

The HIV MDT: safe and cost effective?

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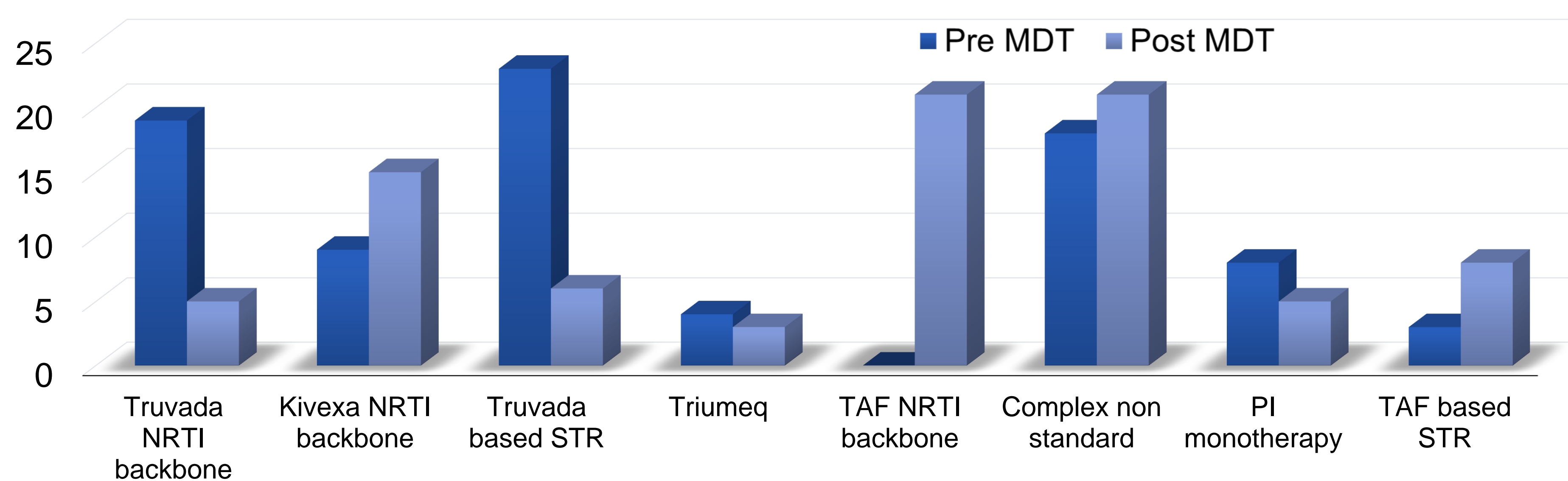
Background:

- Management of patients with HIV can be complex and challenging. Patients switch anti-retroviral (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 31th 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

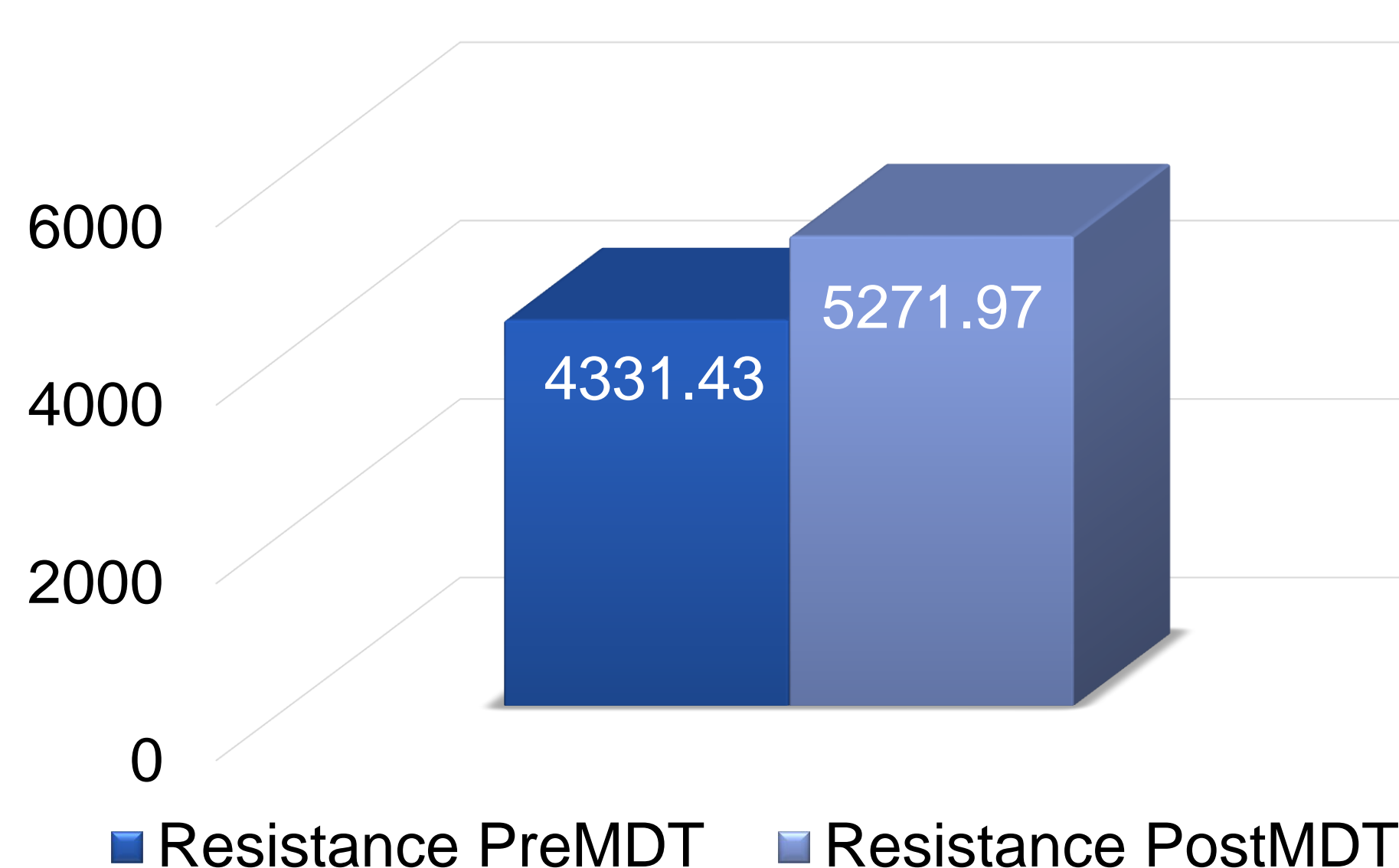
Pre and Post MDT ART switches (n=84)



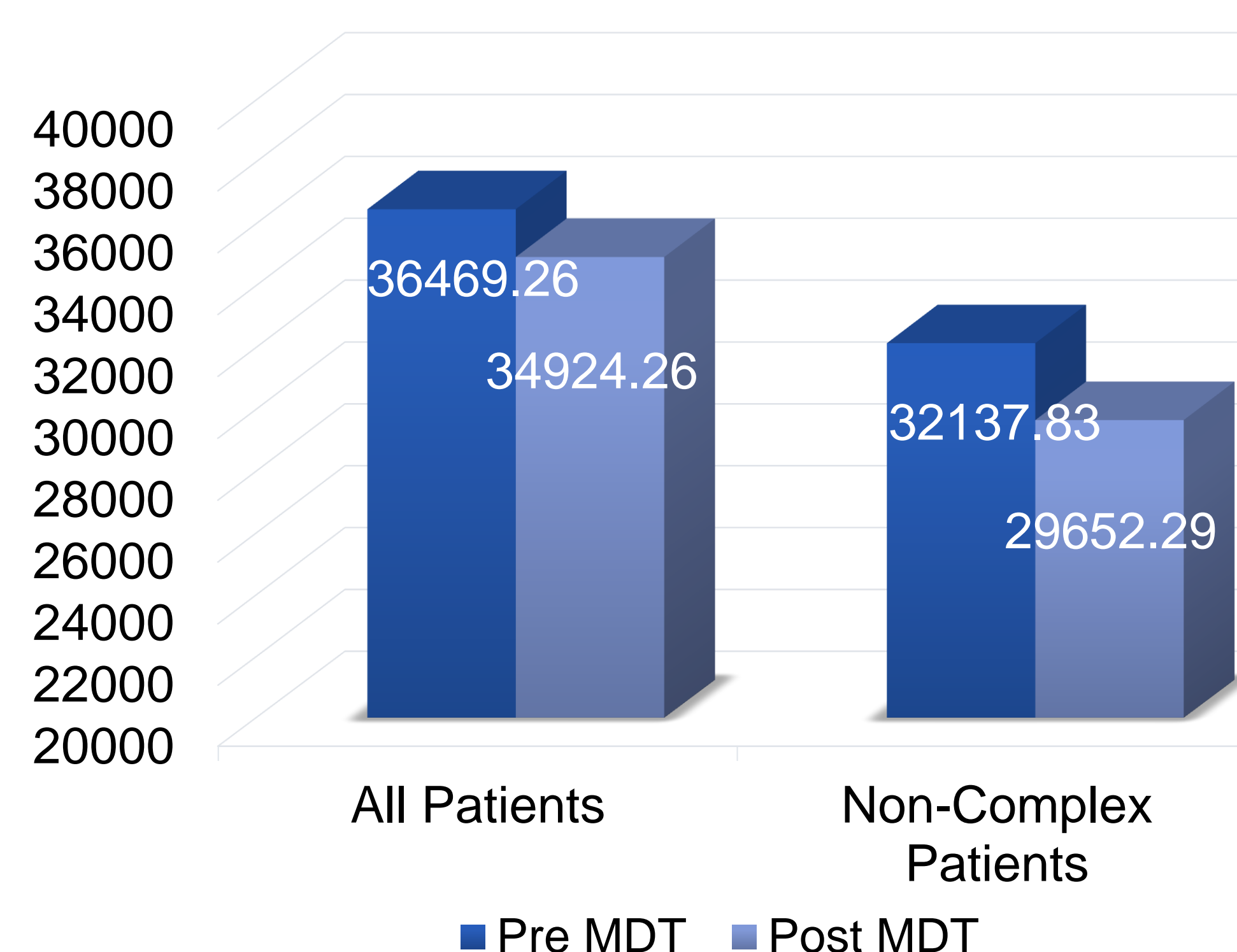
Characteristics		Number (%) N=88
Gender	Male	62 (70.5)
Age	Mean:	47.415 years
Ethnicity	Caucasian:	51 (58.0)
	African:	27 (30.7)
	Asian:	5 (5.7)
	Other:	5 (5.7)
Sexual Orientation	Heterosexual	32 (36.4)
	Homosexual	29 (33.0)
	Unknown	27 (30.7)

Reason for ARV switch	N=88 (%) patients	Cost of switch (GBP)
Adherence	17 (19.3)	+832.07£
Side effect Gastrointestinal	7 (8.0)	-389.43£
Side effect Renal	18 (20.5)	-905.98£
Side effect Hepatic	0 (0)	0.00£
Side effect CNS	8 (9.1)	-10.77£
Side effect Other	14 (15.9)	-834.44£
Drug-Drug Interactions	2 (2.3)	-482.88£
Resistance	10 (11.4)	+940.54£
Cardiovascular	6 (6.8)	+599.81£
Other	6 (6.8)	+430.94£

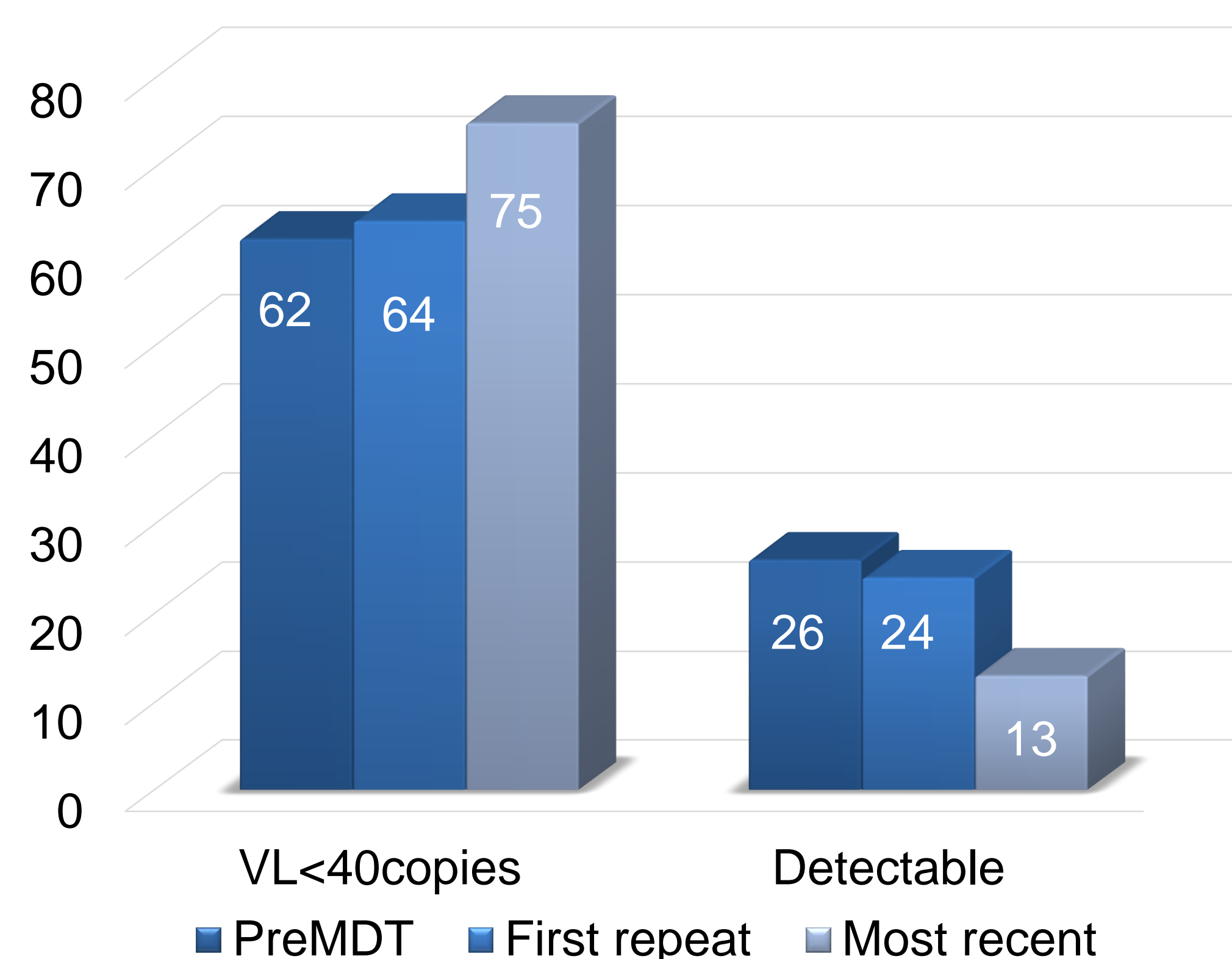
Cost in complex patients with resistance n=10 (£/month)



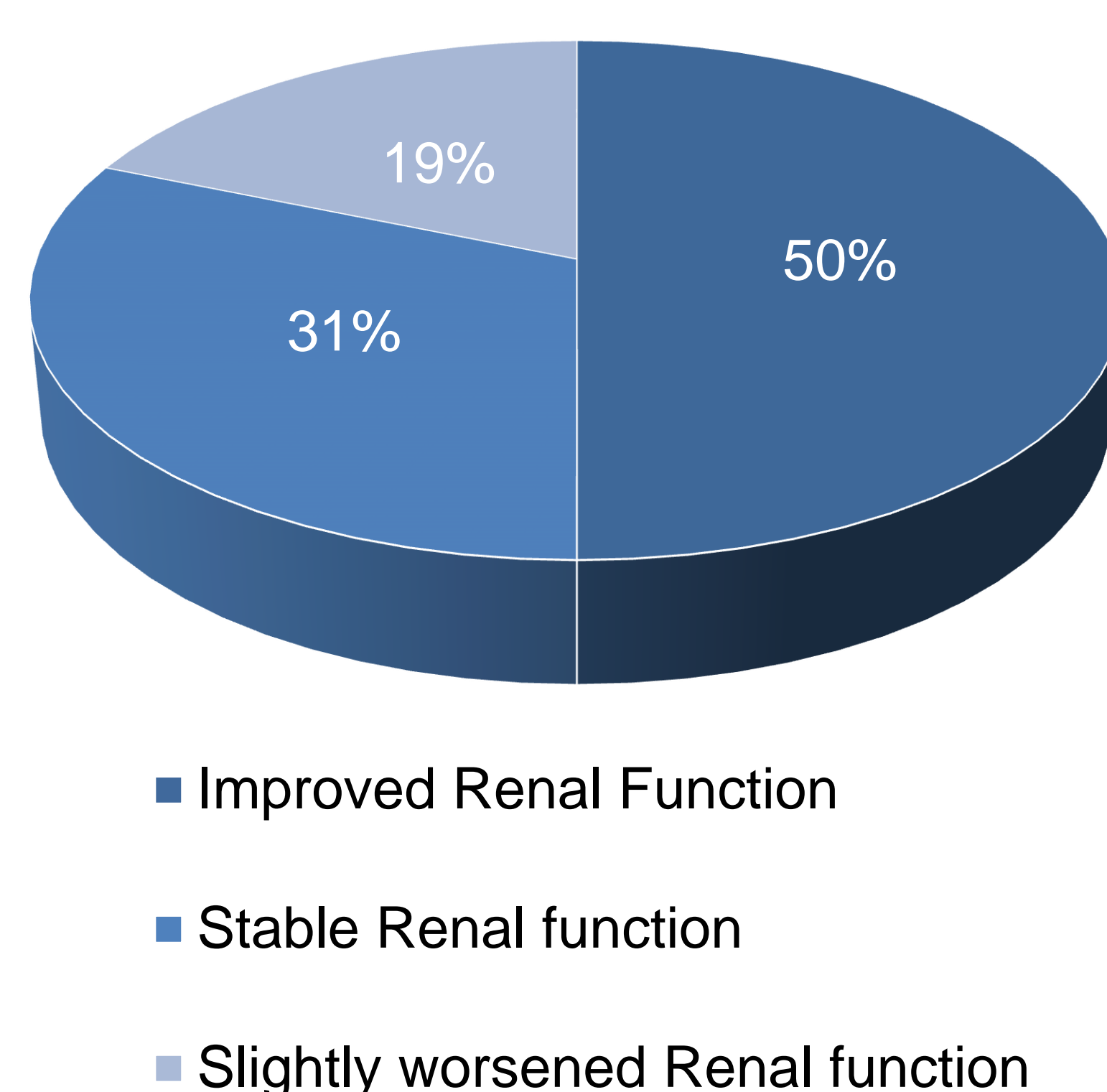
Cost Savings with MDT n=84 (£/month)



Impact of MDT on VL (n=88)



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:

1. BHIVA. Standards of care for people living with HIV. Available from <http://www.bhiva.org/documents/Standards-of-care/BHIVASTandardsA4.pdf> [accessed 6th July 2018]
2. F Dave, I Sayers, F Niazi, A Torkington, E Wilkins and K Ajdukiewicz. Cost impact of an HIV MDT for managing anti-retroviral switch. HIV Medicine. 2016;17(suppl. 1): 12