

Efficacy and safety of MVC in treatment-experienced over-sixty patients

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INTRODUCTION

Elderly patients are increasing in HIV population, due to both the late diagnosis of subjects with occult HIV infection and the HAART that prolongs survival. Few data about the safety and efficacy of HAART with new antiretroviral agents in elderly are available.

OBJECTIVE

Our aim was to evaluate efficacy and safety of MVC in over-sixty patients harbouring multi-drug-resistant HIV-1 CCR5-tropic virus.

METHODS

Six over-sixty patients treated with MVC and OBT were enrolled in the study. Data included demographics and history of HIV infection. Previous ARV therapy and laboratory data were extracted from medical records. Changes in CD4 counts were expressed by the median of their rate of change from baseline. Virologic and safety assessments were done. Median follow-up was 48 weeks (IQR 40-56).

Baseline characteristics	
Median age years (range)	66.5 (60-70)
Male n (%)	4 (67%)
Median duration of HIV infection years (range)	17.5 (14-20)
HIV risk factors n (%)	
Homosexual intercourse	2 (33%)
Heterosexual intercourse	3 (50%)
Other	1 (17%)
HIV Subtype B n (%)	6 (100)
HCV and HBV co-infection	none
Classe CDC C n (%)	1 (17%)
Median CD4 nadir cells/ml (IQR)	107.5 (166-410)
Median duration of therapy years (IQR)	14 (12-14)
Median of ARV per patients n (range)	5.5 (3-6)
Median historical GSS n (IQR)	8.9 (5-16)
Median HIV RNA pre-MVC log ₁₀ (IQR)	3.7 (3.2-4.2)
Median CD4 pre-MVC count cells/mmc (IQR)	369.5 (166-410)

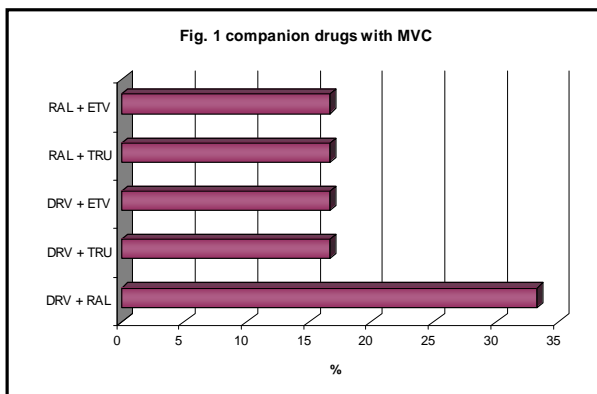


Fig 2. Decrease of HIV-RNA

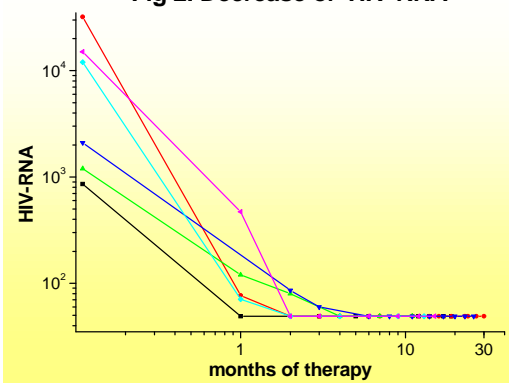
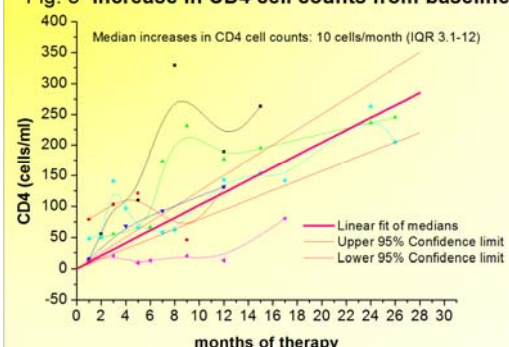


Fig. 3 Increase in CD4 cell counts from baseline



RESULTS

Male patients were 67%, median age was 66.5 years (IQR 60-70), median duration of HIV infection was 17.5 years (IQR 14-20), median duration of antiretroviral therapy was 14 years (IQR 12-14). HIV risk behaviour patterns were: homosexuals 33%, heterosexuals 50%, other 17%. The patients had received a median of 8.5 antiretrovirals per patient. One patient had diagnosis of Kaposi's sarcoma.

At baseline median CD4 cell count was 369.5 (IQR 166-410), median HIV-RNA was 3.7 log₁₀ (IQR 3.2-4.2) and median GSS was 8.9 (IQR 5-16). MVC was associated with an OBT containing Darunavir in 66.7%, Etravirine 33.3%, Raltegravir 66.7%, Truvada 33.3% of patients (Fig 1). MVC based regimens achieved HIV RNA <50 copies/ml limit within a median of 1.5 months of therapy (IQR 1-3) (Fig 2). Median increases in CD4 cell counts were 10 cells/month (IQR 3.1-12) (Fig 3). No serious adverse event, no virologic failure or treatment discontinuation were observed. Laboratory parameters showed a slight increase of triglycerides.

CONCLUSIONS

Maraviroc was highly effective and well tolerated in combination with other new antiretroviral agents including darunavir, etravirine and raltegravir in elderly treatment-experienced patients. In spite of old age, effective immunological response was observed.