

Real-life patient-reported outcomes among people living with HIV on single tablet regimens versus multi tablet regimens

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BACKGROUND

Single-tablet regimens (STRs) are the golden standard in HIV treatment. However, reintroducing the (generic) components as multi-tablet regimens (MTRs) could be an interesting cost-reducing strategy. It is essential to involve patient-reported outcome measures (PROs) to examine the effects of such an approach.

GOAL

Assessment of the difference and evolution in patient-reported outcomes in patients switching to a STR versus patients remaining on their multi tablet ART regimen.

METHODS

Prospective observational questionnaire study @ HRC Ghent

7 timepoints



RESULTS & CONCLUSIONS

Clinical parameters and patient-reported outcomes of the two groups were comparable at baseline.

In the STR-group, the odds of having neurocognitive complaints increased monthly by 4,1% as compared to the MTR-group (p=0.035).

Treatment satisfaction showed a contrary evolution in the groups: the estimated state score of the STR-group increased by 3,3 while it decreased by 0,2 in the MTR-group (p=0.003).

No differences over time between the groups were observed with regard to HRQoL, HIV symptoms, depressive symptoms and adherence.

Neurocognitive complaints were more frequently reported among people on an STR versus MTR. Treatment satisfaction in the STR-group increased over time. The long-term effects of both PROs should guide the decision-making on STRs vs. (generic) MTRs.

