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Poster Exhibition

Track B - Complications of Therapy

THPE0196 - Evaluation of a systematic substitution of zidovudine for stavudine-based HAART in a program setting in rural Cambodia

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Background: Highly active antiretroviral treatment (HAART) drug toxicity is an increasingly important concern in resource-constrained settings. Strategies to reduce toxicity and enhance long-term use of existing drugs are needed. We report the outcomes of a treatment strategy of substituting zidovudine (ZDV) for stavudine-based (d4T) HAART among adult patients treated in a Ministry of Health and Médecins Sans Frontières program in rural Cambodia.

Methods: Survival probability, CD4-gain and anemia incidence rates were recorded for adults switched from d4T to ZDV-containing regimens from March 2006 to March 2007. Patients included were switched to ZDV-containing regimens after having received d4T-based HAART for at least 6 months. Factors associated with severe anemia were analysed using logistic regression. Programmatic implications of this strategy were analyzed based on qualitative methods (interviews with patients, clinicians and program coordinators).

Results: From August 2003 to March 2006, 1693 patients above 15 years of age had started HAART in this program. Among 527 patients switched to ZDV after d4T-based HAART for a median of 18 months, 4 (0.8%) patients died, 2 (0.4%) were lost to follow-up, 18 (3.4%) were transferred-out and 503 (95.4%) remained on HAART. Median CD4-gain was +263.5 cells/ml (IQR: 189.25-369.5) at 24 months. Within 1 year after the switch, 21.9% patients developed grade 1-4 anemia and 7.1% developed severe anemia (grade 3-4). Low BMI (<=18) and low CD4-count (<200 cells/ml) were factors associated with severe anemia. Additional follow-up visits for lab monitoring and counselling resulted in increased absenteeism from work and transportation costs for the patients.

Conclusions: The switch strategy from d4T to ZDV led to satisfactory overall outcomes; however, it resulted in a relatively high incidence of mild to severe anemia and increased burden for the program and patients. Further research on the appropriateness of treatment switch strategies and their efficacy and safety is needed in resource-limited settings.
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