



Polypharmacy, anticholinergic burden, and drug-drug interaction assessment in people living with HIV harboring a 4-class resistance: data from the PRESTIGIO Registry

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Purpose

Over the last years, assessment of drug-drug interactions (DDIs) and anticholinergic burden (ACB) has emerged as a clinical problem, especially in people living with HIV (PLWH) on polypharmacy. PLWH and a resistant virus to all 4 classes of antiretrovirals (4DR-PLWH) often require complex treatment regimens¹, potentially causing DDIs.

Methods

This is a cross-sectional study, including 4DR-PLWH of the PRESTIGIO Registry (multicenter Italian cohort) taking at least one non-antiretroviral drug. Polypharmacy was defined as taking ≥ 5 non-antiretroviral drugs/person. The cumulative ACB of one or more drugs with anticholinergic activity, was calculated using the ACB scale: 0= no AC effect, 1-2= low/moderate risk, ≥ 3 = high anticholinergic risk. DDIs evaluated from the Liverpool database. Characteristics of people classified according to ACB score were compared using the Kruskal-Wallis test; Spearman's correlation coefficient calculated to assess linear relationship.

Results (I)

Overall, 172 4DR-PLWH were evaluated: 62 (27.1%) on polypharmacy, 109 (63.4%) treated with an INSTI-based regimen, 124 (72.1%) using a boosting agent, and 72 (41.8%) with 4 or more antiretrovirals. Other characteristics in Table 1. Based on ACB scale, 33/172 (19.2%) and 11/172 (6.4%) had a low/moderate and high AC risk, respectively. The most common drugs for ACB are reported in Table. 2.

Results (I)

The high ACB was significantly related to the number of drugs/person ($r = 0.327$, $p < 0.0001$) and the number of previous clinical event ($r = 0.222$, $p = 0.004$). Overall, we found 258 DDIs between ARVs and comedications in 115 (66.8%) PWH, and 14 (8.1%) PLWH received contraindicated drug combinations (Table 3).

Table 1. Demographic, immunologic, virologic characteristics according to ACB score.

Variable	Overall (N=172)	Score ACB ≥ 3 (n=11)	Score ACB=1-2 (n=33)	Score ACB=0 (n=128)	P-value
Age (years), median (IQR)	49.95 (45.6 – 56)	51.25 (45.34 – 55.2)	49.87 (46.3–56)	49.82 (45.5–54)	0.726
Male Gender, n (%)	130 (75.6)	10 (90.9)	26 (78.8)	94 (73.4)	0.386
ART duration (years), median (IQR)	25.76 (22.3–28.7)	26.16 (19.4–29)	26.25 (22.3–29)	25.72 (22.3–28.4)	0.744
CD4 ⁺ cell count (cells/ μ L), median (IQR)	537 (331.5–818)	574 (372 - 628)	414 (326-740)	537 (338.5–843)	0.657
HIV-RNA <50 (copies/mL), median (IQR)	121 (70.3)	9 (81.8)	25 (75.8)	87 (68)	0.187
History of MACEs, n (%)	22 (12.9)	1 (9.1)	10 (30.2)	11 (8.7)	0.114
History of Malignancies, n (%)	25 (14.5)	3 (27.3)	5 (15.2)	17 (13.3)	0.126
History of Hypertension, n (%)	35 (20.3)	2 (18.2)	7 (21.2)	26 (20.3)	0.977
History of Neuropsychiatric diseases, n (%)	39 (22.7)	9 (81.8)	7 (21.2)	23 (18)	0.0008

Table 3. Summary of DDIs in the PRESTIGIO Registry

	Overall n=258		Potential weak		Potential		Do not coadminister	
	n	%	n	%	n	%	n	%
Antiretroviral causing DDIs								
Ritonavir	115	44.6	42	16.5	65	25.2	8	3.1
Cobicistat	79	30.6	28	11.0	47	18.2	4	1.6
Etravirine	27	10.5	14	5.5	13	5.0	0	0.0
TAF/FTC or TDF/FTC	7	2.7	6	2.4	1	0.4	0	0.0
Dolutegravir	8	3.1	2	0.8	6	2.3	0	0.0
Bictegravir	3	1.2	0	0.0	3	1.2	0	0.0
Fostemsavir	7	2.7	2	0.8	5	1.9	0	0.0
Doravirine	1	0.4	1	0.4	0	0.0	0	0.0
Rilpivirine	4	1.6	2	0.8	2	0.8	0	0.0
Lamivudine	2	0.8	2	0.8	0	0.0	0	0.0
Atazanavir	3	1.2	0	0.0	1	0.4	2	0.8
Maraviroc	1	0.4	0	0.0	1	0.4	0	0.0
Zidovudine	1	0.4	0	0.0	1	0.4	0	0.0

Conclusion

In 4DR-PLWH, polypharmacy, and proportion of people with moderate/high AC burden were high, as well as the number of DDIs detected. As the use of boosted agents is often not avoidable in PLWH with multidrug resistance, a multidisciplinary approach among specialists of different fields is strongly encouraged.

Table 2. Description of polypharmacy/comedication according to ACB score.

Variable	Overall (N=172)	Score ACB ≥ 3 (n=11)	Score ACB=1-2 (n=33)	Score ACB=0 (n=128)	P-value
Antidepressants	26 (15.1%)	10 (90.9%)	5 (15.1%)	11 (8.6%)	<0.0001
Dyslipidaemia drugs	68 (39.5%)	6 (54.5%)	12 (36.4%)	50 (39.1%)	0.552
Beta-blockers	51 (29.7%)	4 (36.4%)	17 (51.5%)	30 (23.4%)	0.006
Diuretics	23 (13.3%)	1 (9.1%)	14 (42.4%)	8 (6.3%)	<.0001
Other Hypolipidemic Drugs	26 (15.1%)	2 (18.2%)	6 (18.2%)	18 (14%)	0.924
Antiplatelets	40 (23.4%)	3 (27.3%)	11 (33.3%)	26 (20.3)	0.053
ACE-inhibitors	42 (24.4%)	2 (18.2%)	6 (18.2%)	34 (26.6%)	0.536
Sartans	17 (9.9%)	1 (9.1%)	4 (12.1%)	12 (9.4%)	0.891
Calcium channel blockers	20 (11.6%)	0 (0%)	7 (21.2%)	13 (10.2%)	0.097

References

1. Galli L, et al. . *Open Forum Infect Dis* 2020. doi: 10.1093/ofid/ofaa456