Appraisal of treatment modification in HIV patients follow-up in the region of Segou, Mali

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Objectives

In the recent years, scaling-up of antiretroviral therapy (ART) in resource-limited settings increased the number of patients under ART and the duration spent under ART.

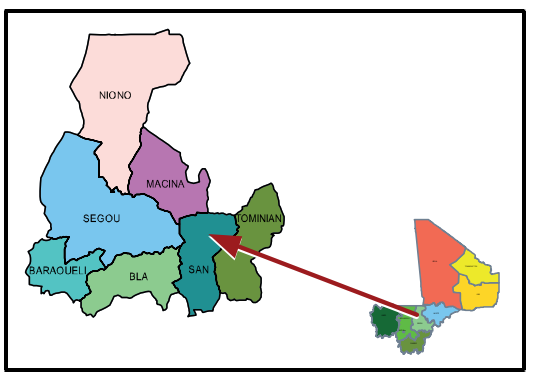
Our goal is to describe the management of ART modification in secondary health care settings in sub-Saharan Africa.

Methods

Since October 2003, in the region of Segou (Mali), HIV-care is provided free of charge to all patients through the Malian Initiative for HIV-care

HIV-care was initiated at the Regional Hospital in the city of Segou, then decentralised to other secondary structures within the city of Segou from 2005 and in the region from 2006.

After ART initiation, patients are clinically followed-up monthly and CD4 performed every 6 months.



As of march 2008, 1 866 HIV-infected patients have been prospectively followed.

Inclusion criteria

- Adult patients (≥15 years),
- Followed ≥3 months under >ART,
- Not entered in a PTME programme.

Definitions

Switch to second-line ART = at least 1 drug changed, with introduction of a new class of drug.

Results

865 patients were enrolled in the study and followed under ART in median for 15 months [IQR: 8-25]

Patients carachteristics at ART initiation

		N (%)	Median [IQR]
Gender	Men	328 (37.9)	
Age			34 [28 – 40]
HIV type	1	833 (96.3)	
	2	20 (2.3)	
	1 & 2	12 (1.4)	
WHO stage	1-2	138 (16.0)	
	3	528 (61.0)	
	4	199 (23.0)	
CD4 (cells/mm^3)		693 (79.8)	124 [55 – 205]
BMI (kg/m^2)		623 (71.8)	18.4 [16.6 – 20.8]
ART naïve	Yes	817 (94.5)	

First lines ART

	N (%)
2NRTI+NNRTI	
3TC-d4T-NVP	748 (86.1)
3TC-d4T_EFV	37 (4.3)
3TC-AZT-NVP	28 (3.2)
3TC-AZT-EFV	14 (1.6)
Other	3 (0.3)
2NRTI+PI	
3TC-d4T-IDV	28 (3.2)
3TC-AZT-IDV	9 (1.0)
AZT-DDI-IDV	1 (0.1)

40 (4.6%) Patients switched to second-line ART during the follow-up

Switch to second line ART	N (%)	Median time since ART initiation [IQR] (months)	Reasons for switching: Failure	AE	NA
0 NRTI changed	20	5 [1 – 12]	4	10	6
1 NRTI changed	11	16 [9 – 22]	7	3	1
2 NRTI changed	9	22 [13 – 36]	7	-	2
Median time from ART initiation [IQR] (months)			21 [14 – 36]	3 [1 – 6]	12 [5 – 14]

Switching for failure reasons occurs later than for adverse events (AE)

Mostly NVP skin toxicity

Conclusion(s)

This low rate of switch compares well with that of other programmes and suggests that:

- physicians are reluctant to give up first-line ART when they know that ART options are limited,
- access to viral load monitoring in resource-limited areas should be viewed as a priority to guide physicians in ART management and optimise the use of limited therapeutic options.

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