

Shaping ART around individual needs: Maximizing adherence and quality of life



Disclaimer

- *Unapproved products or unapproved uses of approved products may be discussed by the faculty; these situations may reflect the approval status in one or more jurisdictions*
- *The presenting faculty have been advised by touchIME to ensure that they disclose any such references made to unlabelled or unapproved use*
- *No endorsement by touchIME of any unapproved products or unapproved uses is either made or implied by mention of these products or uses in touchIME activities*
- *touchIME accepts no responsibility for errors or omissions*

Expert panel



Prof. Jens Lundgren

University of Copenhagen,
Hvidovre, Denmark



Prof. Marta Boffito

Chelsea and Westminster Hospital
and Imperial College London,
United Kingdom



Ms Angelina Namiba

4M Network,
United Kingdom





Agenda

Individual needs and personalized assessment: A holistic approach to initiating ART for people living with HIV

Shared decision making in the selection of ART regimen

ART over a lifetime: The need for monitoring individuals' needs and rationale for ART adjustment

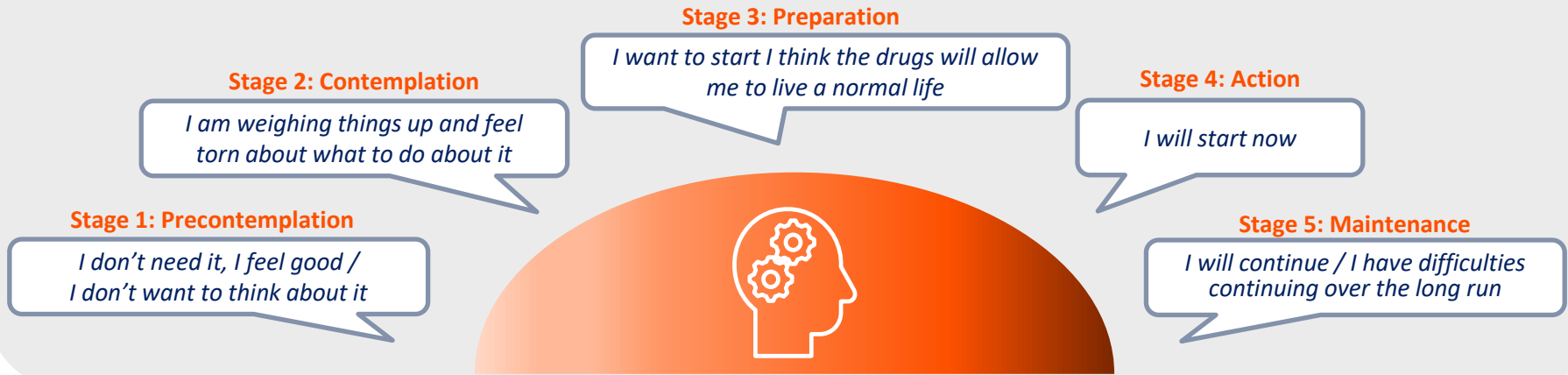


Individual needs and personalized assessment: A holistic approach to initiating ART for people living with HIV

Assessing readiness to start and maintain ART

- Starting ART is recommended for all newly diagnosed people living with HIV regardless of CD4 count
- Assessment of the readiness to start ART is essential
- A person can relapse to an earlier stage even from maintenance to precontemplation

Stages of readiness to start ART from EACS 2021

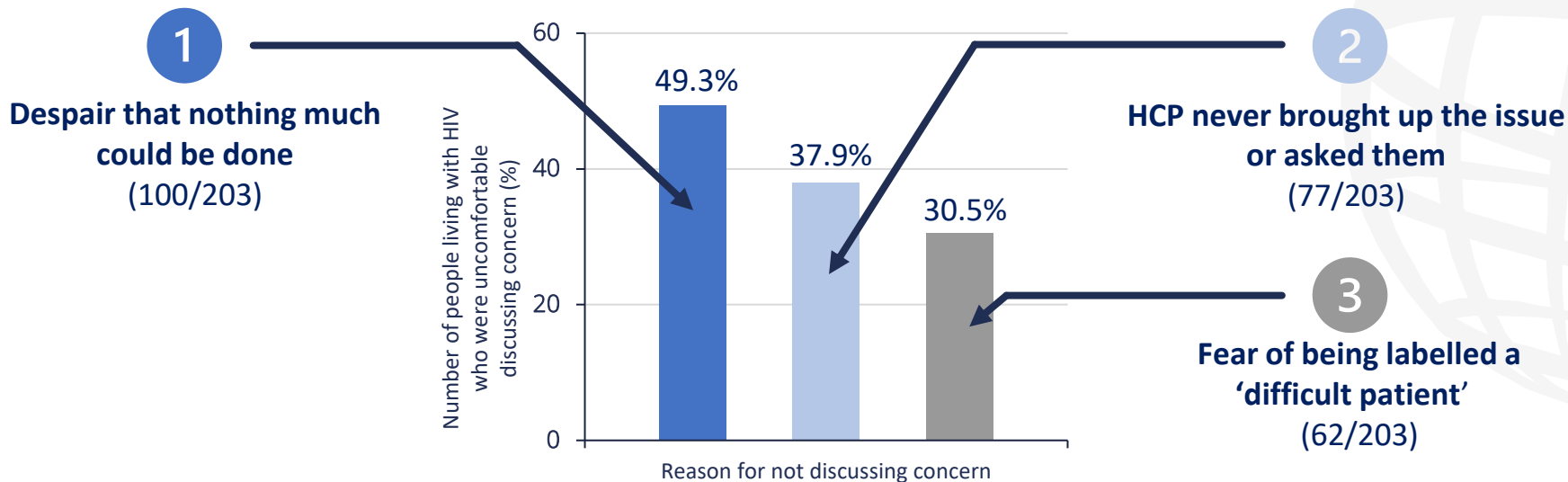


Barriers to communication with people living with HIV



One-third of people living with HIV with treatment-related concerns were uncomfortable discussing them with their clinician or provider

Among those who indicated that their HIV medication limits their life yet did not speak to an HCP, the top three barriers to communicating this were:





Shared decision making in the selection of ART regimen



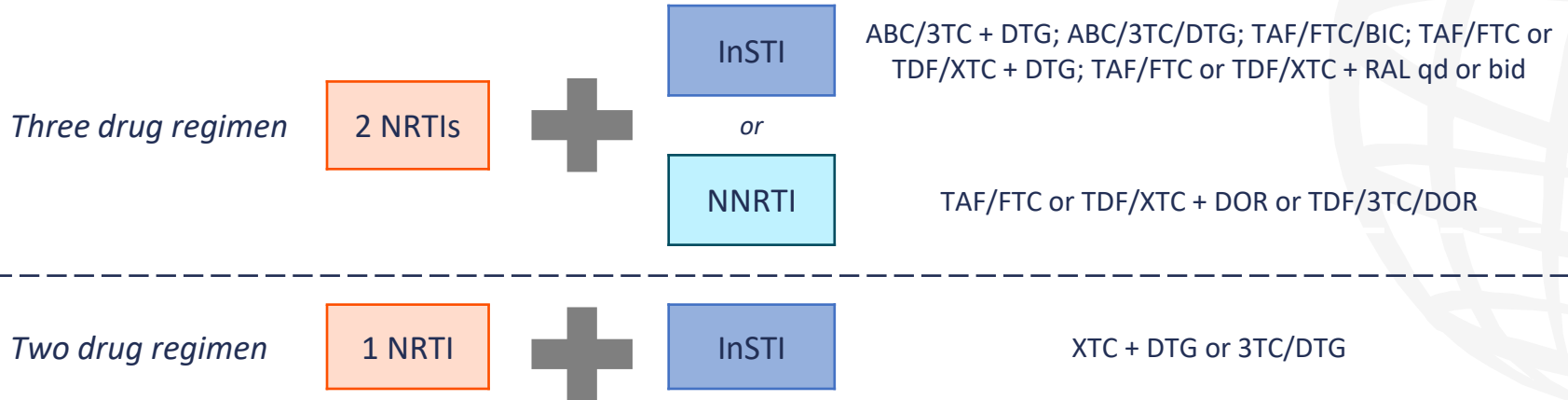
First-line ART regimens



The accepted standard of care in HIV treatment involves using a combination of three active drugs from at least two different classes

EASC 2022 guidelines for initial combination regimen for ART-naïve adults living with HIV

Recommended regimen



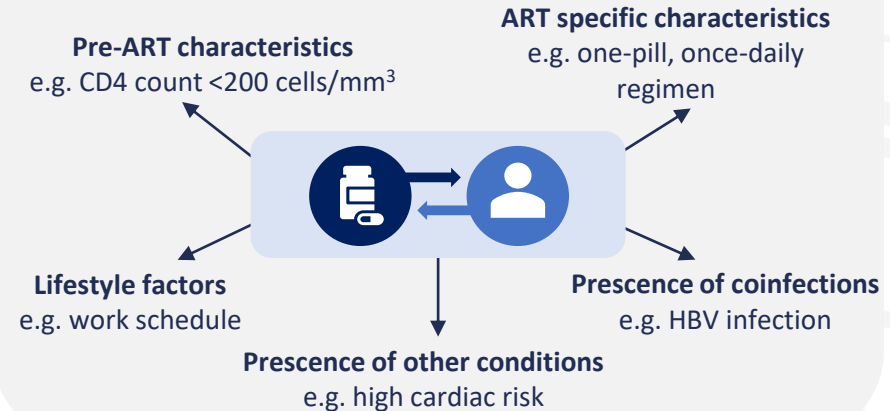
3TC, lamivudine; ABC, abacavir; ART, antiretroviral therapy; bid, twice daily; BIC, bictegravir; DOR, doravirine; DTG, dolutegravir; EACS, European AIDS Clinical Society; FTC, emtricitabine; HIV, human immunodeficiency virus; InSTI, integrase strand transfer inhibitor; NNRTI, non-nucleoside reverse transcriptase inhibitor; NRTI, nucleoside reverse transcriptase inhibitor; qd, once daily; RAL, raltegravir; TAF, tenofovir alafenamide; TDF, tenofovir disoproxil fumarate; XTC, 3TC or FTC. European AIDS Clinical Society. Guidelines 11.1. Available at: www.eacsociety.org/media/guidelines-11.1_final_09-10.pdf (accessed 25 May 2023).

Selecting an ART regimen

Key factors to consider:¹

- If a woman wishes to conceive or is pregnant
- If the person has:
 - An opportunistic infection
 - Tuberculosis
 - Potential treatment limiting comorbidities
 - Other medications
 - Swallowing difficulties
 - Acquired HIV while receiving PrEP

Patient and regimen characteristics to consider:^{2,3}



72.8% of recently diagnosed people living with HIV stated that they were interested in being involved in decisions about their HIV treatment*⁴


*Diagnosis year 2017–2019.

ART, antiretroviral therapy; CD4, cluster of differentiation 4; HBV, hepatitis B virus; HIV, human immunodeficiency virus; PrEP, pre-exposure prophylaxis.

1. European AIDS Clinical Society. Guidelines 11.1. Available at: www.eacsociety.org/media/guidelines-11.1_final_09-10.pdf (accessed 25 May 2023);

2. Department of Health and Human Services. Guidelines for the use of antiretroviral agents in adults and adolescents with HIV. Available at: clinicalinfo.hiv.gov/sites/default/files/guidelines/documents/adult-adolescent-arv/guidelines-adult-adolescent-arv.pdf (accessed 13 April 2023);

3. Gelhorn H, et al. *J Pers Med.* 2022;12:334; 4. Okoli C, et al. *AIDS Behav.* 2021;25:1384–95.



ART over a lifetime: The need for monitoring individuals' needs and rationale for ART adjustment

Barriers and facilitators of ART adherence¹⁻³



- Lack of social support
- Fear of disclosure of HIV
- Economic constraints
- Forgetfulness
- Religion
- Adverse reactions
- Comorbidities/drug-drug interactions*
- Pill burden



- Positive social support
- Family responsibilities
- Reminders
- Beneficial impact of ART
- Telephone consultations



Commitment to lifelong ART must take into account how private, social and professional life changes may impact people living with HIV's ability and attitude to ART adherence.

*Older individuals are more likely to develop age-associated comorbidities and receive one or more co-medications.²

ART, antiretroviral therapy; HIV, human immunodeficiency virus.

1. Ahmed A, et al. *Front Pharmacol.* 2022;12:807446; 2. Ahn MY, et al. *J Int AIDS Soc.* 2019;22:e25228; 3. Mohd Salleh NA, et al. *J Addict Med.* 2018;12:308-14.

Rationale for adjusting ART regimen^{1,2}

- Changing ART regimen is generally recommended when ART fails to suppress viral replication
- An adjustment in ART may be desirable even for people living with HIV who have achieved sustained virological suppression, reasons to consider regimen optimization include:



Simplify the regimen to reduce pill burden



Switch to long-acting injectable ART



Switch to more tolerable regimens



Avoid drug-drug interactions



Protect from HBV infection



Optimize for planned pregnancy



Fortify regimen



Reduce costs

ART, antiretroviral therapy; HBV, hepatitis B virus; HIV, human immunodeficiency virus.

1. European AIDS Clinical Society. Guidelines 11.1. Available at: www.eacsociety.org/media/guidelines-11.1_final_09-10.pdf (accessed 25 May 2023); 2.

Department of Health and Human Services. Guidelines for the use of antiretroviral agents in adults and adolescents with HIV. Available at: clinicalinfo.hiv.gov/sites/default/files/guidelines/documents/adult-adolescent-arv/guidelines-adult-adolescent-arv.pdf (accessed 13 April 2023).