

**Temporal trend of the first prescription of nevirapine:
the ANRS CO3 Aquitaine Cohort, 1997-2008**

Mathias Bruyand, Stéphane Geffard, Sylvie Lawson-Ayayi, Frédéric-Antoine Dauchy, Ghada Miremont-Salamé, Carine Greib, Sophie Farbos, Philippe Morlat, François Dabis

► **To cite this version:**

Mathias Bruyand, Stéphane Geffard, Sylvie Lawson-Ayayi, Frédéric-Antoine Dauchy, Ghada Miremont-Salamé, et al.. Temporal trend of the first prescription of nevirapine: the ANRS CO3 Aquitaine Cohort, 1997-2008. Tenth International Congress on Drug Therapy in HIV Infection, Nov 2010, Glasgow, United Kingdom. BioMed Central, 13 (Suppl 4), pp.P37, 2010, Journal of the International AIDS Society. <10.1186/1758-2652-13-S4-P37>. <inserm-00668433>

HAL Id: inserm-00668433

<http://www.hal.inserm.fr/inserm-00668433>

Submitted on 9 Feb 2012

HAL is a multi-disciplinary open access archive for the deposit and dissemination of scientific research documents, whether they are published or not. The documents may come from teaching and research institutions in France or abroad, or from public or private research centers.

L'archive ouverte pluridisciplinaire **HAL**, est destinée au dépôt et à la diffusion de documents scientifiques de niveau recherche, publiés ou non, émanant des établissements d'enseignement et de recherche français ou étrangers, des laboratoires publics ou privés.

POSTER PRESENTATION

Open Access

Temporal trend of the first prescription of nevirapine: the ANRS CO3 Aquitaine Cohort, 1997-2008

M Bruyand^{1*}, S Geffard¹, S Lawson-Ayayi¹, F Dauchy², G Miremont-Salamé³, C Greib², S Farbos⁴, P Morlat⁵, F Dabis¹

From Tenth International Congress on Drug Therapy in HIV Infection
Glasgow, UK. 7-11 November 2010

Purpose

Nevirapine (NVP) is commonly prescribed in antiretroviral therapy (ART). We aimed at describing the evolving characteristics of the patients receiving a first prescription of NVP over 12 years in the ANRS CO3 Aquitaine Cohort, a French hospital-based HIV1-infected cohort.

Methods

All HIV1-positive patients of the participating clinics, aged over 13 and giving informed consent are included in the cohort. Patients receiving a first prescription of NVP between 1997 and 2008 are described at baseline and during follow-up according to their treatment status, ART-naïve or not. Chi-square test, signed rank Wilcoxon test, Mc Nemar test and log-rank test are used for comparisons.

Results

Among 5,566 cohort participants, 1,775 received a first NVP-based regimen during the study period, and 277 (16%) of them were naïve of ART at the time of NVP introduction. Pre-treated patients received ART prior to NVP for a median duration of 47 months (IQR: 27-76). The ratio pre-treated : naïve patients increased from 4.7:1 in 1997-1999 to 14.5:1 in 2006-2008, whereas, respectively 476 and 47 patients on average initiated NVP each year in these periods.

At the time of NVP initiation, the median age of the ART-naïve group was 36 years, vs 39 years in the pre-treated one ($p < 0.001$). Women accounted for 29% of

both groups. The naïve patients were rarely at the AIDS stage 4.7% vs 23.4% in the pre-treated group ($p < 0.001$). The median CD4 cell counts in the naïve and pre-treated groups were 365 and 390 cells/mm³, respectively ($p = 0.32$), and the median plasma HIV RNA loads were 19,000 and 2,200 copies/mL in naïve and pre-treated patients, respectively ($p < 0.001$).

Pre-treated patients were more likely to interrupt the NVP-based treatment ($p < 0.001$). Within 6 months after NVP initiation, 61 (22%) ART-naïve patients and 394 (26%) pre-treated patients interrupted NVP. After one year these proportions were 32% and 41%, respectively. Clinical or viro-immunological failure represented 40% of the causes of NVP interruption in pre-treated patients and 18% in naïve patients. Drug toxicity represented respectively 21% and 25% of the causes of NVP interruption in these groups.

Conclusion

The number of annual initiation of NVP based ART has decreased in the Aquitaine Cohort until 2005, and is stable since then. After one year of treatment, 40% of the patients had interrupted the NVP-based regimen. The main causes of discontinuation were clinical or viro-immunological failure and drug toxicity.

Author details

¹INSERM U897, 146 rue Léo saignat, Bordeaux, France. ²Services de médecine interne et maladies infectieuses, CHU de Bordeaux, Bordeaux, France. ³INSERM U657, Bordeaux, France. ⁴Service de médecine, CHR de Bayonne, Bayonne, France. ⁵Services de médecine interne et maladies infectieuses, Hôpital Saint André (CHU), Bordeaux, France.

¹INSERM U897, 146 rue Léo saignat, Bordeaux, France
Full list of author information is available at the end of the article

Published: 8 November 2010

doi:10.1186/1758-2652-13-S4-P37

Cite this article as: Bruyand *et al.*: Temporal trend of the first prescription of nevirapine: the ANRS CO3 Aquitaine Cohort, 1997-2008. *Journal of the International AIDS Society* 2010 **13**(Suppl 4):P37.

**Submit your next manuscript to BioMed Central
and take full advantage of:**

- Convenient online submission
- Thorough peer review
- No space constraints or color figure charges
- Immediate publication on acceptance
- Inclusion in PubMed, CAS, Scopus and Google Scholar
- Research which is freely available for redistribution

Submit your manuscript at
www.biomedcentral.com/submit

