Pediatric Dolutegravir is Highly Preferred by Patients/Caregivers in Nigeria and Uganda at One-Month After Initiation

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Background

The pediatric formulation of the antiretroviral drug dolutegravir (pDTG-10mg) became available for children living with HIV (CLHIV) weighing between 3kg - <20kg in 2021. This strawberry-flavored dispersible tablet once daily is expected to optimally improve the treatment outcomes of this vulnerable population. The Transitioning children to Optimal Regimens of Paediatric Dolutegravir (TORPEDO) study was developed in preparation for widespread national adoption of pDTG, stakeholders are learning from early adopter sites to ensure successful and efficient rollouts.

Understanding the experiences of patients and caregivers early on after initiation allows facilities and programs to systemically learn about and address concerns that are affecting the recipients of pDTG and may inhibit the successful future roll out of pDTG.

We are presenting 1-month findings from patients/caregiver surveys. Future presentations will include additional follow-up periods and data sources.

Results:

Baseline patient characteristics

405 children were enrolled in the study between October 2021 to March 2022 (180 in Nigeria and 225 in Uganda): 49% were male and 94% were treatment experienced – mean time on treatment was 3.2 years, of which most (98%) were switched from a ritonavir boosted lopinavir regimen that was tablets (83%) or pellets (16%). The average age was 5 years old.

Observations of side effects with pDTG

Changes in Side Effects Experiences since switching to pDTG (Tx Experienced only n=380)

- Improved taste and ease of administration were the most frequently mentioned as being ‘better’ with pDTG compared to previous pediatric ARV regimens.
- When asked about experiencing side effects, ‘increase in appetite’ was the most frequently mentioned with 23% have some level of experience. However, weight gains were not a major concern:

Satisfaction and Preferences of using pDTG

Given the choice between the previous ARVs and current ARVs with pDTG: does your child prefer the current regimen or the previous regimen before switching to this current regimen?

Conclusions and Limitations

Conclusions:

- There is a strong preference for the pDTG based regimen compared to the previous regimen, which were mostly LPV/r based; finding show this is mostly due to improved taste and ease of administration.
- While increase in appetite was the most frequently mentioned side effect since starting pDTG, this is not concluded as a negative outcome based on the surveys that showed many of the respondents reported this as “improved” and subsequent questions of weight gains were not a concern.
- Fewer missed doses with pDTG is expected to lead to improved viral suppression and health outcomes.

Limitations:

- Surveys were administered by facility HCW which may bias responses.
- Most of the survey responders were the caregivers and not the patients directly responding.
- Further follow-up is needed to better understand longer-term effects of pDTG on patients’ acceptability and health outcomes.

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