

## Switching to dual therapy in elderly and multi-experienced patients: profile of a reference service in Brazil

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### BACKGROUND

With the current availability of drugs with greater potency, tolerability and genetic barrier, interest in antiretroviral-sparing strategies to reduce toxicity, regimen complexity and costs has resurfaced (1). Current studies have already shown that this appears to be a safe option (2)(3)(4), but little has been studied to date in long-lived and multi-experienced populations.

### MATERIAL AND METHODS

To evaluate the profile of patients who switched to dual regimens (DTG + 3TC or DTG + DRV/r or DRV/r + 3TC) at the ADEE 3002 outpatient clinic. Retrospective analysis with data collected from April 2021 to December 2023 from PLWHA followed at the ADEE3002/HCFMUSP outpatient clinic, São Paulo. The patients evaluated were switched to the dual regimen having been undetectable for at least 6 months and with no reported resistance. Data were retrieved from medical records.

### RESULTS

The ADEE3002 outpatient clinic currently has 430 active patients, of which 34 are eligible for our analysis. The main characteristics of this population analyzed are: Men 29/34 (85.29%), mean age 55.6 years, mean time of HIV infection 18.5 years, mean CD4 nadir 327.44, previous diagnosis of advanced HIV in 10/34 (29.41%) and previous opportunistic infection in 7/34 (20.6%).

The average time of exposure to ARV was around 16 years, the average number of previous regimens was 4.12, exposure to integrase inhibitors 20/34 (58.8%), exposure to protease inhibitors 21/34 (61.76%). Only 8/34 (23.5%) of patients did not have any comorbidity. Among the main comorbidities were dyslipidemia 19/34 (55.9%), renal dysfunction 16/34 (47%), systemic arterial hypertension 14/34 (41.2%), type II diabetes 7/34 (20.6%), psychiatric comorbidities 6/34 (17.6%), lipodystrophy 6/34 (17.6%), osteopenia or osteoporosis 4/34 (11.8%), neurological sequelae 4/34 (11.8%).

### RESULTS

After 12 months of exchange, 32/34 (94.11%) remained undetectable. No virological failure or need to change the regimen was detected in the patients analyzed. CD4 T lymphocyte values remained without significant changes.

### CONCLUSIONS

Even in long-lived and multi-experienced populations, dual therapy regimens with DTG + 3TC or DRV/r + 3TC or DTG+DRV/r appear to be safe options in the management of comorbidities and adverse effects in PLWHA undergoing viral suppression without prior resistance.

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**Abbreviations:** Dolutegravir (DTG); Lamivudine (3TC); Darunavir / Ritonavir (DRV/r); People living with HIV AIDS (PLWHA)