

100% ADHERENCE TO ART: A NEW PARADIGM IN THE LONG-ACTING ERA. DATA FROM A COHORT OF NORTH-WEST ITALY

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Introduction

Adherence to Antiretroviral Therapy (ART) with oral regimens has been evaluated in clinical practice using imperfect methods such as surveys and pharmaceutical refills. **In long-acting (LA) therapies, adherence can be monitored in real-time and, if necessary, immediately addressed.**

The aim of the study is to evaluate the improvement in adherence to ART in people living with HIV/AIDS (PLWHA) switching to LA-ART and its impact on the healthcare system workload.

Methods

We included **194 PLWHA**: 164 (84.5%) males, 30 (15.5%) females; median age 52 years; 173 (89.2%) Italians, 21 (10.8%) foreigners; 190 (98%) were virologically suppressed (plasma HIV-RNA undetectable), while 4 (2%) had detectable plasma HIV-RNA. **We collected data in 164 (84.5%) PLWHA who had received at least the third administration on:**

Results

PRE-SWITCH ART ADHERENCE: (measured by pharmaceutical refill)	120 (73.2%) had ART adherence = 100% 33 (20.1%) had ART adherence = 80-100% 5 (3.1%) had ART adherence = 50-80% 4 (2.4%) had ART adherence ≤ 50%
LA-ART ADHERENCE: (administration within ± 1 week of scheduled time)	LA-ART ADHERENCE: 161 (98.4%) RECEIVED INJECTIONS WITHIN THE DOSING WINDOW 41 (25%) IMPROVED ADHERENCE 162 (98.8%) MAINTAINED VIRAL SUPPRESSION
DISCONTINUATION RATES FOR ALL CAUSES (including non-adherence, 100% as adherence cut-off)	9 OUT OF 194 (4.6%) PLWHA DISCONTINUED LA-ART: <ul style="list-style-type: none"> • 4 (44.4%) toxicity • 2 (22.2%) personal choice • 3 (33.3%) virologic resistance
IMPACT OF ADHERENCE MONITORING ON CLINICAL SITE WORKLOAD (phone calls, emails, etc)	Only 4 PHONE CALLS were made to contact PLWHA who missed their appointments

Conclusion

With LA-ART, achieving 100% adherence is the new standard. It can be attained in real-world settings as it does not require a significant commitment from the dedicated team to recall and assist non-adherent PLWHA. Currently, there is a strong selection of PLWHA entering LA-ART, prioritizing the most adherent. However, **from our data, it appears that LA-ART may be a strategy for improving adherence.** It remains unknown whether increasing the number of PLWHA in LA-ART by broadening the criteria may lead to issues in the healthcare system related to increased workload in identifying and supporting non-adherent individuals.