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NNRTI RALtegravir Lamivudine (NRL): the NatuRAL choice for ageing patients

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BACKGROUND

Ageing patients with HIV may not be suitable for abacavir or tenofovir based HAART. There is a growing need for new treatment strategies.

METHODS

The Joint HIV renal clinic identified 23 HIV positive patients on NNRTI Raltegravir Lamivudine(3TC) HAART and 1 patient who was on NNRTI + Raltegravir (no 3TC).
eGFR was calculated using CKD-EPI on all patients pre starting NRL and compared this to current eGFR or eGFR before switching off NRL.

Demographic, clinical and baseline data was also collected from patient records.

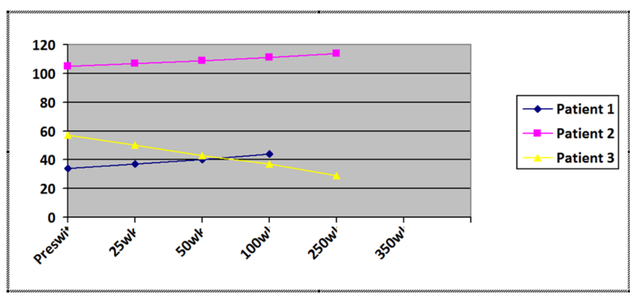
Patients on NRL 24 (including 1 not on Lamivudine)

11 men and 13 women, average age 64years (31-94)

88% over age 50years.

10/24 (42%) diabetic,
14/24 (58%) hypertensive,
4/24 (16%) HIVAN
11/24 (46%) had CKD3 or worse pre-switch to NRL .
15/24 (58%) had a baseline HIV VL>100,000.

eGFR changes using NRL 1st line

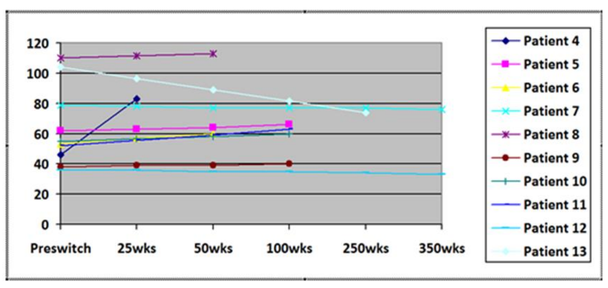


- Patient 1 BL VL 12,436
- HIVAN, Hypertension, Diabetes HbA1C 38
- Patient 2 BL VL 60,500
- Diabetes Hba1C 55 Hypertension
- Patient 3 BL VL 22,000
- Diabetic Hb1ac 49 Hypertension
- 100% VL<50

3 patients were new starters with
Pre-treatment VL's were 12,436, 22,000, 60,500 copies/ml
They have been on NRL for 92, 213 and 251 weeks respectively

eGFR improved in 2/3 new starters on NRL
Patient 3 whose eGFR did not improve had evidence of suboptimal diabetic control.
All 3 patients were VL<50 copies/ml at last clinic visit.

eGFR changes switching Tenofovir containing HAART → NRL



70% patients improved eGFR

Pre-switch 60% CKD 3→
Post switch 20% CKD 3

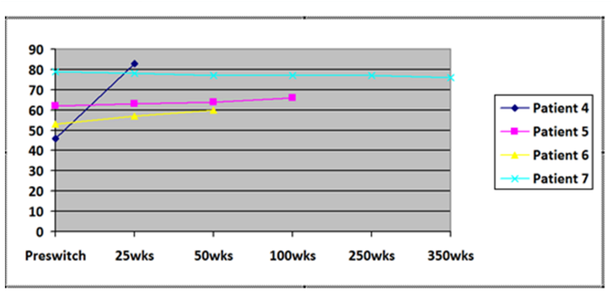
Evidence poor diabetic & /or BP control in 30% with no eGFR improvement

80% improved UPCR

100% VL<50

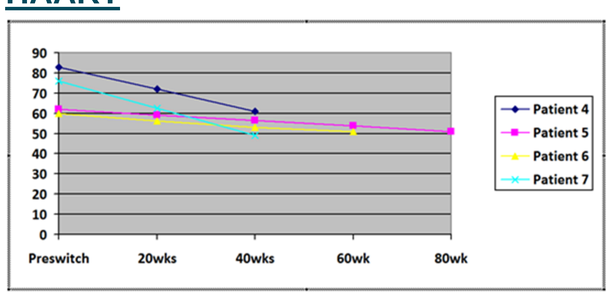
4 of these 10 were later switched from NRL to Tenofovir Alafenamide (TAF) based single tablet regimen (STR) for simplification reasons.
All 4 were eGFR >60ml/min on NRL. Post TAF STR switch all showed loss in eGFR on average 18ml/min (9-27) with average length TAF STR treatment 55 weeks (33-84 weeks). 3/4 (75%) of these patients now have an eGFR<60ml/min.

eGFR in patients 4,5,6,and 7 whilst on NRL



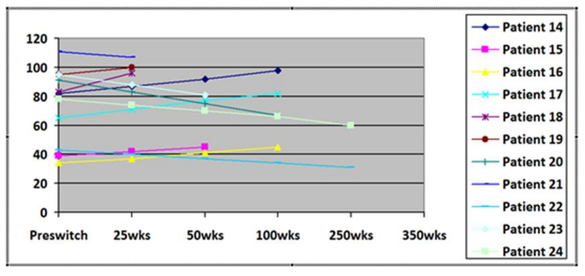
- 4 of these patients later switched to TAF →
- Patient 4 HIVAN
- Patient 5 Hypertension
- Patient 6 Diabetic Hb1ac 36 Hypertension & Gout
- Patient 7 Diabetes Hb1ac 94, Hypertension, IHD & Gout

eGFR changes when NRL patients 4-7 later switched to TAF based HAART



eGFR loss average 18 ml/min (9-27) on TAF average 55 weeks (33-84 weeks)

eGFR changes switching non Tenofovir containing HAART → NRL



54.5% patients improved eGFR

Pre-switch 30% CKD 3→
Post switch 30% CKD 3

Evidence suboptimal diabetic & /or BP control in 45.5% with no eGFR improvement

20% improved UPCR
10% worsened UPCR (SBP >90)

100% VL<50

Conclusions

NRL is an effective HAART option that is well tolerated with good preservation of renal function making it an ideal choice for ageing patients.

79% of these NRL patients are on generic NNRTI and 3TC making NRL extremely cost-effective.

Summary of results

All 24 patients are currently virologically suppressed on NRL including 1 patient who is not on 3TC. Total length of time on NRL is 3,121 weeks, average 130 weeks (19-375) 18/24 >48 weeks (75%).

The patient on just Raltegravir + NNRTI (without 3TC) had an extremely low pre-treatment Viral Load of 3,124 copies/ml.

Pre-switch 11/24 (46%) had eGFR<60ml/min. Post switch 7/24 (29%) had eGFR<60ml/min. Overall 15/24 (62.5%) patients had eGFR improvement post switch to NRL.

Switching from TDF to NRL showed the most eGFR improvement.

There were 4 patients who were later switched from NRL to TAF STR for simplification reasons after an average time of 136 weeks (range 19-375weeks). All 4 showed eGFR decline after TAF switch (average 18ml/min).

20/24 (83%) patients have remained on NRL for an average time of 128 weeks (15-336 weeks) showing they are able to tolerate the pill burden of 4-5 tablets.