cohort was used to assess perceived barriers with ART. The regimen used was collected from the Brazilian ART delivery database system (SICLOM). STR and MTR users were compared through non-parametric tests using Stata v.14.

Results: A slightly lower proportion of STR versus MTR patients were non-adherent (54% vs 57%) and had adverse effects (85% vs. 88%), anxiety symptoms (36% vs. 41%) and depression symptoms (27% vs. 31%), though the statistical difference was not significant ($p > 0.05$). The STR group showed a higher QoL in the independence domain ($p < 0.01$) (WHOQoLHIV-bref) and a better self-perception of health ($p < 0.05$) (EQ5D VAS) than MTR group. The MTR group had twice the odds of having difficulties with the treatment ($p < 0.05$). The perceived barriers associated with MTR were "incorporate ART into work routine" ($p < 0.05$), "swallow the pills" ($p = 0.05$) and "social isolation ($p < 0.01$)".

Conclusions: All the characteristics analyzed in this study tended to be better for patients using STR. Although adherence was not significantly higher in STR group, patients reporting difficulties with treatment had twice the odds of being non-adherent. The results indicate that single-tablet regimens may help patients in the management of ART, reflecting in aspects of daily life activities and self-perception of health.

569. Adherence to Brazilian HIV-AIDS Treatment Guidelines: A 3-Year Retrospective Analysis of Dispensing Data

Cassia CristinaPinto Mendicino, Leticia Penna Braga, Leonardo ViniciusDias da Silva and Menezes de Padua

Faculdade de Farmácia, Universidade Federal de Minas Gerais, Minas Gerais, Brazil

Background: Brazilian HIV/AIDS therapeutic guidelines are reviewed regularly to provide updated guidance on antiretroviral treatment of people living with HIV. Antiretroviral regimens are highly effective for managing disease and preventing HIV dissemination. Thus, to evaluate the appropriateness of their use is crucial.

Objectives: Describe the profile of dispensing of antiretroviral regimens and the adherence to Brazilian therapeutic guidelines for HIV treatment in adults.

Methods: Retrospective analysis of dispensing data of antiretroviral drugs from HIV/AIDS public referral centres in Minas Gerais state, Brazil. Data from the Medication Logistics Control System from 2014 to 2016 were reviewed. Antiretroviral regimens were classified into five categories according to 2014/2015 Brazilian guidelines: first line regimen – FLR, second line regimen – SLR, salvage therapy – ST, other regimens – OR and non-recommended regimen – NRR.

Results: A total of 917,754 antiretroviral regimens (equivalent to 696 different combinations and 42,302 patients) were dispensed: 60.3% FLR, 16.9% SLR, 3.2% ST, 19.3% OR and 0.3% NRR, being FLR, SLR and ST in accordance with the guidelines. FLR and SLR included most frequently combinations of tenofovir (or zidovudine) + lamivudine + efavirenz