

DOLUTEGRAVIR INDUCED NEUROTOXICITY

Internal Medicine Service – HIV Unit
Hospital de Viladecans (Barcelona)

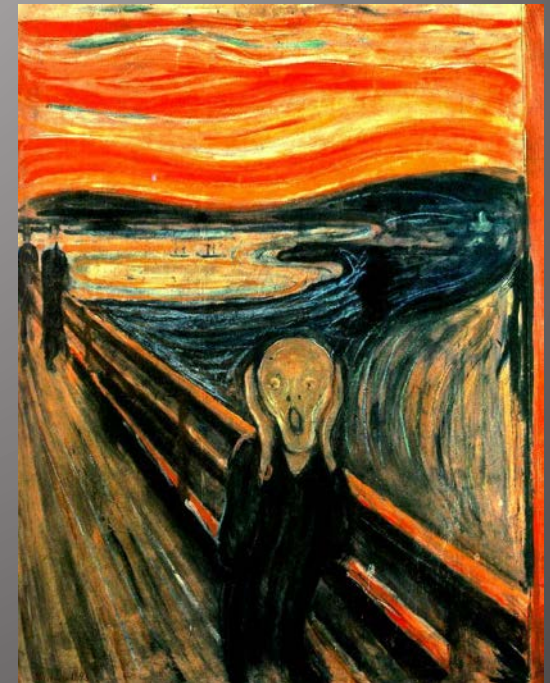
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INTRODUCTION



DTG presents an excellent safety/tolerability profile in clinical trial setting, although some SE in relation with CNS has been described after commercialization.

In our country, [in the unique series published to date (Llibre JM et al. CROI 2017. P651)] they have become the main cause of its discontinuation.



Neurological side effects with integrase inhibitors cause low rates of discontinuation in clinical practice

1 October 2016. Related: [Conference reports](#), [Side effects](#), [Lipodystrophy Workshop \(IWADRH\) 18 New York 2016](#).



An analysis from use of integrase inhibitors in clinical practice reported significantly higher rates of discontinuations related to side effects than seen in clinical studies and includes neurological complications with dolutegravir.

This was a retrospective analysis presented in an oral presentation at the 18th International Workshop on Comorbidities and Adverse Drug Reactions in HIV by Esteban Martinez from University of Barcelona. [1]

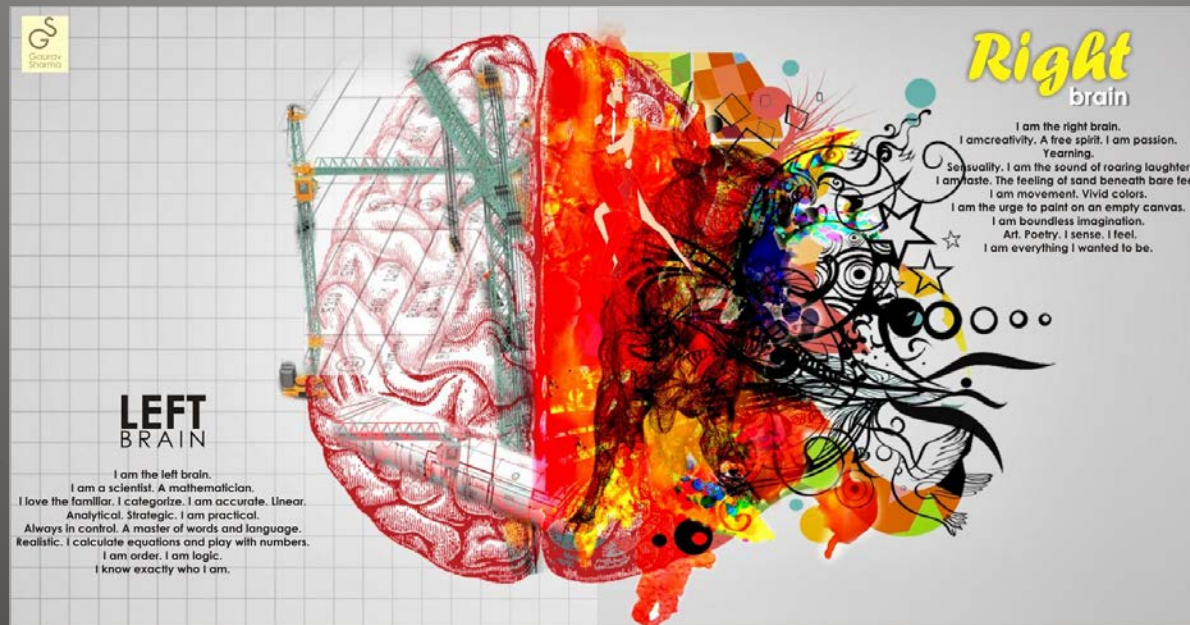
18th International Workshop on
**Comorbidities
& Adverse Drug
Reactions in HIV**
12-13 September 2016, New York

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OBJECTIVE

- To study and describe the SE of DTG on the CNS.



PATIENTS AND METHODS:

- Retrospective study (December - 2014 until April- 2018) collecting patients receiving DTG and they presented SE in the CNS.
- During this period 300 patients were enrolled and demographic/epidemiological, clinical, psychiatric, immunovirological data were registered, as well as the type and characteristics of SE on the CNS.



RESULTS

- 7 (16,6%) over 42 patients that received DTG presented CNS toxicity.
- The average time of use of the drug until the onset of symptoms was 10 months and in all cases led to drug discontinuation with complete clinical resolution the next 4 weeks.



Sex	Age	Neurotoxicity	PSQ	CV/CD4 Start DTG	CV/CD4 without DTG	New ART
Man	47	Dysthymia	NO	CV<40 CD4: 1728	CV<40 CD4: 2065	ABC/3TC + RAL
Man	35	Suicide attempt	YES	CV<40 CD4: 762	CV < 40 CD4: 824	DRV/COBI+(TAF/FTC)
Woman	49	Depression	YES	CV<40 CD4: 189	CV 154 CD4: 223	TAF/FTC/COBI/EVG
Man	57	Psychosis	YES	CV<40 CD4: 594	CV<40 CD4: 425	TAF/FTC/COBI/EVG
Man	33	Headache	NO	CV<40 CD4: 642	CV<40 CD4: 703	TAF/FTC/COBI/EVG
Man	48	Mania	YES	CV<40 CD4: 802	CV<40 CD4: 910	TAF/FTC/COBI/EVG
Man	75	Suicide attempt	YES	CV <u>124</u> CD4: 806	Pending result.	(TAF / FTC) + RAL

CONCLUSIONS:

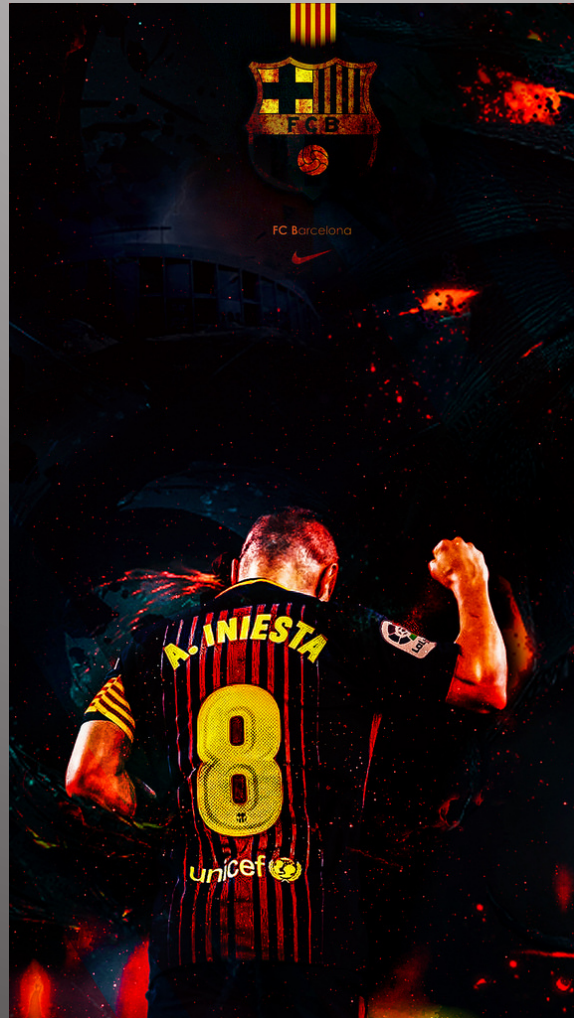
- In our series, a 16,6% of patients presented SE in the CNS with the use of DTG.
- Predominantly male with a PSYCHIATRIC history.
- In patients with psychiatric comorbidity is was more severe when compared to patients not affected.
- In the absence of confirmation in larger series, treatment with DTG in patients with psychiatric background need to be checked.



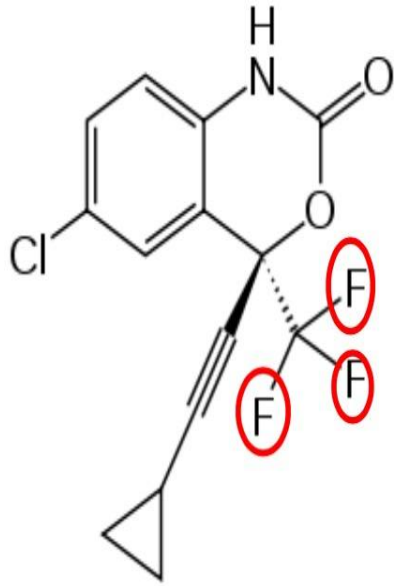
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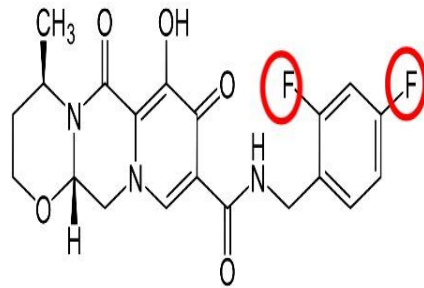
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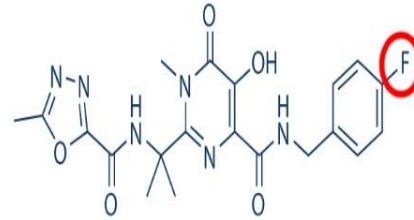
Thanks a lot.



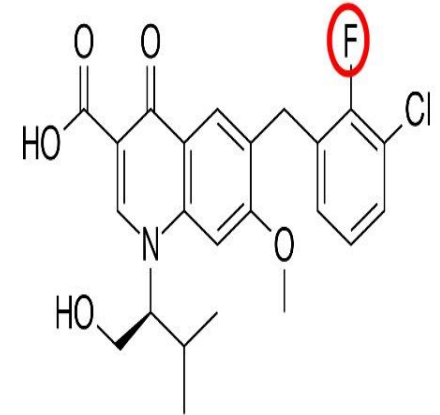
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