The HIV MDT: safe and cost effective?

Scott, Nicola; Torkington, Adele; Dancso, Balazs; Johnson, Leann
North West Infectious Diseases Unit, Manchester, UK

Background:
- Management of patients with HIV can be complex and challenging. Patients switch antiretroviral (ARV) treatment for reasons including virological failure, tolerability, drug-drug interactions and pill burden
- Switches are discussed at a weekly HIV Specialist Multidisciplinary team (MDT) meeting
- Decisions are guided by HIV Specialist Consultants, Nurses and Pharmacists
- Cost effectiveness is taken into account if there are equally good options available
- The aim of this study was to analyse the safety and cost effectiveness of switching ARV treatment during weekly specialist MDTs

Methods:
- Retrospective study to evaluate HIV infected patients discussed in the departmental MDT between 1st of January and 31st of March 2017
- Treatment naive patients were excluded
- Data collected included demographics, ARV treatment changes, and the reasons changes were made
- Data was collected by review of clinical and laboratory electronic records

Pre and Post MDT ART switches (n=84)

Cost in complex patients with resistance n=10 (£/month)

MDT on patients with Renal Side Effects (n=16)

Limitations: Retrospective evaluation that looked only at treatment experienced patients.

Conclusions:
- MDT guided ARV switches resulted in significant cost savings in treatment experienced individuals with no significant ARV resistance of more than 2485.54£/month
- Viral resistance management resulted in increased cost due to complex regimen switches
- Finding indicate that switch decisions were clinically safe, with improvement in renal function in those who switched due to renal side effects and a higher percentage of patients being virologically suppressed post MDT

88 patients have been discussed at MDT. Out of these 83 (94.3%) recommendations were followed in patients who were switched due to renal side effects, 31% and 50% of them showed stable and improved renal function (respectively) post MDT decision. MDT resulted more patients to have Undetectable Viral Loads.

References: