Psychiatric Disorders Observed in HIV+ Patients Using 6 Common 3rd agents in OPERA

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ABSTRACT

In a large cohort of HIV+ patients in care, a history of PD diagnoses at baseline were common. Patients receiving DTG were the least likely to experience a discontinuation within 14 days of a PD event. Patients receiving DTG were more likely to have a history of anxiety at baseline than patients receiving any of the other anchor drugs. Symptoms of psychiatric disorders (PD) are substantially more frequent in people living with HIV compared to the general population. Higher rates of PD in HIV+ patients are partially attributable to treatment with antiretroviral (ARV) drugs, which are associated with a variety of adverse effects on the central nervous system (CNS).

OBJECTIVE

To evaluate psychiatric disorders in patients receiving dolutegravir (DTG)-containing regimens and five other widely prescribed anchor agents (RAL, DRV, EFV, RPV, EVG) in clinical practice.

METHODS

Study Population
The study population was selected from the OPERA cohort, which includes prospectively-captured, routine clinical data from patients at 79 outpatient clinics in 15 states in the United States.

Study Design and Analysis
Patients prescribed a regimen containing DTG, efavirenz (EFV), raltegravir (RAL), darunavir (DRV), or etraviidine (EVG) for the first time in the OPERA database (January 1, 2015; August 15, 2016) were analyzed. Patients were assessed at baseline and at two or more anchor drugs at the same time were excluded. Patients who had the same diagnosis prior to baseline were also excluded. Discontinuations were also analyzed. Time to PD diagnosis and PD diagnosis with discontinuation within 14 days were evaluated using Kaplan-Meier estimates. A logrank test was performed to determine statistical significance.

RESULTS

Table 1. Baseline demographic and clinical characteristics by anchor agent

<table>
<thead>
<tr>
<th>Anchor Agent</th>
<th>N=917</th>
<th>N=1758</th>
<th>N=3303</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male, %</td>
<td>57.2</td>
<td>56.7</td>
<td>59.2</td>
</tr>
<tr>
<td>Age, y, %</td>
<td>42.6</td>
<td>41.4</td>
<td>41.4</td>
</tr>
<tr>
<td>Race, %</td>
<td>67.3</td>
<td>61.0</td>
<td>64.4</td>
</tr>
<tr>
<td>Income, %</td>
<td>59.7</td>
<td>56.0</td>
<td>56.0</td>
</tr>
<tr>
<td>CD4 count, %</td>
<td>49.3</td>
<td>45.2</td>
<td>45.2</td>
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<tr>
<td>Attrition</td>
<td>2.2</td>
<td>2.2</td>
<td>2.2</td>
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<tr>
<td>Death, %</td>
<td>0.1</td>
<td>0.3</td>
<td>0.1</td>
</tr>
<tr>
<td>Incident diagnosis of PD, %</td>
<td>8.8</td>
<td>8.0</td>
<td>8.0</td>
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<tr>
<td>Prevalent diagnosis of PD, %</td>
<td>29.8</td>
<td>29.3</td>
<td>29.3</td>
</tr>
</tbody>
</table>

Figure 1. Baseline demographic and clinical characteristics by anchor agent.

Figure 2. History of psychiatric diagnoses at baseline by anchor agent.

Figure 3. Prevalent and incident psychiatric diagnoses during follow-up by anchor agent.

Figure 4. Kaplan-Meier estimates of time to first psychiatric disorder with discontinuation within 14 days by anchor agent.

DISCUSSION

In a large cohort of HIV+ patients in care, a history of PD diagnoses at baseline were common. Patients receiving DTG were the least likely to experience a discontinuation within 14 days of a PD event. Patients receiving DTG were more likely to have a history of anxiety at baseline than patients receiving any of the other anchor drugs. Symptoms of psychiatric disorders (PD) are substantially more frequent in people living with HIV compared to the general population. Higher rates of PD in HIV+ patients are partially attributable to treatment with antiretroviral (ARV) drugs, which are associated with a variety of adverse effects on the central nervous system (CNS).

KEY FINDING:

DTG use was not associated with an increased risk of psychiatric events or drug discontinuation due to psychiatric events, despite more patients with a history of psychiatric disorders being prescribed DTG treatment.

REFERENCES


ACKNOWLEDGMENTS

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