ARV Therapies and Therapeutic Strategies
INDEPENDENT REPORTING ON IAS 2017

COMPREHENSIVE EXPERT REVIEW AND DISCUSSION OF KEY PRESENTATIONS

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SWITCHING FROM TDF/FTC/EFV TO TDF/FTC/RPV IN VIROLOGICALLY SUPPRESSED HIV-POSITIVE INDIVIDUALS WITHOUT PERCEIVED NEUROPSYCHIATRIC COMPLAINTS IMPROVES CNS ASSOCIATED SYMPTOMS

J.H. Vera, M. Bracchi, J. Alagaratnam, J. Lwanga,
C. Fitzpatrick, J. Fox, A. Winston, M. Nelson

Abstract WEPEB0536

DEMOGRAPHICS

Baseline Characteristics			Total
Number			41
Gender	n(%)	Male	38 (92.7)
		Female	3 (7.3)
Age	Median (range), years		47.3 (31 to 68)
Ethnicity	n(%)	White	36 (85)
		Afro-Caribbean	4 (10)
		Other	2 (5)
CD4 Count at Baseline	Median (range), cells/uL		563 (465-679)
Baseline HIV RNA <40 copies x mL	n(%)		41 (100)

RESULTS: TOTAL CNS SCORE

Number of Participants reporting any CNS Side Effect (Mild, Moderate or Severe) at weeks 4, 12, and 24 weeks

CNS Side Effects	Baseline n (%) n=41	4 Weeks n (%) n=40	12 Weeks n (%) n=39	24 Weeks n (%) n=37
Dizziness	10 (24)	2 (5)	5 (12)	5 (13)
Depression/Low Mood	14 (34)	14 (35)	16 (41)	17 (46)
Insomnia/Sleepiness	23 (56)	15 (37)	15 (38)	19 (51)
Anxiety/Nervousness	14 (34)	12 (30)	16 (41)	15 (40)
Confusion	3 (7)	7 (17)	3 (7)	5 (13)
Impaired Concentration	14 (34)	15 (37)	11 (28)	11 (29)
Somnolence	9 (22)	16 (40)	16 (41)	10 (27)
Aggressive Mood Behavior	9 (22)	7 (17)	5 (12)	7 (18)
Abnormal Dreams	22 (53)	12 (30)	10 (25)	8 (21)
Headache	12 (29)	7 (17)	7 (18)	7 (18)

A significant improvement in **the total CNS side effect scores** from baseline were observed at **4 weeks (P=0.028)** with a tend towards improvement at 12 weeks (P=0.064) after switching to RLP
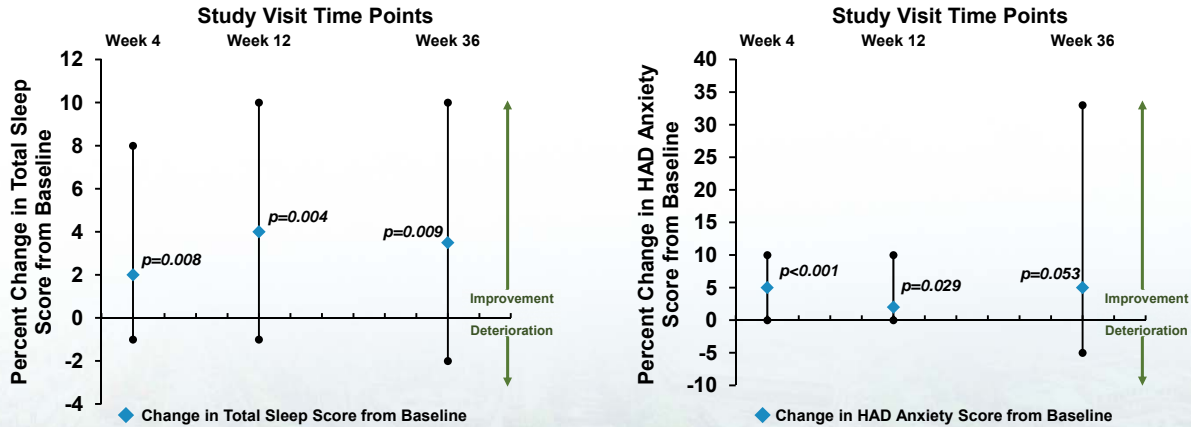
RESULTS: COGNITIVE FUNCTION

Cognitive Tests	Cognitive Domain	Baseline n=41	4 Weeks n=40	12 Weeks n=39	24 Weeks n=37
OCL (One Card Learning) Higher score = better performance	Learning Median (IQR)	0.95 (0.8 to 1)	0.98 (0.8 to 1)	0.98 (0.8 to 1)	1.1 (0.9 to 1)
			0.02 (-0.08 to 0.0) P=0.547	0.06 (-0.04 to 0.1) **P=0.017**	0.05 (-0.00 to 0.1) **P=0.035**
GML (Groton Maze Learning) Lower score = better performance	Executive Function Median (IQR)	13 (7 to 24)	10 (6 to 20)	10 (6 to 17)	10 (6 to 17)
			-7 (-19 to 5) P=0.147	-6 (-27 to 5) **P=0.007**	-8 (-25 to 7) **P=0.011**
IDN (Identification) Lower score = better performance	Attention Median (IQR)	2.71 (2.6 to 2.7)	2.71 (2.6 to 2.8)	2.75 (2.6 to 2.8)	2.75 (2.6 to 2.8)
			-0.01 (-0.03 to 0.05) P=0.24	0.02 (-0.01 to 0.06) **P=0.020**	0.02 (-0.02 to 0.08) **P=0.023**

RESULTS: SLEEP SCORES

Study Visit Time Points

Week 4   Week 12   Week 36

Percent Change in Total Sleep Score from Baseline

- p=0.008
- p=0.004
- p=0.009

Improvement / Deterioration

◆ Change in Total Sleep Score from Baseline

Study Visit Time Points

Week 4   Week 12   Week 36

Percent Change in HAD Anxiety Score from Baseline

- p<0.001
- p=0.029
- p=0.053

Improvement / Deterioration

◆ Change in HAD Anxiety Score from Baseline

- Improvements in QOL, sleep, HADS, composite CNS score and lipids observed

Point estimates are median change
Error bars are inter-quartile range

CONCLUSIONS

- Switching from TDF/FTC/EFV to TDF/FTC/RPV in virologically suppressed PWH without perceived CNS symptoms, was well tolerated and improved overall CNS side effects, sleep associated symptoms, cognitive function and quality of life