

MANEJO DEL PACIENTE VIH:

“ El Valor para el **Sistema** y para el **Paciente**”

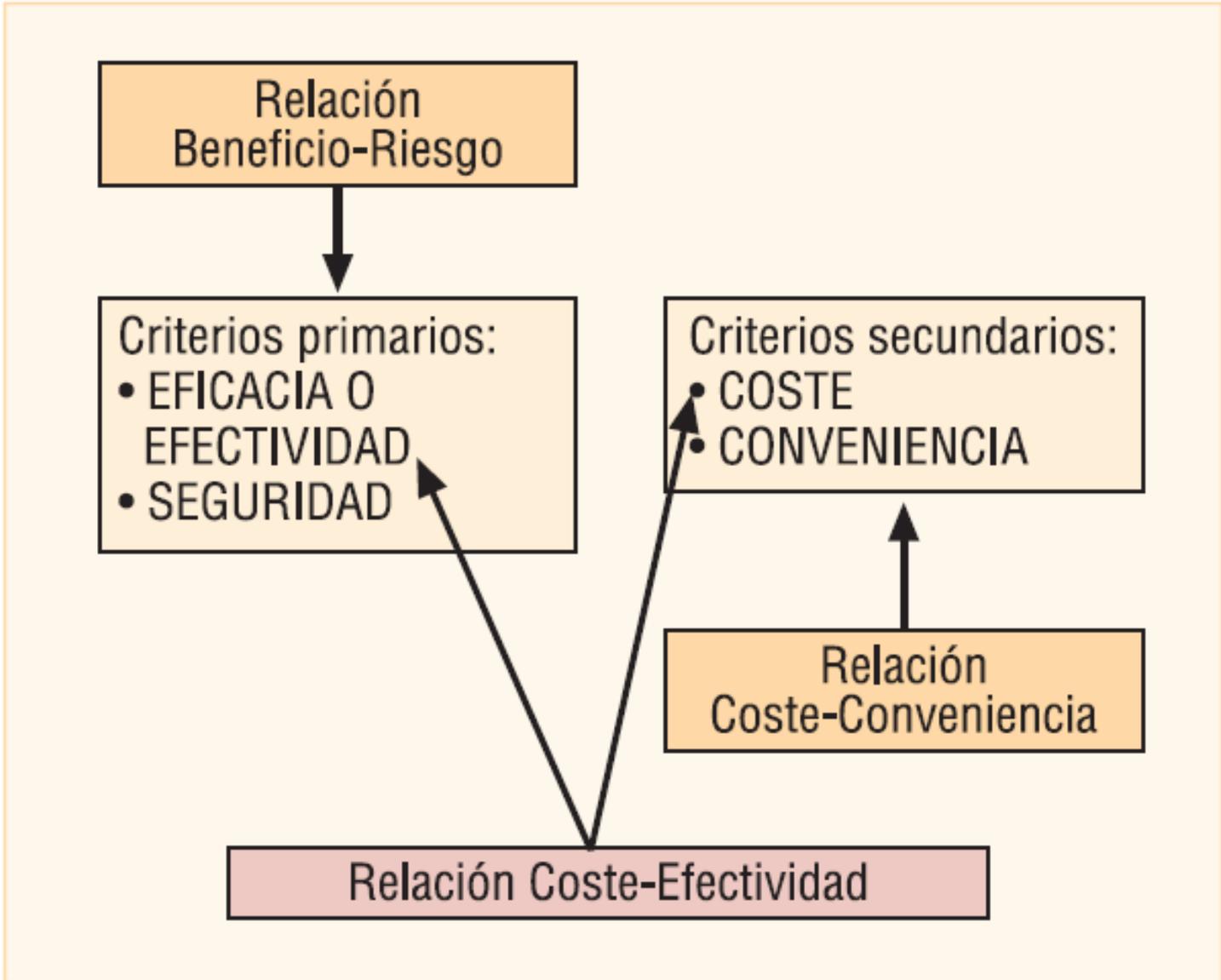


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EL PACIENTE





Efectos inhibitorios “in vitro” de COBI y RTV sobre CYP450

Inhibición más selectiva de COBI sobre CYP3A

**COBI, al igual que RTV,
ejerce una intensa inhibición sobre la isoenzima CYP3A**

**RTV inhibe intensamente otras isoenzimas (CYP2C8, CYP2C9, CYP2D6),
a diferencia de COBI**

CYP450 IC ₅₀ (μL)	1A2	2B6	2C8	2C9	2C19	2D6	3A
COBI	>25	2,8	30	>25	>25	9,2	0,2
RTV	>25	2,9	5,5	4,5	>25	2,8	0,2

Overview of potential DDIs* of boosted ARVs from the Liverpool HIV drug interactions charts

Commonly used co-medication classes (n [†])	RTV-boosted PIs, %	COBI-boosted EVG, %
Analgesics (20)	35–45	35
Antidepressants (23)	43–61	30
Antidiabetics (15)	67–73	67
Antipsychotics (16)	50–75	38
Antituberculosis drugs (15)	20–27	20
Anxiolytics and hypnotics (19)	63	63
Contraceptives and HRT (17)	88	88
Cytotoxics (38)	66–71	61
Antihypertensives (35)	31	31
Lipid-lowering drugs (11)	27–45	27
Recreational drugs (24)	63–67	50

*Potential DDIs include drugs that should not be co-administered/ may require a dosage adjustment or close monitoring;

†Number of drugs listed in each class

Back DJ. HIV Drug Interactions. Liverpool HIV Pharmacology Group (LHPG), University of Liverpool, UK.

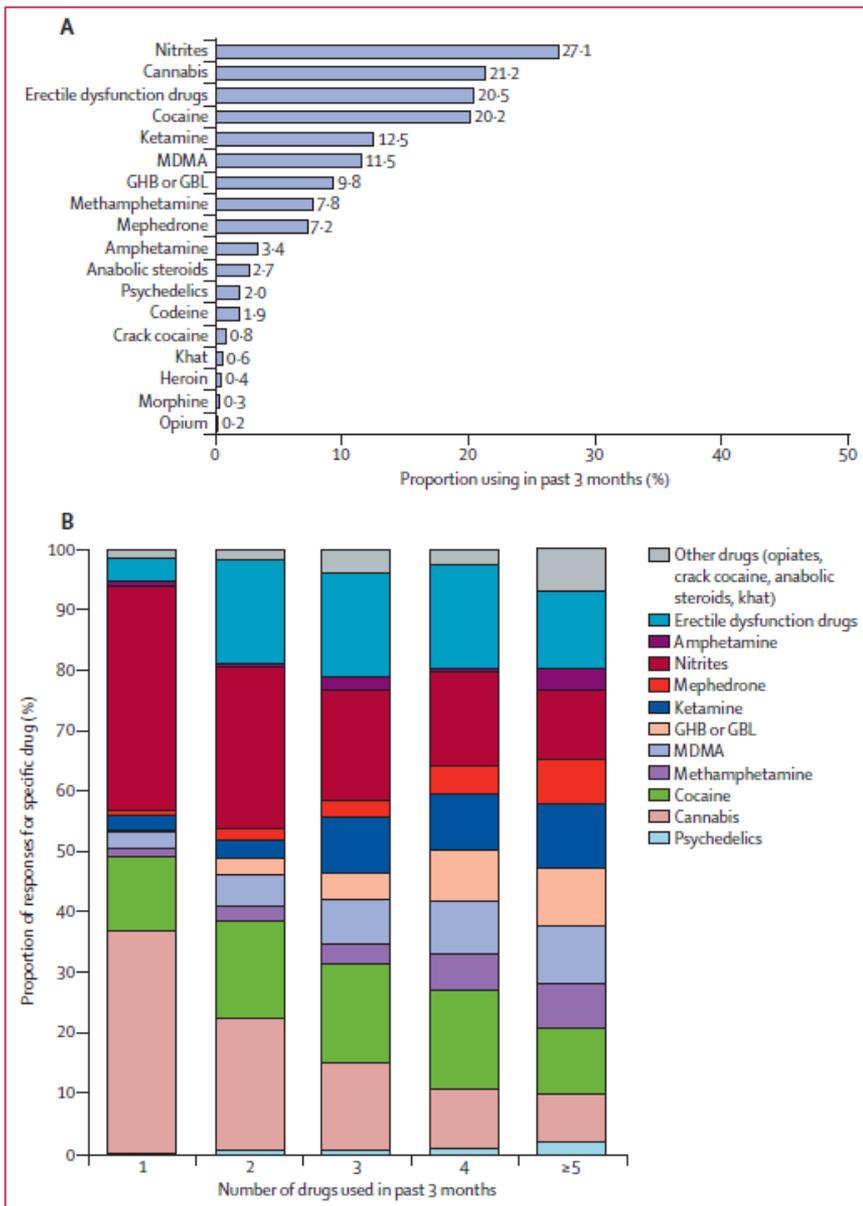
Available at <http://www.hiv-druginteractions.org> (accessed 20/02/2015)

Interacciones entre ARVs y anti-VHC-AAD

	ARV	SIM	DCV	SOF	SOF/LDV	3D
ITIAN	ITIAN (ABC, 3TC, FTC, ...)	•	•	•	•	•
	Tenofovir	•	•	•	•	•
ITINN	Efavirenz	•	•	•	•*	•
	Etravirina	•	•	•	•	•
	Nevirapina	•	•	•	•	•
	Rilpivirina	•	•	•	•*	•
Inhibidores Proteasa	Atazanavir ± rtv	•	•	•	•*	•
	Darunavir + rtv o co bi	•	•	•	•*	•
	Fosamprenavir	•	•	•	•*	•
	Lopinavir	•	•	•	•*	•
	Saquinavir	•	•	•	•*	•
Inhibidores Entrada e Integrasa	Dolutegravir	•	•	•	•	•
	Elvitegravir/cobi	•	•	•	•*	•
	Maraviroc	•	•	•	•	•
	Raltegravir	•	•	•	•	•

SIM, simeprevir; DCV, daclatasvir; SOF, sofosbuvir; LDV, ledipasvir; 3D, paritaprevir/rtv/ombitasvir/dasabuvir

*↑tenofovir



The “party drugs”

- GHB (gamma-hydroxybutyrate)
- Crystal meth
- Mephedrone
- MDMA
- Ketamine
- Nitrous oxide
- Benzodiazepine
- Erectile dysfunction agents [EDA] (phosphodiesterase inhibitors)

Figure 1: Recreational drug use in the past 3 months in HIV-diagnosed men who have sex with men
 (A) Prevalence of recreational drug use in 2248 individuals. (B) Type of drug according to number of drugs used in 1138 individuals who used at least one drug. GHB=gamma-hydroxybutyrate. GBL=gamma-butyrolactone. MDMA=3,4-methylenedioxy-N-methylamphetamine.

Aspectos básicos a considerar

Ventajas de los regímenes SIN potenciador

Tolerabilidad

Interacciones PK (DDI)

Tratamiento farmacológico
ACTUAL

Tratamientos
NO PREVISIBLES

PSICOFÁRMACOS

DROGAS RECREATIVAS

Manejo seguro en tiempo real

Prevención de futuras DDI

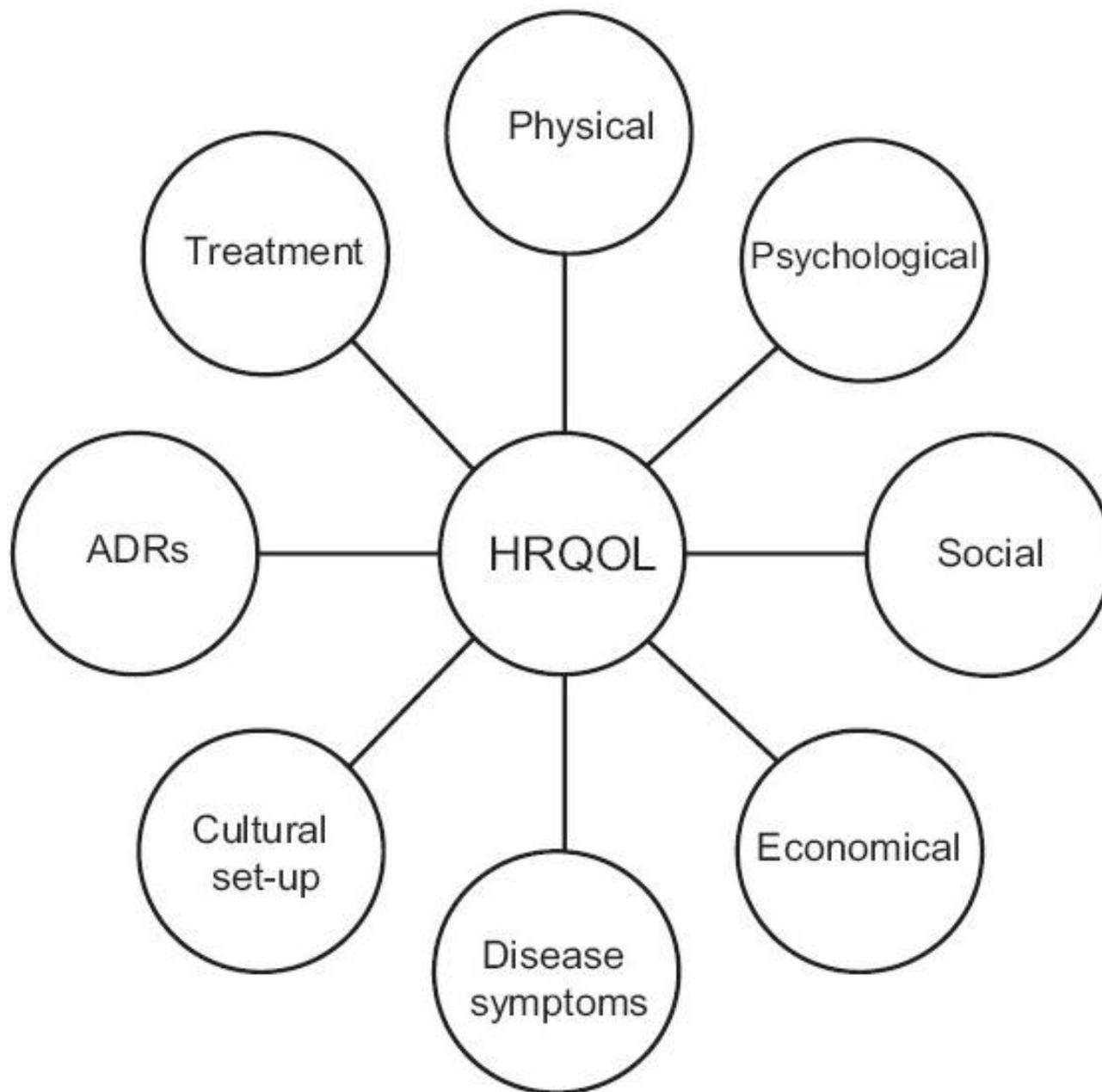
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Patient-Reported Outcomes (PRO)

Table 1: Data can only be obtained from the patient

- Various symptoms
 - Symptoms not obvious to observers
e.g. fatigue, headache
 - Psychological symptoms
e.g. depression, anxiety
 - Symptoms in absence of observer
e.g. sleep disturbances
 - Frequency of symptoms
e.g. Does the headache occur daily or weekly or monthly?
 - Severity of symptoms
e.g. Headache is severe or moderate or mild?
 - Nature and severity of disability of the patient
e.g. How severe is the breathlessness?
 - The impact of disease or condition on daily life of the patient
e.g. Does rheumatoid arthritis interfere with the activities of daily living of the patient? If yes, how much is the impact?
 - Perception or feeling of the patient towards the disease or the treatment given
e.g. Is the patient satisfied with the treatment given?
-



EL SISTEMA «NACIONAL» DE SALUD



Relación
Beneficio-Riesgo



Eficacia Seguridad Calidad Eficiencia

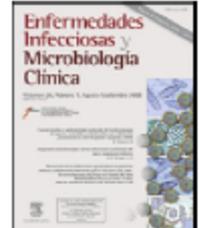
Relación Coste-Efectividad



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Original article

Costs and cost-effectiveness analysis of 2015 GESIDA/Spanish AIDS National Plan recommended guidelines for initial antiretroviral therapy in HIV-infected adults

Juan Berenguer^a, Antonio Rivero^{b,*}, Antonio Javier Blasco^c, José Ramón Arribas^d, Vicente Boix^e, Bonaventura Clotet^{f,g,h}, Pere Domingoⁱ, Juan González-García^d, Hernando Knobel^j, Pablo Lázaro^c, Juan Carlos López^a, Josep M. Llibre^{f,g}, Fernando Lozano^k, José M. Miró^l, Daniel Podzamczer^m, Montserrat Tusetⁿ, Josep M. Gatell^l, GeSIDA Antiretroviral Therapy Cost-efficacy Study Group

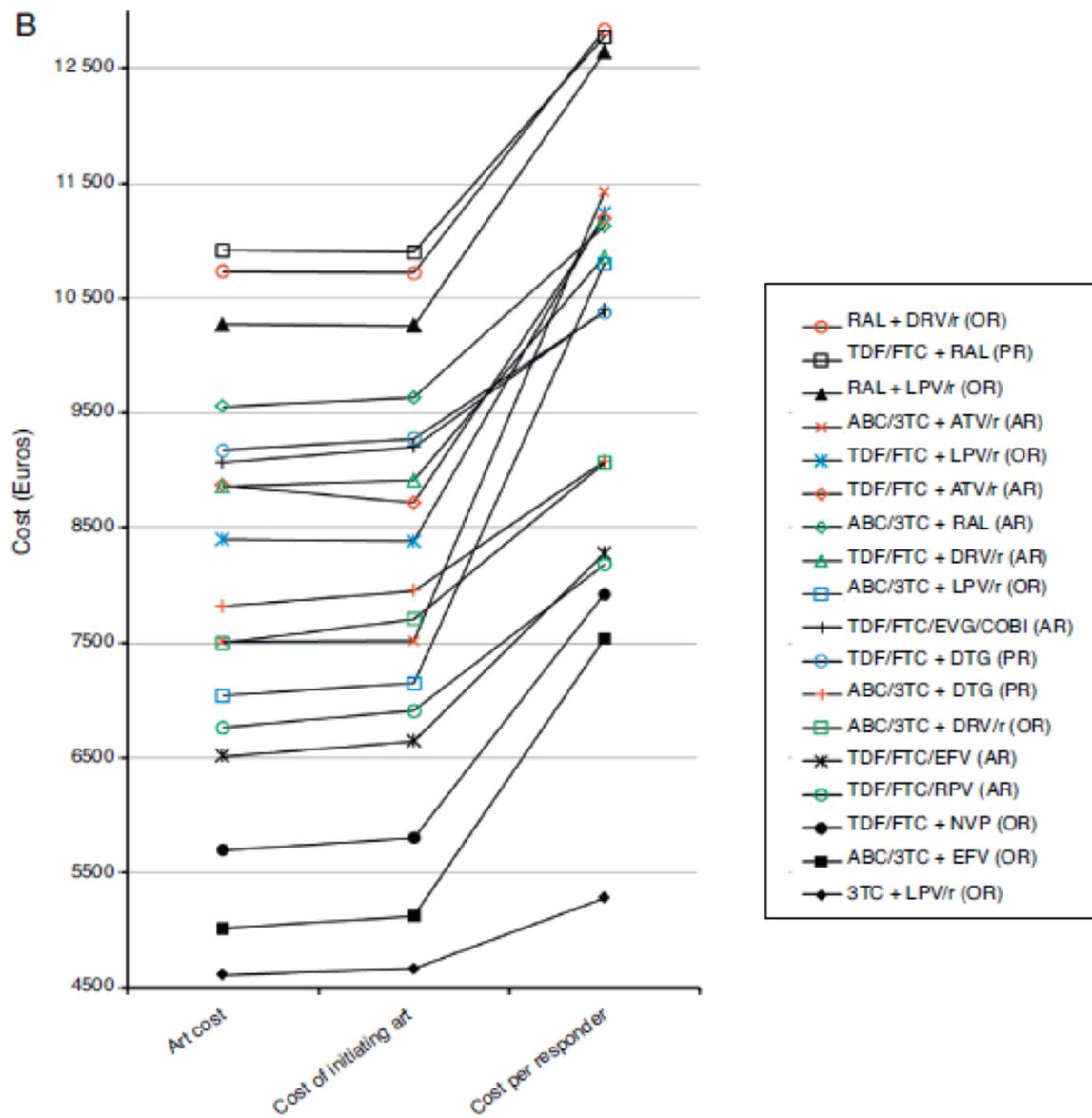
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Figura 3: Plano de Coste-Efectividad incremental

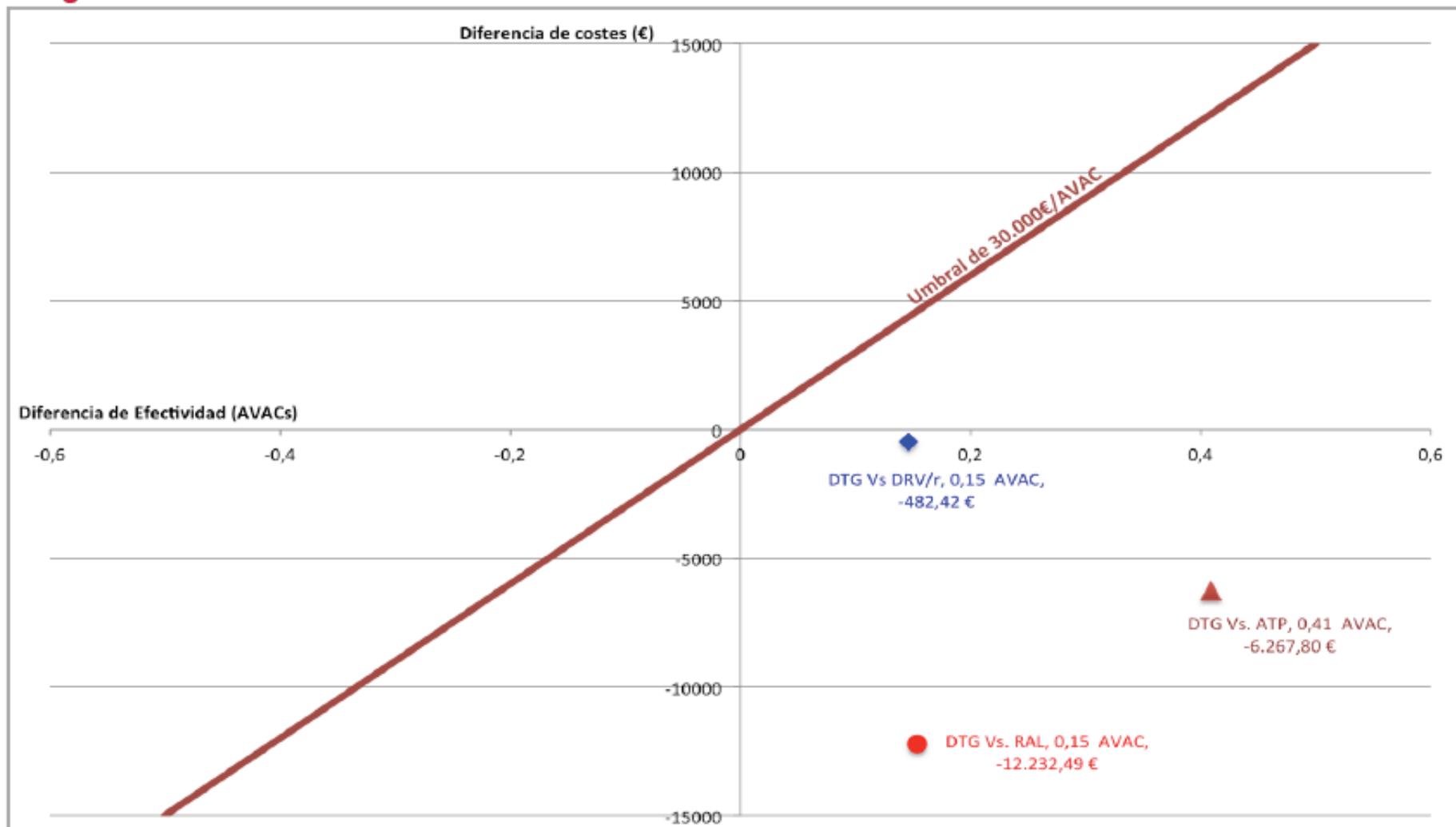


Figure 3. Cost-effectiveness Plot (One million patients simulated)

