

Documents

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A characterization of the HIV population with limited/exhausted treatment options: a multicenter Belgian study

(2024) *Acta Clinica Belgica: International Journal of Clinical and Laboratory Medicine*, 79 (3), pp. 153-159.

DOI: 10.1080/17843286.2024.2359184

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Abstract

Objective: Describe the prevalence and characteristics of people living with HIV (PLWH) in Belgium with limited/exhausted treatment options. Methods: A cross-sectional, multicenter study involving adult treatment-experienced individuals with limited/exhausted treatment options defined as having a multi-drug resistant HIV-1 or a history of multiple treatment changes. The primary outcome was to determine the prevalence of these individuals and classify them based on their two most recent consecutive HIV-1 viral loads (VLs): suppressed (2 VLs < 50 copies/mL), intermediate (≥1 VL between 50–200 copies/mL), or unsuppressed (2 VLs > 200 copies/mL). Secondary outcome was to characterize the participants included in this analysis. Results: There were 119 individuals included (prevalence of 0.97%; 119 of 12 282 in care). The majority were aged > 50 years (88.2%), women represented 35.3%, and individuals were primarily White (54.7%). Median (IQR) CD4+ T-cell count was 635 (400–875) cells/μL and most (42%) were on a 3-drug ART regimen. Overall, 87.4% were classified as suppressed, 9.2% as intermediate, and 3.4% as unsuppressed. On multivariable analysis, CD4+ T-cell count < 200 cells/μL was associated with being classified as intermediate or unsuppressed (p = 0.004). Conclusion: In this analysis of PLWH in Belgium, individuals with limited/exhausted treatment options represented a small fraction. Most were on a 3-drug ART regimen, were virologically suppressed, and had a CD4+ T-cell count within normal range. A small proportion were not virologically suppressed while others, despite being suppressed, were on ≥ 4-drug ART regimens. As such, new therapeutic options are needed to achieve and maintain virologic suppression in such individuals while decreasing their pill burden. © Belgian Society of Internal Medicine and Royal Belgian Society of Laboratory Medicine (2024).

Author Keywords

Belgium; extensive treatment history; HIV; limited/exhausted treatment options; multi-drug resistant HIV-1

Index Keywords

abacavir, atazanavir, bictegravir, cabotegravir, darunavir, didanosine, dolutegravir, doravirine, efavirenz, elvitegravir, emtricitabine, etravirine, fostemsavir, indinavir, lamivudine, lopinavir, nelfinavir, raltegravir, rilpivirine, saquinavir, stavudine, tenofovir alafenamide, tenofovir disoproxil, tipranavir, zidovudine, anti human immunodeficiency virus agent; adult, antiretroviral therapy, Article, Belgian, CD4 lymphocyte count, cross-sectional study, female, human, Human immunodeficiency virus 1, Human immunodeficiency virus 1 infection, Human immunodeficiency virus infected patient, major clinical study, male, middle aged, multicenter study, observational study, prevalence, treatment outcome, virologic suppression, virus load, Belgium, clinical trial, drug therapy, epidemiology, Human immunodeficiency virus infection, prevalence, virus load; Adult, Anti-HIV Agents, Belgium, CD4 Lymphocyte Count, Cross-Sectional Studies, Female, HIV Infections, HIV-1, Humans, Male, Middle Aged, Prevalence, Viral Load

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Publisher:

Taylor and Francis Ltd.

ISSN:

17843286

CODEN:

ACCBA

PubMed ID:

38813800

Language of Original Document:

English

Abbreviated Source Title:

Acta Clin. Belg. Int. J. Clin. Lab. Med.

2-s2.0-85195128948

Document Type:

Article

Publication Stage:

Final

Source:

Scopus