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Temporal trend of the first prescription of nevirapine: the ANRS CO3 Aquitaine Cohort, 1997-2008

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Purpose

Nevirapine (NVP) is commonly prescribed in antiretroviral therapy (ART). We aimed at describing the evolving characteristics of the patients receiving a first prescription of NVP over 12 years in the ANRS CO3 Aquitaine Cohort, a French hospital-based HIV1-infected cohort.

Methods

All HIV1-positive patients of the participating clinic wards, aged over 13 and giving informed consent are included in the cohort. Patients receiving a first prescription of NVP between 1997 and 2008 are described at baseline and during follow-up according to their treatment status, ART-naïve or not. Chi-square test, signed rank Wilcoxon test, Mc Nemar test and log-rank test are used for comparisons.

Results

Among 5,566 cohort participants, 1,775 received a first NVP-based regimen during the study period, and 277 (16%) of them were naïve of ART at the time of NVP introduction. Pre-treated patients received ART prior to NVP for a median duration of 47 months (IQR: 27-76). The ratio pre-treated : naïve patients increased from 4.7:1 in 1997-1999 to 14.5:1 in 2006-2008, whereas, respectively 476 and 47 patients on average initiated NVP each year in these periods.

At the time of NVP initiation, the median age of the ART-naïve group was 36 years, vs 39 years in the pre-treated one (p<0.001). Women accounted for 29% of both groups. The naïve patients were rarely at the AIDS stage 4.7% vs 23.4% in the pre-treated group (p<0.001). The median CD4 cell counts in the naïve and pre-treated groups were 365 and 390 cells/mm^3, respectively (p=0.32), and the median plasma HIV RNA loads were 19,000 and 2,200 copies/mL in naïve and pre-treated patients, respectively (p<0.001).

Pre-treated patients were more likely to interrupt the NVP-based treatment (p<0.001). Within 6 months after NVP initiation, 61 (22%) ART-naïve patients and 394 (26%) pre-treated patients interrupted NVP. After one year these proportions were 32% and 41%, respectively. Clinical or viro-immunological failure represented 40% of the causes of NVP interruption in pre-treated patients and 18% in naïve patients. Drug toxicity represented respectively 21% and 25% of the causes of NVP interruption in these groups.

Conclusion

The number of annual initiation of NVP based ART has decreased in the Aquitaine Cohort until 2005, and is stable since then. After one year of treatment, 40 % of the patients had interrupted the NVP-based regimen. The main causes of discontinuation were clinical or viro-immunological failure and drug toxicity.

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