Abstract 1.4

Effect of Switching from Efavirenz to Rilpivirine in the Treatment of HIV-infected Patients with Dyslipidemia

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Background: Rilpivirine (RPV), drug recently approved by the US FDA, is a non-nucleoside reverse transcriptase inhibitor, which has better lipid profiles than efavirenz (EFV) in treatment naïve patients. However the data on treatment experience is limited especially in dyslipidemic HIV-patients thus we aimed to assess the change of lipid profiles after switching from EFV to RPV in these patients.

Methods: In this prospective, open-label, cohort study, we enrolled HIV-1 infected adults who had received at least 6 months of EFV-based regimen, with HIV RNA <50 copies/mL for ≥6 months prior to switching. The primary objectives of this study were to analyze lipid changes and to evaluate the efficacy, safety, tolerability and any self-reported depression, using the Thai Depression Inventory, at 24 weeks.

Results: Fifty-three patients were enrolled and completed the study. At week 24, a significant decrease in the mean (95% confident interval, CI) total cholesterol (-28.06 mg/dL, 95%CI -35.20 to -20.91, p<0.0001), LDL-cholesterol (-20.96 mg/dL, 95%CI -28.12 to -13.80, p<0.0001), HDL-cholesterol (-5.11 mg/dL, 95%CI -7.79 to -2.44, p<0.0001) and triglyceride (-29.79 mg/dL. 95%CI -52.39 to -7.19, p=0.011) levels were observed. One patient had virologic rebound with HIV RNA of 114 copies/mL at week 24. Three patients had grade 2 elevation of liver enzymes. There was a worsening of depression at week 24 in 2 subjects. None of the patients discontinued RPV during the study.

Conclusion: Switching from EFV-based therapy to RPV-based regimen improved lipid profiles in fully suppressed HIV patients with dyslipidemia. This treatment should be considered in these patients.