COVID-19 is an emerging, rapidly evolving situation.

 Full text links

 Get the latest public health information from CDC: https://www.coronavirus.gov

 Get the latest research from NIH: https://www.coronavirus.gov

 FREE

 Get the latest research from NIH: https://www.nih.gov

The new PubMed site will become the default in mid-May.

Click here to try it now!

Frequently asked questions

Format: Abstract

Int J Antimicrob Agents. 2019 Dec;54(6):728-734. doi: 10.1016/j.ijantimicag.2019.09.002. Epub 2019 Sep 12.

Long-term data on the efficacy and tolerability of lamivudine plus dolutegravir as a switch strategy in a multi-centre cohort of HIV-1-infected, virologically suppressed patients.

<u>Baldin G</u>¹, <u>Ciccullo A</u>², <u>Rusconi S</u>³, <u>Capetti A</u>⁴, <u>Sterrantino G</u>⁵, <u>Colafigli M</u>⁶, <u>d'Ettorre G</u>⁷, <u>Giacometti A</u>⁸, <u>Cossu MV</u>⁴, <u>Borghetti A</u>⁹, <u>Gennari W</u>¹⁰, <u>Mussini C</u>¹¹, <u>Borghi V</u>¹¹, <u>**Di Giambenedetto S**¹².</u>

Author information

Abstract

BACKGROUND: Results from clinical trials and observational studies suggest that lamivudine plus dolutegravir (3TC+DTG) could be an effective and tolerated option for simplification in human immunodeficiency virus (HIV)-1-positive patients.

MATERIALS AND METHODS: This observational study enrolled HIV-1-infected, virologically suppressed patients switching to 3TC+DTG. Kaplan-Meyer survival analysis was performed to evaluate time to virological failure (VF; defined by a single HIV-RNA determination ≥1000 copies/mL or by two consecutive HIV-RNA determinations ≥50 copies/mL) and time to treatment discontinuation (TD; defined as interruption of either 3TC or DTG), Cox regression was performed to assess predictors, and linear mixed model was performed for repeated measures to measure changes in immunological and metabolic parameters.

RESULTS: Five hundred and fifty-six patients were eligible for analysis. Their median CD4+ count at baseline was 668 cells/mm³ and median time of virological suppression was 88 months. Estimated probabilities of maintaining virological suppression at 96 and 144 weeks of follow-up were 97.5% [standard deviation (SD) 0.8] and 96.5% (SD 1.0), respectively. Years since HIV diagnosis was the only predictor of VF. In patients with time of virological suppression <88 months, the rate of VF was higher in the presence of the M184V mutation. Estimated probabilities of remaining on 3TC+DTG at 96 and 144

weeks of follow-up were 79.2% (SD 1.9) and 75.2% (SD 2.2), respectively. A significant increase in CD4 cell count (+44 cells/mm³, P=0.015), CD4/CD8 ratio (+0.10, P=0.002) and high-density lipoprotein cholesterol (+5.4 mg/dL, P=0.036) was found at 144 weeks of follow-up; meanwhile, total cholesterol (-9.1 mg/dL, P=0.007) and triglycerides (-2.7, P=0.009) decreased significantly.

CONCLUSIONS: These findings confirm the efficacy and tolerability of 3TC+DTG in virologically suppressed patients.

Copyright © 2019 Elsevier Ltd. All rights reserved.

KEYWORDS: ART; Dolutegravir; HIV; Lamivudine; Simplification; Two-drug regimen

PMID: 31521809 DOI: <u>10.1016/j.ijantimicag.2019.09.002</u>

[Indexed for MEDLINE] Free full text

Publication type, MeSH terms, Substances

LinkOut - more resources