Factors to Consider When Thinking About Switching a Patient's ARV Regimen

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Dr. Segal-Maurer: This is CME on ReachMD, and I'm Dr. Sorana Segal-Maurer. Here with me today is Dr. Carl Fichtenbaum.

Dr. Fichtenbaum: Dr. Segal-Maurer, if you're switching therapies based on cardiovascular concerns in a patient with HIV, what are some factors you consider?

Dr. Segal-Maurer: So, excellent points. I think the patient's view, if it is they who wish to switch, there's always the convenience, the tolerability. Single-tablet regimens are easier than multi-tablet regimens. Certainly intramuscular injectables – less often visits. Also managing the patient's expectations if they want to switch for a particular reason. And certainly, if they have cardiometabolic risk, we frequently will drive some of their options. Certainly reviewing the resistance in the past or even doing archived mutations with pro-viral DNA can be useful in many instances. And I myself, as I'm sure as you would, you're looking for agents with high barrier to resistance. We would never want to switch for cardiometabolic risk and then have virologic failure. So agents in the non-nuc class with higher barrier to resistance, such as doravirine, would be ideal. The integrase inhibitor class is always of consideration. And I don't know as much about the boosted PIs – certainly good barrier to resistance, but if we're trying to get away from dyslipidemia and other cardiometabolic issues, maybe we may or may not consider those.

I think the other thing that we didn't bring in is avoiding new adverse events, right? Because patients may want to switch, may be interested in switching, but the last thing they want are new adverse events for them to be dealing with. So certainly, some of the injection site reaction of the current injectables can sometimes be a turnoff for some of our patients, but there's always weighing what's...
better for that particular individual. So the DHHS guidelines gives us an excellent summary of some of these considerations, and they are certainly many.

You did mention the traditional risk factors, and that’s probably the very first thing to grapple with, and as you mentioned, managing expectations, shared decision-making. I know you emphasized that, and I just cannot say how important it is that you partner with the patients.

Well, this has been a brief but great discussion. That’s our time, and thanks for tuning in.

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