Switching from triple therapy to DTG/3TC in HIV-1 infected migrants without previous resistance test results

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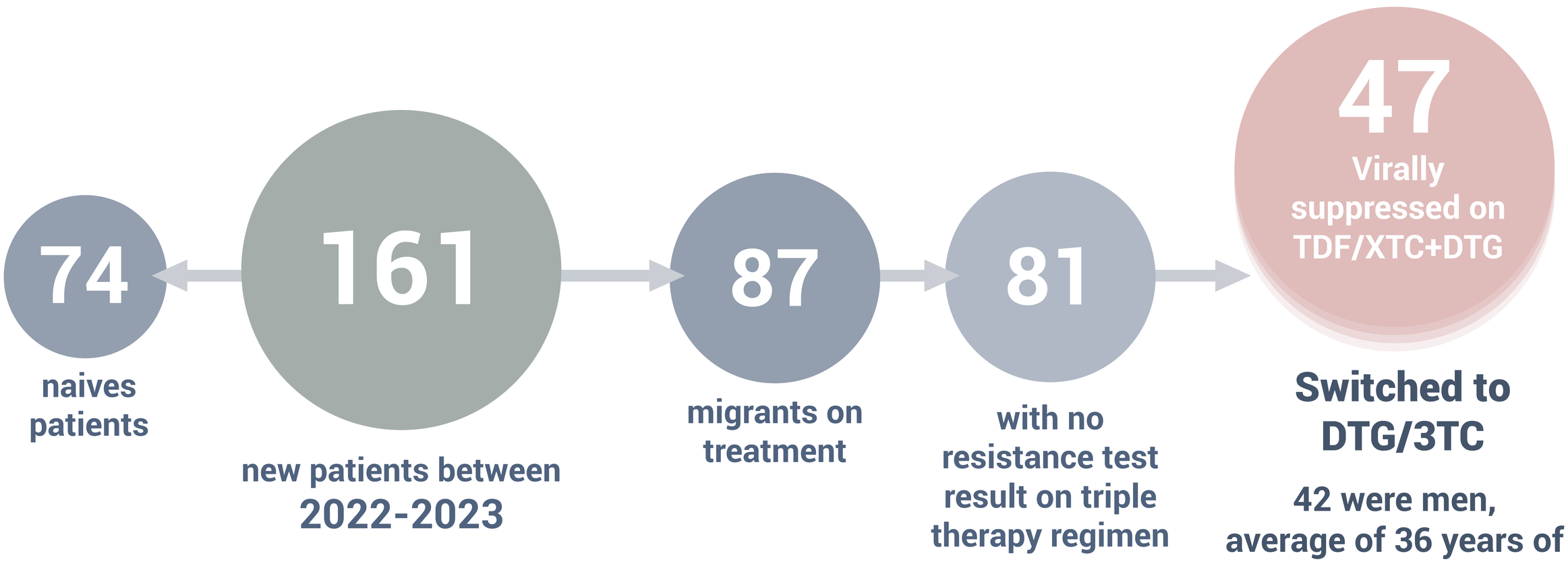
Background: Some clinicians still express concerns about DTG/3TC combination's robustness, particularly in patients on triple therapy without prior resistance test, due to the possibility of monotherapy in the presence of nucleoside mutations.

Methods: Retrospective evaluation of immunovirological response after switching from triple therapy to DTG/3TC in migrants living with HIV-1, who began regular follow-up between 2022-2023.



Before switch

BMI	CD4 total	CD4 %	CD4/CD8
76 Kg [55-120]	25 [18-37]	705/uL [177-1518]	35% [14-43]	0.96 [0.26-2.09]

56 weeks on treatment after switch (6-97)

BMI	CD4 total	CD4 %	CD4/CD8	100%
78 Kg [58-119]	25.6 [17-37]	792/uL [356-1518]	34% [16-50]	1.02 [0.29-2.06]	viral suppression

Conclusions: After switching from triple therapy to DTG/3TC, and more than a year of follow-up, this diverse migrant population, with a long duration of infection and potentially significant previous therapeutic variability, showed no treatment discontinuations; minimal impact on average weight and BMI; immunological status was maintained, with an increase in absolute CD4 count and CD4/CD8 ratio; and a sustained virological suppression in all patients.

The switch to DTG/3TC, a regimen with potentially lower long-term toxicity and few drug interactions, proved to be a solid option.